



C O M P A N I E S   H O U S E

THE REGISTRAR OF COMPANIES  
COMPANIES HOUSE  
CROWN WAY  
CARDIFF  
CF4 3UZ



This form should be completed in black.

The information printed below is taken from Companies House records as at 05/10/96  
If this information requires amendment use the spaces opposite.

**Date of this return** (See note 1)

The information in this return should be made up to a date not later than

| Day | Month | Year |
|-----|-------|------|
| 20  | 10    | 96   |

**Date of next return** (See note 2)

If you wish to make your next return to a date earlier than the anniversary of this return please show the date here. Companies House will then send a form at the appropriate time.

363s

**Annual Return**

of company number 02864407

K

company name  
CONTINUING CARE SERVICES LIMITED

company type  
PRIVATE COMPANY LIMITED BY SHARES

MB £15,011.20

If you are making the return up to an earlier date, show the date here. Please note that the form must be delivered to Companies House within 28 days of this earlier date.

| Day | Month | Year |
|-----|-------|------|
|     |       |      |

| Day | Month | Year |
|-----|-------|------|
|     |       |      |

**Registered Office** (See note 3)

This is the address registered by Companies House.

8-10 MARINE DRIVE  
HORNSEA  
HU18 1NJ

**Principal business activities** (See note 4)

Trade classification is  
5511 HOTELS & MOTELS, WITH RESTAURANT

If the code cannot be determined from the notes, give a brief description of principal activity.

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If the information shown needs amendment, give details below and, for secretary and director particulars, the date of any change.

## Register of members *(See note 5)*

The register is kept at  
REGISTERED OFFICE

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## Register of debenture holders *(See note 6)*

Any register of debenture holders (or duplicate) is kept at

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## Company Secretary *(See note 7)*

Particulars of a new secretary **must** be notified on form 288.

SUSAN MARGARET  
BEMBROSE  
8 WEST END FALLS  
NAFFERTON  
DRIFFIELD  
NORTH HUMBERSIDE YO25 0QA

| Day | Month | Year |
|-----|-------|------|
|     |       |      |

Date of any change.

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If this person has ceased to be secretary, please state when.

| Day | Month | Year |
|-----|-------|------|
|     |       |      |

Date of resignation.

## Directors *(See note 7)*

Particulars of a new director **must** be notified on form 288.

INDRANIE  
PETERS  
5 CHELMSFORD SQUARE  
WILLES DEN  
LONDON  
NW10 3AP

| Day | Month | Year |
|-----|-------|------|
|     |       |      |

Date of any change.

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Date of Birth:- 10/12/48

Nat:BRITISH

Occ:RESIDENTIAL CAREHOME ADMINISTR

If this person has ceased to be director, please state when.

| Day | Month | Year |
|-----|-------|------|
|     |       |      |

Date of resignation.

Show any relevant current and previous directorships.

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If the information shown needs amendment,  
give details below and the date of any change.

**Directors - continued**

Particulars.

PARBHU GEORGE  
PETERS  
5 CHELMSFORD SQUARE  
WILLESDEN  
LONDON  
NW10 3AP

| Day | Month | Year |
|-----|-------|------|
|     |       |      |

Date of any change.

Date of Birth:- 26/06/36

Nat:BRITISH

Occ:RESIDENTIAL CAREHOME ADMINISTR

If this person has ceased to be director, please  
state when.

| Day | Month | Year |
|-----|-------|------|
|     |       |      |

Date of resignation.

Show any relevant current and previous directorships.

Particulars.

ROHINEE  
RAMNARACE  
8 SHELLEY CRESCENT  
SOUTHALL  
MIDDLESEX UB1 2LQ

| Day | Month | Year |
|-----|-------|------|
| 20  | 09    | 96   |

Date of any change.

56 HAWARDEN HILL,  
BROOK ROAD,  
NEASDEN,  
LONDON

Date of Birth:- 27/10/54

Nat:BRITISH

Occ:STATE REGISTERED NURSE TUTOR

If this person has ceased to be director, please  
state when.

| Day | Month | Year |
|-----|-------|------|
|     |       |      |

Date of resignation.

Show any relevant current and previous directorships.

Particulars.

| Day | Month | Year |
|-----|-------|------|
|     |       |      |

Date of any change.

NO MORE DIRECTORS - ADDITIONAL SECRETARIES  
OR DIRECTORS MUST BE NOTIFIED ON FORM 288a.

If this person has ceased to be director, please  
state when.

| Day | Month | Year |
|-----|-------|------|
|     |       |      |

Date of resignation.

Show any relevant current and previous directorships.

Aggregate  
nominal value  
(ie Number of shares  
issued multiplied by  
nominal value per share)

400

400