

Please complete in typescript, or in bold black capitals

# **APPOINTMENT of director or secretary** (NOT for resignation (use Form 288b) or change of particulars (use Form 288c))

| CHE | P020 | ì |  |
|-----|------|---|--|

| HFP029                                                             | ٢                                                                                                                                                                                                            |                                                |                                                                                    |         |               |             |                   |                       | )                             |                                                  |                           |                    |             |
|--------------------------------------------------------------------|--------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|------------------------------------------------|------------------------------------------------------------------------------------|---------|---------------|-------------|-------------------|-----------------------|-------------------------------|--------------------------------------------------|---------------------------|--------------------|-------------|
|                                                                    | Company Number                                                                                                                                                                                               | 38935                                          | )2                                                                                 | ·       | <del></del> - |             |                   | .,                    |                               |                                                  |                           |                    |             |
| Co                                                                 | mpany Name in full                                                                                                                                                                                           | Westminster Specialist Health Division Limited |                                                                                    |         |               |             |                   |                       |                               |                                                  |                           |                    |             |
|                                                                    |                                                                                                                                                                                                              | <del></del>                                    |                                                                                    |         |               |             |                   |                       |                               | <del>.                                    </del> |                           |                    |             |
|                                                                    | Data of                                                                                                                                                                                                      | Day                                            | Month                                                                              | <u></u> | <u>rear</u>   |             | +1                | hata af               |                               | Month                                            | ,<br>                     | Year               |             |
| Appointment<br>form A                                              | Date of appointment                                                                                                                                                                                          | 1 1                                            | 1  2                                                                               | 2       | 0 0           | 0           |                   | ate of<br>Birth       | 0 8                           | 0  4                                             | 1                         | 9 6                | <u>_</u> 5_ |
|                                                                    | Appointment as director                                                                                                                                                                                      | X                                              |                                                                                    | as      | secre         | etary       |                   |                       | se mark the a<br>director and |                                                  |                           |                    |             |
| Notes on completion                                                | *Style / Title                                                                                                                                                                                               | MR                                             |                                                                                    |         |               |             |                   |                       |                               |                                                  |                           |                    |             |
| ppear on reverse.                                                  | Forename(s)                                                                                                                                                                                                  | JAMES                                          | DOMINI                                                                             | ic      |               |             | <u>-</u>          |                       |                               |                                                  |                           |                    |             |
|                                                                    | Surname                                                                                                                                                                                                      | WEIGH                                          | IT<br>                                                                             |         |               |             |                   |                       |                               |                                                  |                           |                    |             |
|                                                                    | Previous<br>Forename(s)                                                                                                                                                                                      |                                                |                                                                                    |         |               |             |                   | Previou<br>name(      |                               |                                                  |                           |                    |             |
|                                                                    | Usual residential<br>address                                                                                                                                                                                 | 1                                              | URTNEY                                                                             | PLAC    | E             |             |                   |                       |                               |                                                  |                           |                    |             |
| Post town  County / Region                                         |                                                                                                                                                                                                              |                                                | СОВНАМ                                                                             |         |               |             | F                 | Postcode KT'N         |                               |                                                  | 2BE                       |                    |             |
|                                                                    |                                                                                                                                                                                                              |                                                | SURREY                                                                             |         |               |             |                   | Country               |                               |                                                  | ENGLAND                   |                    |             |
|                                                                    | †Nationality                                                                                                                                                                                                 | BRITIS                                         | 3H                                                                                 |         |               |             | †Busi             | iness o               | ccupation                     | CHIEF                                            |                           | NCIAL              |             |
|                                                                    | †Other directorships (additional space overleaf)                                                                                                                                                             | )                                              |                                                                                    |         |               |             |                   |                       |                               |                                                  |                           |                    | -           |
|                                                                    | Consent signature                                                                                                                                                                                            |                                                | ent to a                                                                           | act as  |               | ector /     | <del>sccret</del> | ary of                | the abov<br><b>Date</b>       |                                                  |                           | mpany<br>کیم       |             |
| * Voluntary details.<br>† Directors only.                          |                                                                                                                                                                                                              | A dire                                         | A director, secretary etc must sign the form below.                                |         |               |             |                   |                       |                               |                                                  |                           |                    |             |
| **Delete as appropriate                                            | Signed                                                                                                                                                                                                       | i                                              | #                                                                                  | Da      |               |             |                   |                       | Date                          | 12_                                              | 12                        | 500                | 0           |
|                                                                    |                                                                                                                                                                                                              | (** a <del>din</del>                           | ector / seci                                                                       | retary  | adminis       | trator / ac | lministrati       | <del>ve receive</del> | er / receiver i               | <del>nanager</del> /                             | <del>receive</del><br>——— | ) <del>,</del><br> |             |
| Please give the name, address, telephone number and, if available, |                                                                                                                                                                                                              |                                                | JON HATHER, WESTMINSTER HEALTH CARE, WESTMINSTER HOUSE, RANDALLS WAY, LEATHERHEAD, |         |               |             |                   |                       |                               |                                                  |                           |                    |             |
| a DX number an<br>the person Com                                   | SURREY, KT22 7TZ                                                                                                                                                                                             |                                                |                                                                                    |         |               |             |                   |                       |                               |                                                  |                           |                    |             |
| contact if there is                                                |                                                                                                                                                                                                              | Tel 01372-860300                               |                                                                                    |         |               |             |                   |                       |                               |                                                  |                           |                    |             |
| THEOREM                                                            |                                                                                                                                                                                                              | l L                                            | number                                                                             |         |               |             |                   | excha                 |                               | <u></u>                                          |                           |                    |             |
| A20                                                                | When you have completed and signed the form please send it to the Registrar of Companies at:  Companies House, Crown Way, Cardiff, CF14 3UZ  DX 33050 Card for companies registered in England and Wales  or |                                                |                                                                                    |         |               |             |                   |                       |                               |                                                  |                           |                    |             |

