2004 LIMITED LIABILITY COMPANY ANNUAL REPORT

FILED
Jan 20, 2004 8:00 am
Secretary of State
01-20-2004 90204 036 ****50.00

DOCUMENT # M98000000330

1. Entity Name
CATHOLIC HEALTHCARE AUDIT NETWORK, LLC

Principal Place of Business	Mailing Address
231 S. BEMISTON, STE 300 ST LOUIS, MO 63105	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	
Zip	Country	Zip	Country

01162004 Chg-LLC CR2E083 (10/03)

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

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
CASON, THERESA C/O SACRED HEART HOSPITAL 5151 N. 9TH AVE. PENSACOLA, FL 32504	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. I am familiar with, and accept the obligations of registered agent.

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

Filing Fee is $50.00
Due by May 1, 2004

Make check payable to
Florida Department of State

9. MANAGING MEMBERS / MANAGERS			10. ADDITIONS / CHANGES		
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	MGR FRENCH, DOUGLAS 4600 ED MUNDSON RD. ST. LOUIS, MO 63134	☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	MGR KRON, ELLEN S 270 S. MULLANPHY LANE FLORISSANT, MO 63031	☑ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	SISTER AMATA MILLER 2004 RANDOLPH AVE. ST. PAUL MN 55105	☑ Change ☐ Addition
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	KEVIN LOFTIN PRES/CEO CHI, 1999 BROADWAY STE 2605 DENVER CO 80202	☑ Change ☐ Addition
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		☐ Change ☐ Addition
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	LAWRENCE PRYBIL, M.D. 200 HAWKINS DR, E224 GH IOWA CITY, IA 52242	☑ Change ☐ Addition
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		☐ 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: _____ 1-16-04 314-862-2010
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE Date Daytime Phone #