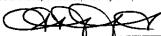
## 2004 LIMITED LIABILITY COMPANY ANNUAL REPORT

## FILED Jan 20, 2004 8:00 am Secretary of State

DOCUMENT # M9800000330  1. Entity Name CATHOLIC HEALTHCARE AUDIT NETWORK, LLC						01-20-200	4 90204 0	36 ****5	50.00
Principal Place of Business Mailing Address									-
231 S. BEMISTON, STE 300 ST LOUIS, MO 63105		231 S. BEMISTON, STE 300 ST LOUIS, MO 63105			0121 18111 8211 8311 83		E FITTE BITTE GETT	IEI II1 IEE	
2. Principal Place of Business		3. Mailing Address							
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Suite, Apt. #, etc.		Suite, Apt. #, etc.		01162004	Chg-LLC	CR2E08	3 (10/03)		
City & State		City & State		4, FEI Number 43-1780			- · · ·	olied For Applicable	
Zip	Country	Zip	Country	ountry 5. Certif		of Status Desired		5.00 Addi	
	6. Name and Address of Current F	legistered Agent	<del></del>		7. Name and	Address of New F	<del></del>	,- A-1 T	
040011 7	UEDEO A			Name					
CASON, THERESA C/O SACRED HEART HOSPITAL 5151 N. 9TH AVE.				Street Address (P.O. Box Number is Not Acceptable)					
	LA, FL 32504							:	
			Γ	City			FL	Zip Code	,
	named entity submits this statement for ions of registered agent.	the purpose of changing its r	egistered	d office or re	gistered agent, or both	n, in the State of Fl	lorida. I am fa	miliar with, a	and accept
SIGNATURE .		··							
1	Signature, typed or printed name of registered agent a	nd title if applicable. (NOTE:	: Registered #	Agent signature re	required when reinstating)		DATÉ		
Fi Di	ling Fee is \$50.00 ue by May 1, 2004		-				ke check pa la Departme		, ;
Fi D	ue by May 1, 2004  MANAGING MEMBER	RS/MANAGERS	10.			Florid	la Departme	nt of State	
9.	MANAGING MEMBER	RS/MANAGERS	TITLE			Florid	la Departme		Addition
9. TITLE NAME	MANAGING MEMBER MGR FRENCH, DOUGLAS		TITLE NAME			Florid	la Departme	nt of State	
9.	MANAGING MEMBER		TITLE NAME	T ADDRESS		Florid	la Departme	nt of State	
9. TITLE NAME STREET ADDRESS	MANAGING MEMBER MGR FRENCH, DOUGLAS 4600 ED MUNDSON RD.		TITLE NAME STREET	T ADDRESS ST-ZIP	S/srek	Florid ADDITIONS	la Departme	nt of State	
9. TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME	MANAGING MEMBER MGR FRENCH, DOUGLAS 4600 ED MUNDSON RD. ST. LOUIS, MO 63134 MGR KRON, ELLEN S	☐ Delete	NAME NAME STREET CITY-S TITLE NAME	T ADDRESS ST-ZIP	S/srek	Florid ADDITIONS	la Departme	Change	Addition
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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 AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE



1-16-04 314.862.2010