

DECLARATION OF INTERESTS

Name: MR, PRAICASH, B. PATEL.

1.	Remunerated Directorship of company(s) (public or private) and businesses owned personally or in partnership	Corpeve Librancare Harlow Hearlancare Lipo.
2.	Remunerated employment or offices (LOCenn fees PAID)	> CPE, U EPNEZ. U PROPHARM PHARMACY CIP.
3.	Remunerated Consultancy(s)	NONE
4.	Remunerated work performed under contract	None
5.	Names of companies or other bodies in which I have an interest, either on my own account, my spouse or infant children, for a beneficial interest in shareholdings greater than the 10% of the share capital	Proporty Co's (Buy to Let)
6.	Remunerated contributions to professional and scientific publications	RPS, + NPA
7.	Membership of other pharmaceutical bodies	PROPHARM BUYING GP. + CAMBRIAN ALLIANCE

I agree to update this document at any time there is a change in my interests

Signed: