

Places complete in typescript or

88(2)

in bold black capitals. CHWP000	Return of Allotment of Shares 5078 684		
Company Number			
Company name in full	Medical Express (London) LTD		
Shares allotted (including bot	nus shares):		
	From To		
Date or period during which shares were allotted	Day Month Year Day Month Year		
(If shares were allotted on one date enter that date in the "from" box)	112014201015		
Class of shares (ordinary or preference etc)	ORDINARY		
Number allotted	Two		
Nominal value of each share	£1.00 each		
Amount (if any) paid or due on each share (including any share premium)	ch [2.00		
List the names and addresses of the	he allottees and the number of shares allotted to each overleaf		
If the allotted shares are fully	or partly paid up otherwise than in cash please state:		
% that each share is to be treated as paid up	~ /A		
Consideration for which the shares were allotted (This information must be supported by the duly stamped contract or by the duly stamped particulars on Form 88(3) if the contract is not in writing)	~/A		
<del></del>	<ul> <li>When you have completed and signed the form send it to</li> </ul>		

0348 COMPANIES HOUSE 14/04/05

Form revised 10/03

the Registrar of Companies at:

Companies House, Crown Way, Cardiff CF14 3UZ For companies registered in England and Wales

DX 33050 Cardiff

Companies House, 37 Castle Terrace, Edinburgh EH1 2EB For companies registered in Scotland

DX 235 Edinburgh or LP - 4 Edinburgh 2

## Names and addresses of the allottees (List joint share allotments consecutively)

Shareholder details		Shares and share class allotted	
Name DR NEWATER		Class of shares	. Number allotted
Address 5 KENT TERRACE	2	ORDINIARY	_Tw3(2)
REGENT'S PORK			
Landin UK Postcode	e NWI _ 4RP		<b>L</b>
Name		Class of shares allotted	Number
Address			
UK Postcode	e /		<u> </u>
Name		Class of shares allotted	Number allotted
Address			
UK Postcode	e /	_   /	
Name		Class of shares allotted	Number allotted
Address	/ .		
			L
UK Postcod	le <u></u>		<u> </u>
Name		Class of shares allotted	Number allotted
Address			
UK Postcode			
Please enter the number of continuation s	sheets (if any) attached to the	his form	
	5	2/4/5	<u>,                                    </u>
A director / secretary / administrator / administrat	itive receiver / receiver manager /	Date	ete as appropriate
You do not have to give any contact nformation in the box opposite but			
if you do, it will help Companies	;		
House to contact you if there is a query on the form. The contact	Tel	_	
nformation that you give will be visible to searchers of the public precord.	X number	DX exchange	