



C O M P A N I E S   H O U S E

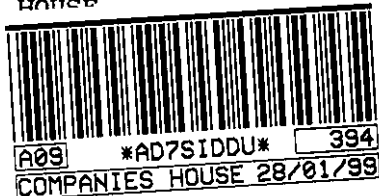
Not  
fit  
HH

363<sub>b</sub>

Please return to

THE REGISTRAR OF COMPANIES  
COMPANIES HOUSE

CROWN  
CARDIF  
CF4 3U



## Annual Return

of company number **CN** 3122084

S

company name  
LAFAYETTE HEALTHCARE, LIMITED

This form should be completed in black.

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

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

If you are making the return up to an earlier date please show the date here.

### 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.

### Registered Office *(See note 3)*

This is the address registered by Companies House as at 22/10/98

PO BOX 3  
LOWGATE HOUSE  
LOWGATE  
HULL HU1 1JJ

### Principal business activities

*(See note 4)*

Show trade classification code number for principal activity or activities.

If the code number cannot be determined give a brief description of principal activity.

	Day	Month	Year
DA	06	11	98

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DB			
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Use this space to notify a change of registered office address.

RO

Post Town

County/Region

Postcode

PA	5	1	4	6
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**Register of members**

(See note 5)

If the register of members is not kept at the registered office, state here where it is kept.

<b>RM</b>	
Post Town	
County/Region	
Postcode	

**Register of Debenture holders**

(See note 6)

If there is a register of debenture holders and it is not kept at the registered office, state here where it is kept.

<b>RD</b>	
Post Town	
County/Region	
Postcode	

**Company type** (See note 7)

Public limited company . . . . .

Private company limited by shares .

Private company limited by guarantee without share capital . . .

Private company limited by shares exempt under section 30 . . . . .

Private company limited by guarantee exempt under section 30 .

Private unlimited company with share capital . . . . .

Private unlimited company without share capital . . . . .

<b>T1</b>	<input type="checkbox"/>
<b>T2</b>	<input checked="" type="checkbox"/>
<b>T3</b>	<input type="checkbox"/>
<b>T4</b>	<input type="checkbox"/>
<b>T5</b>	<input type="checkbox"/>
<b>T6</b>	<input type="checkbox"/>
<b>T7</b>	<input type="checkbox"/>

Please mark the appropriate box

**Company Secretary** (See note 8)

(Please photocopy this area to provide details of joint secretaries)

\*Style/Title

Name

Forenames

Surname

\*Honours etc

Previous forenames

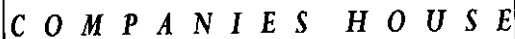
Previous surname

**Address**

Usual residential address must be given. In the case of a corporation, give the registered or principal office address.

\* Voluntary details

Details of a new company secretary <b>must</b> be notified on form 288.	
<b>CS</b>	MR
ZOHAR	
ZIV	
DA /	
CATABI	
<b>AD</b>	2027 PIEDRA CHICA ROAD
Post Town	MALIBU
County/Region	CALIFORNIA
Postcode	90265
Country	UNITED STATES



### List of past and present members Schedule to form 363a, 363b

3122084

LAFAYETTE HEALTHCARE LIMITED

Particulars of shares or stock transferred since the date of the last return (or in the case of the first return, since the incorporation of the company) by

- (a) persons who are still members, and
- (b) persons who have ceased to be members.

[illegible]

## Schedule to form 363a, 363b

Particulars of shares or stock transferred since the date of the last return or stock (or in the case of the first return, since the incorporation of the company) by

- (a) persons who are still members, and
- (b) persons who have ceased to be members.

[illegible]

**Directors** (continued)

(See note 8)

Name \*Style/Title

Forenames

Surname

\*Honours etc

Previous forenames

Previous surname

**Address**

Usual residential address must be given. In the case of a corporation, give the registered or principal office address.

Date of birth

Business occupation

Other directorships

Details of new directors **must** be notified on form 288**CD** MR

ZOHAR

ZIV

CATABI

**AD** 2027 PIEDRA CHICA ROAD

Post Town MALIBU

County/Region CALIFORNIA ✓

Postcode 90265

Country

Day Month Year

**DO** 21 04 52Nationality **NA** AMERICAN**OC** DIRECTOR**OD** NONE

Name

\*Style/Title

Forenames

Surname

\*Honours etc

Previous forenames

Previous surname

**Address**

Usual residential address must be given. In the case of a corporation, give the registered or principal office address.

