2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # M98000000330

1. Entity Name

CATHOLIC HEALTHCARE AUDIT NETWORK, LLC

FILED

00 JAN 18 AM 9:50

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

Principal Place of Business	Mailing Address
231 S. BEMISTON. STE 300 ST LOUIS MO 63105	231 S. BEMISTON. STE 300 ST LOUIS MO 63105-1914

DO NOT WRITE IN THIS SPACE

2. Principal Place of Business		3. Mailing Address	
Suite, Apt. #, etc.		Suite, Apt. #, etc.	
City & State		City & State	
Zip	Country	Zip	Country

4. FEI Number 43-1780399 ☐ Applied For ☐ Not Applic.

5. Certificate of Status Desired ☐ **$5.00** Additional Fee Required

6. Name and Address of Current Registered Agent	7. Name and Address of New Registered Agent
MCKENDREE, STACEY 1661 RIVERSIDE AVE., SUITE D JACKSONVILLE FL 32204	Name Street Address (P.O. Box Number is Not Acceptable) City **FL** Zip Code

8. The above named entity submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida.

SIGNATURE _____ DATE
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)

FILE NOW!!! FEE IS $50.00
Make Check Payable to Department of State

9. MANAGING MEMBERS/MEMBERS			10. ADDITIONS/CHANGES	
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	MGR BRENNAN, DONALD A 4600 EDMUNDSON ROAD ST LOUIS MO 63134	☐ Delete	MGR DAVID LEMOINE 231 S. BEMISTON AVE ST LOUIS MO 63105	☐ Change ☒ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	MGR BURNS, SISTER MARIE 2157 MAIN STREET BUFFALO NY 14214	☐ Delete	MGR SISTER AMATA MILLER 8425 McNICHOLS ROAD DETROIT MI 48221-2599	☐ Change ☒ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	MGR CAHILL, PATRICIA A 1999 BROADWAY, SUITE 2605 DENVER CO 80202	☐ Delete	MGR GARY ROWE 2727 McCLELLAND BLVD. JOPLIN MO 64804	☐ Change ☒ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	MGR CLAUS, ELEANOR G 920 S. 107TH AVENUE, SUITE 200 OMAHA NE 68114	☑ Delete	MGR KATHY GREEN 501 INDUSTRIAL ROAD PARK RAPIDS MN 56470	☐ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	MGR EIKE, DENNIS J 7806 NATURAL BRIDGE ROAD ST LOUIS MO 63121	☐ Delete	800003112318--7 -01/27/00--01014--025 *****50.00 *****50.00	☐ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	MGR HOUCK, EMERSON B 7913 RIDGE ROAD INDIANAPOLIS IN 46240	☐ Delete		☐ Change ☐ Addition

11. I 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 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.

SIGNATURE: SIGNATURE REQUIRED David LeMoine 1-11-2000 3148022010

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER OR MANAGER — Date — Daytime Phone #

DAVID LEMOINE