102564/30



Companies House

— for the record —

Please complete in typescript, or in bold black capitals.

LLP363

Annual Return of a Limited Liability Partnership

or in bold black o	apitais.	Liability Partnership
CHWP000	LLP Number	00314900
· ·	ull Name of Limited iability Partnership	MEDICHOICE MEALTHCARE
•	lability Fartile(SIIIP	SERVICES LLP
	Date of this return	
Т	he information in this return is made up to	10 10 7 7 4 4 6 7 7 4 4 7 7 7 7 7 7
If vo	Date of next return u wish to make your next	Day Month Year
rete the	urn on a date earlier than anniversary of this return ease show the date here	
Any change of	Registered Office Show here the address	UEST HILL HOUSE
registered office must be notified on	as at the date of	WEST HILL
Form LLP287	Post town	DARTFORD
	County	DALTFORD UK DA1 2=0 Postcode DA1 2=0
	Register of	
Debenture Holders		
If there is a registe debenture holders, of		
duplicate of any s register or part of	f it,	
which is not kept at registered office, s	(Auntu	UK Postcode
here where it is kept	List members o	on page 2
Certificate		As a designated member I certify that the information given in this return is true to the best of my knowledge and belief
	Signed	Weeks Date 28 10 08
		Designated Member
	igned the return send it Registrar of Companies	This return includes continuation sheets
	be made payable to	(enter number)
1 12 8 6 7 1 1 2 1 1 2 1 1 1 1 1 1 1 1 1 1 1 1 1		When you have completed and signed the form please send it to the Registrar of Companies at
	9 γ	Companies House, Crown Way, Cardiff, CF14 3UZ for partnerships registered in England and Wales DX 33050 Cardiff or
	34EB*	Companies House, 37 Castle Terrace, Edinburgh, EH1 2EB DX 235 Edinburgh for partnerships registered in Scotland or LP - 4 Edinburgh 2
A55 30/10)/2008 423	Oi Li - 4 Edillodigii /

COMPANIES HOUSE

Please list members	in alphabetical order	
In the case of a member that is a corporation or a Scottish firm, the name is the corporate or firm name	2	Details of new members must be notified on form LLP288a
	Surname or Corporate Name	CONLANI
	Forename(s)	KATHERINE
Tick this box if the address shown	Address #	8 BIRLING PARK ANDWIR
is a service address for the beneficiary of a Confidentiality		
Order granted under section 723B of the Companies Act	Post town	TUN BLIDGE WEWS
1985 otherwise, give your usual residen-	County / Region	KINT Dostcode TN 2 SLR
tial address in the case of a corpora- tion or Scottish	Country	Tick box if designated member
firm, give the regis- tered or principal office address		
	Member Reference	Day Month Year
	Number *(as advised by Companies House)	58930 Date of Birth 20121942
* Voluntary information	by companies riouse,	
Members Please list members	ın alphabetical order	
In the case of a member that is a	•	Details of new members must be notified on form LLP288a
corporation or a Scottish firm, the	Surname or	CHOICE RESOURCES LTD
name is the corporate or firm name	Corporate Name Forename(s)	Choice pt 3001 cro Pt 3
** Tick this box if	Address #	WEST MILL HOUSE
the address shown is a service address		WEST HILL
for the beneficiary of a Confidentiality Order granted under	Post town	DARTFORD
section 723B of the Companies Act 1985 otherwise, give your	County / Region	WENT Postcode DA1 220
usual residential address In the case of a corpora-	Country	Tick box if designated member
tion or Scottish firm, give the registered or principal office address	·	
	Member Reference	Day Month Year
	Number *(as advised by Companies House)	102396 Date of Birth

* Voluntary information

Members

Please complete in typescript, or in bold black capitals

LLP363 cont

CHWP000

04/02

Annual Return (continuation sheet)

	LLP Number	OC 314900			
Members (Please list members in alphabetical order)					
In the case of a member that is a		Details of new members must be notified on form LLP288a			
comporation or a Scottish firm, the name is the corporate or firm	Surname or Corporate Name	MEDICUOILE MEANTUCARE LP			
	Forename(s)				
** Tick this box if the	Address ^{††}	WEST HILL HOUSE			
address shown is a service address for the beneficiary of a		WEST HIM			
the beneficiary of a Confidentiality Order granted under section 723B of the	Post town	DAFTFORD			
Companies Act 1985 otherwise, give your	County / Region	Kent DAI 2EU			
usual residential address In the case of a corporation or Scottish firm, give the registered or principal office address	Country	Tick box if designated member			
	Member Reference Number *(as advised by Companies House)	Day Month Year 10 2 39) Date of Birth			
* Voluntary information					
Members (Please	list members in alphal	petical order)			
In the case of a member that is a		Details of new members must be notified on form LLP288a			
corporation or a Scottish firm, the name is the	Surname or Corporate Name	1 1 0 10-2 PM JES (10) 02 2T 1 2-71			
corporate or firm name	Forename(s)				
11 Tick this box if the address shown is a service address for the beneficiary of a Confidentiality Order granted under section 723B of the Companies Act 1985 otherwise, give your usual residential	Address ††	WEST KILL MOUSE			
		WESTF HILL			
	Post town	DAFTEND			
	County / Region	DAFFFWD KENT Postcode WK DAF ZEU Tick box if designated member			
address In the case of a corporation or Scottish firm, give the registered or principal office address	Country	Tick box if designated member			
		Day Month Year			
* Voluntary	Member Reference Number *(as advised by Companies House)	58977_ Date of Birth			