2005 LIMITED LIABILITY COMPANY ANNUAL REPORT

FILED
Jan 24, 2005 8:00 am
Secretary of State
01-24-2005 90101 005 ****50.00

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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. Same		Suite, Apt. #, etc. Same	
City & State		City & State	
Zip	Country	Zip	Country

01112005 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 _____ DATE _____
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)

Filing Fee is $50.00
Due by May 1, 2005

Make check payable to Florida Department of State

9. MANAGING MEMBERS/MANAGERS			10. ADDITIONS/CHANGES	
TITLE	MGR	☐ Delete	TITLE	☒ Change ☐ Addition
NAME	~~FRENCH, DOUGLAS~~ TINY TERSIGNI		NAME	
STREET ADDRESS	4600 ED MUNDSON RD.		STREET ADDRESS	
CITY-ST-ZIP	ST. LOUIS, MO 63134		CITY-ST-ZIP	
TITLE	ST	☐ Delete	TITLE	☐ Change ☐ Addition
NAME	MILLER, AMATA		NAME	
STREET ADDRESS	2004 RANDOLPH AVE.		STREET ADDRESS	
CITY-ST-ZIP	SAINT PAUL, MN 55106		CITY-ST-ZIP	
TITLE	CEOP	☐ Delete	TITLE	☐ Change ☐ Addition
NAME	LOFTIN, KEVIN		NAME	
STREET ADDRESS	CHI 1999 BROADWAY STE. 2605		STREET ADDRESS	
CITY-ST-ZIP	DENVER, CO 80202		CITY-ST-ZIP	
TITLE	MGR	☐ Delete	TITLE	☐ Change ☐ Addition
NAME	LEMOINE, DAVID		NAME	
STREET ADDRESS	231 S. BEMISTON AVE		STREET ADDRESS	
CITY-ST-ZIP	ST. LOUIS, MO 63105		CITY-ST-ZIP	
TITLE	PD	☐ Delete	TITLE	☐ Change ☐ Addition
NAME	PRYBIL, LAWRENCE		NAME	
STREET ADDRESS	200 HAWKINS DR.		STREET ADDRESS	
CITY-ST-ZIP	IOWA CITY, IA 52242		CITY-ST-ZIP	
TITLE	MGR	☐ Delete	TITLE	☐ Change ☒ Addition
NAME	HOUCK, EMERSON B		NAME	
STREET ADDRESS	7913 RIDGE ROAD		STREET ADDRESS	
CITY-ST-ZIP	INDIANAPOLIS, IN 46240		CITY-ST-ZIP	

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: _____ 1-18-05 314 802. 2010
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE — Date — Daytime Phone #