

2001 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # M98000000330

1. Entity Name
CATHOLIC HEALTHCARE AUDIT NETWORK, LLC

FILED

01 FEB 12 PM 12:29

SECRETARY OF STATE
TALLAHASSEE, FLORIDA



DO NOT WRITE IN THIS SPACE

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

Mailing Address
231 S. BEMISTON, STE 300
ST LOUIS MO 63105

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

4. FEI Number 43-1780399

Applied For
Not Applicable

Zip

Country

Zip

Country

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

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

600003744016-5
-02/20/01--01103--019
*****50.00 *****50.00

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
TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGR BURNS, SISTER MARIE 2157 MAIN STREET BUFFALO NY 14214	☒ Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGR CAHILL, PATRICIA A 1999 BROADWAY, SUITE 2605 DENVER CO 80202	☐ Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGR LEMOINE, DAVID 231 S. BEMISTON AVE ST. LOUIS MO 63105	☐ Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGR EIKE, DENNIS J 7806 NATURAL BRIDGE ROAD ST LOUIS MO 63121	☐ Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGR HOUCK, EMERSON B 7913 RIDGE ROAD INDIANAPOLIS IN 46240	☐ Delete

TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGR DOUGLAS FRENCH 4600 EDMUNDSON ROAD ST LOUIS MO 63134	☐ Change ☒ Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGR KRON, SISTER ELLEN 2705 MULLANPHY LN FLORISSANT MO 63031	☐ Change ☒ Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGR MILLER, SISTER AMATA 8425 MCWICKOLS RD DETROIT MI 48221	☐ Change ☒ Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGR ROWE, GARY 2727 MCCLELLAND BLVD JOPLIN MO 64804	☐ Change ☒ Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGR GREL, KATHY 501 INDUSTRIAL RD PAOK RAPIDS, MN 56470	☐ Change ☒ Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		☐ 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]

1-18-01

314802.2010

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE

Date

Daytime Phone #

0028120 AF

CR2E083 (11/00)