File on or before May 1, 1999 or Limited Liability Company will be subject to a $ 400.00 LATE FEE.

FILED
SECRETARY OF STATE
DIVISION OF CORPORATIONS
99 MAR 22 AM 10: 37

LIMITED LIABILITY COMPANY ANNUAL REPORT 1999

FLORIDA DEPARTMENT OF STATE
Katherine Harris
Secretary of State
DIVISION OF CORPORATIONS

FILING FEE $ 188.75 | **Annual Report $100.00 + $88.75 Corporation Supplemental Fee**
Make Check Payable To: FLORIDA DEPARTMENT OF STATE

1. Name and Mailing Address of Limited Liability Company **DOCUMENT #** M98000000330

CATHOLIC HEALTHCARE AUDIT NETWORK, LLC
231 S. BEMISTON, STE 300
ST LOUIS MO 63105

Q4-AR
CM

1a. Principal Place of Business Address
231 S. BEMISTON, STE 300
ST LOUIS MO 63105

2. Principal Place of Business
Suite, Apt. #, etc.
City & State
Zip | Country

2a. Mailing Address
Suite, Apt. #, etc.
City & State
Zip | Country

3. Date Organized or Qualified: 04/08/1998
3a. State of Formation: MO
4. FEI Number: 43-1780399 ☐ Applied For ☐ Not Applicable
5. Date of Last Report
6. Certificate of Status Desired: $8.75 Additional Fee Required ☐

7. Name and Address of Current Registered Agent

MCKENDREE, STACEY
1661 RIVERSIDE AVE., SUITE D
JACKSONVILLE FL 32204

300002824093--2
-03/30/99--01087--003
****188.75 ****188.75

8. Name and Address of New Registered Agent/Office
Name
Street Address (P.O. Box Number Is Not Acceptable)
Suite, Apt. #, etc.
City FL Zip Code

9. Pursuant to the provisions of Sections 608.416 and 608.508, Florida Statutes, the above-named limited liability company submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. Such change was authorized by affirmative vote of a majority of the members. I hereby accept the appointment as registered agent, and accept the obligations.

SIGNATURE ______________ DATE ______
(Registered Agent Accepting Appointment) (NOTE: Registered Agent signature required when reinstating)

10. Title	Managing Members/Managers	Business Street Address	City, State and Zip Code
MGR	BRENNAN, DONALD A	4600 EDMUNDSON ROAD	ST LOUIS MO
MGR	BURNS, SISTER MARIE	2157 MAIN STREET	BUFFALO NY
MGR	CAHILL, PATRICIA A	1999 BROADWAY, SUITE 2605	DENVER CO
MGR	CLAUS, ELEANOR G	920 S. 107TH AVENUE, SUITE	OMAHA NE
MGR	EIKE, DENNIS J	7806 NATURAL BRIDGE ROAD	ST LOUIS MO
MGR	HOUCK, EMERSON B	7913 RIDGE ROAD	INDIANAPOLIS IN
MGR	LeMOINE, DAVID H.	231 S. BEMISTON AVE., STE 300	ST. LOUIS MO

11. I do hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(i), Florida Statutes. I further certify that the information indicated on this annual report is true and accurate and that my signature shall have the same legal effect as if made under oath; that I am a managing member or manager of the limited liability company or the receiver or trustee empowered to execute this report as required by Chapter 608, Florida Statutes; and that my name appears in Block 10, or on an attachment with an address.

SIGNATURE: D LeMoine DAVID LeMOINE 2/25/99 3148022010
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER OR MANAGER | Date | Daytime Phone #

INHSE10 R (12-98)