Date of birth

Business occupation

Other directorships

**CD****AD**

Post Town

County/Region

Postcode

Country

Day Month Year

**DO**Nationality **NA****OC****OD**

**Directors** (continued)

(See note 8)

You may photocopy this page to provide details of additional directors.

**Name** \*Style/Title  
 Forenames  
 Surname  
 \*Honours etc  
 Previous forenames  
 Previous surname

**Address**

Usual residential address must be given. In the case of a corporation, give the registered or principal office address.

Date of birth  
 Business occupation  
 Other directorships

Details of new directors **must** be notified on form 288**CD****AD**

Post Town

County/Region

Postcode

Country

Day Month Year

**DO**

Nationality

**NA****OC****OD**

**Name** \*Style/Title  
 Forenames  
 Surname  
 \*Honours etc  
 Previous forenames  
 Previous surname

**Address**

Usual residential address must be given. In the case of a corporation, give the registered or principal office address.

Date of birth  
 Business occupation  
 Other directorships

Voluntary details

**CD****AD**

Post Town

County/Region

Postcode

Country

Day Month Year

**DO**

Nationality

**NA****OC****OD**

**Directors** (See note 8)

Please list directors in alphabetical order

Name

\*Style/Title

Forenames

Surname

\*Honours etc

Previous forenames

Previous surname

**Address**

Usual residential address must be given. In the case of a corporation, give the registered or principal office address.

Details of new directors **must** be notified on form 288**CD** MS

LYNNE ELIZABETH

HAMILTON LANG

**AD** 16 RUE VILLARS

Post Town NEWPORT BEACH

County/Region CALIFORNIA

Postcode 92660

Country USA

Day Month Year

Date of birth

**DO** 1 10 09 44Nationality **NA** AMERICAN

Business occupation

**OC** DIRECTOR

Other directorships

**OD** NONE

Name

\*Style/Title

Forenames

Surname

\*Honours etc

Previous forenames

Previous surname

**Address**

Usual residential address must be given. In the case of a corporation, give the registered or principal office address.

**CD** ~~HERBERT~~ MR

HERBERT

HOEBEL

**AD** 5570 SMOKY MOUNTAIN WAY

Post Town YORBA LINDA

County/Region CALIFORNIA

Postcode 92687

Country USA

Day Month Year

Date of birth

**DO** 1 8 06 36Nationality **NA** AMERICAN

Business occupation

**OC** DIRECTOR

Other directorships

**OD**

\* Voluntary details

**Issued share capital**

(See note 9)

Enter details of all the shares in issue at the date of this return.

Class	Number	Aggregate Nominal Value
£1 ORDINARY SHARES	90,000	90,000
<b>Totals</b>	<b>90,000</b>	<b>90,000.</b>

**List of past and present members** (See note 10)

(Use attached schedule where appropriate)

A full list is required if one was not included with either of the last two returns.

The last full members list was at  
06/11/96

Please mark the appropriate box(es)

There were no changes in the period ☐

on paper

not on paper

A list of changes is enclosed ☐A full list of members is enclosed ☒**Elective resolutions**

(See note 11)

(Private companies only)

If an election is in force at the date of this return to dispense with annual general meetings, mark this box. ☐If an election is in force at the date of this return to dispense with laying accounts in general meetings, mark this box. ☐**Certificate**

I certify that the information given in this return is true to the best of my knowledge and belief.

I enclose the fee of **£15.**

Signed

Secretary/Director \*  
(\* delete as appropriate)

Date

15/1/99

This return includes 1 continuation sheets.  
(enter number)

To whom should Companies House direct any enquiries about the information shown in this return?

ERNST &amp; YOUNG

PO BOX 3

LOWGATE HOUSE

LOWGATE, HULL

Postcode HU1 1JY

Telephone 01482 590300

Extension 60310

**Check List**

- Have you included
- your principal business activity code?
  - dates of birth of all directors?
  - a signature of either a director or secretary?
  - a members list (if required)?

