

Please complete in typescript,
or in bold black capitals.

**RESIGNATION of director or secretary
(NOT for appointment (use Form 288a) or
change of particulars (use Form 288c))**

Company Number 31 22 084



F288BC10

Company Name in full LAFAYETTE HEALTH CARE LIMITED

**Resignation
Form**

Date of resignation Day Month Year
11 05 98

Resignation as director



as secretary



Please mark the appropriate box. If resignation is as a director and secretary mark both boxes.

NAME

*Style/Title

MR.

*Honours etc.

Please insert details as previously notified to Companies House.

Forename(s)

WILLIAM JAMES

Surname

SALMON

*Voluntary details.
†Directors only.

†Date of Birth

Day Month Year
12 4 41

If cessation is other than resignation, please state reason

A serving director, secretary etc must sign the form below.

Signed

John Reid

Date

11 May 1998

(by a serving director/secretary/administrator/administrative receiver/receiver manager/receiver)

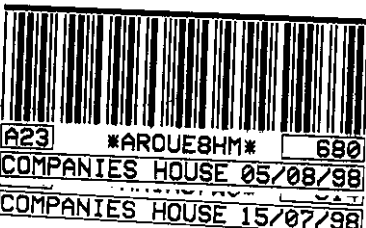
Please give the name, address, telephone number, and if available, a DX number and Exchange of the person Companies House should contact if there is any query.

JOHN REID

40 ALLEN & OVERLY, ONE NEW CHANCE

LONDON EC4M 1QQ Tel 0171 330 3054

DX number 73 DX exchange LONDON CITY



When you have completed and signed the form please send it to the Registrar of Companies at:
Companies House, Crown Way, Cardiff, CF4 3UZ
for companies registered in England and Wales DX 33050 Cardiff
or
Companies House, 37 Castle Terrace, Edinburgh, EH1 2EB
for companies registered in Scotland DX 235 Edinburgh