09/01/01

COMPANIES HOUSE

Form revised July 1998

Companies House, 37 Castle Terrace, Edinburgh, EH1 2EB

DX 235 Edinburgh

for companies registered in Scotland

# **Company Number**

3893502

† Directors only.

† Other directorships

BARTFIELD LIMITED

BLENHEIM HOUSE LIMITED

CAMPAIGN HEALTH LIMITED

CARE CONTINUUMS LTD

COMMUNITY ADDICTION SERVICES LTD

DIAGNOSTIC HOLDINGS LIMITED

DUNBAR IMAGING LIMITED

FARM PLACE LIMITED

EMPLOYEE MANAGEMENT SERVICES LTD

HIGHBANK HEALTH CARE LIMITED

HIGHBANK PRIVATE HOSPITAL LIMITED

INDEPENDENT HEALTHCARE INITIATIVE LIMITED

JACQUES HALL FOUNDATION LTD

JACQUES HALL LTD

LIBRA HEALTH GROUP LIMITED

S ACQUISITIONS LIMITED

JIBRA HEALTH LIMITED

LIBRA NURSING HOMES LIMITED

M.R.I. LIMITED

MEDICAL IMAGING (EDMONTON) LIMITED

## **NOTES**

Show the full forenames, NOT INITIALS. If the director or secretary is a corporation or Scottish firm, show the name on surname line and registered or principal office on the usual residential line.

Give previous forenames or surname(s) except:
- for a married woman, the name by which she was known before marriage need not be given.

- for names not used since the age of 18 or for at least 20 years

A peer or individual known by a title may state the title instead of or in addition to the forenames and surname and need not give the name by which that person was known before he or she adopted the title or succeeded to it.

# Other directorships.

Give the name of every company incorporated in Great Britain of which the person concerned is a director or has been a director at any time in the past five years.

You may exclude a company which either is, or at all times during the past five years when the person concerned was a director, was

- domnant
- a parent company which wholly owned the company making the return, or
- another wholly owned subsidiary of the same parent company.

# **Company Number**

3893502

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† Other directorships

MEDICAL IMAGING (ESSEX) LIMITED

NEWCARE HEALTH LIMITED

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- dormant
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- another wholly owned subsidiary of the same parent company.

NORTH THAMES IMAGING LIMITED

NORTHMINSTER LIMITED

NOTTCOR 6 LTD

PRIORY CHILDCARE SERVICES LTD

PRIORY HEALTHCARE LTD

PRIORY HEALTHCARE SERVICES LTD

PRIORY HOSPITALS LTD

PUBLIC HEALTH SOLUTIONS LTD

ROBINSON KAY HOUSE (BURY) LIMITED

STURT HOUSE CLINIC LTD

TENDERVISION LIMITED

THE DIAGNOSTIC COMPANY LIMITED

THE NOTTINGHAM CLINIC LTD

THE SUFFOLK MRI CENTRE LIMITED

THE SUSSEX MRI CENTRE LIMITED

TICEHURST HOUSE PRIVATE CLINIC LIMITED

WESTMINSTER BEAUMONT (PETERBOROUGH) LIMITED

WESTMINSTER BEAUMONT DEVELOPMENTS LIMITED

Company Number 3893507

† Directors only.

† Other directorships

WESTMINSTER BEAUMONT LIMITED

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- another wholly owned subsidiary of the same parent company.

| WESTMINSTER BEAUMONT | PROPERTIES | (EDGBASTO | ON) LIMITE | D |
|----------------------|------------|-----------|------------|---|

WESTMINSTER BEAUMONT PROPERTIES (CHORLEYWOOD) LIMITED

WESTMINSTER BEAUMONT PROPERTIES LIMITED

WESTMINSTER BEAUMONT PROPERTIES (SOUTHGATE) LIMITED

WESTMINSTER HEALTH CARE (ACUTE CARE) LIMITED

WESTMINSTER HEALTH CARE (INVESTMENTS) LIMITED

WESTMINSTER HEALTH CARE (NH) LIMITED

WESTMINSTER HEALTH CARE (SERVICES) LIMITED

WESTMINSTER HEALTH CARE (UK) LIMITED

WESTMINSTER HEALTH CARE GROUP LIMITED

WESTMINSTER HEALTH CARE LIMITED

WESTMINSTER HOMECARE LIMITED

WESTMINSTER INVESTMENTS (UK)

WESTMINSTER PRIORY SECURITISATION LTD

WESTMINSTER SECURITISATION LIMITED

WESTMINSTER SPECIALIST HEALTH DIVISION LIMITED

WESTMINSTER SPECIALIST HEALTH LIMITED

WHC DIAGNOSTICS LIMITED

WHC IMAGING HOLDINGS LIMITED