2006 LIMITED LIABILITY COMPANY ANNUAL REPORT

FILED
Jan 19, 2006
Secretary of State

DOCUMENT# M98000000330

Entity Name: CATHOLIC HEALTHCARE AUDIT NETWORK, LLC

Current Principal Place of Business:

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

New Principal Place of Business:

Current Mailing Address:

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

New Mailing Address:

FEI Number: 43-1780399 **FEI Number Applied For ( )** **FEI Number Not Applicable ( )** **Certificate of Status Desired ( )**

Name and Address of Current Registered Agent:

CASON, THERESA
C/O SACRED HEART HOSPITAL
5151 N. 9TH AVE.
PENSACOLA, FL 32504 US

Name and Address of New Registered Agent:

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: _____

Electronic Signature of Registered Agent — Date

MANAGING MEMBERS/MANAGERS:

Title:	MGR	( ) Delete
Name:	TERSIGNI, TONY	
Address:	4600 ED MUNDSON RD.	
City-St-Zip:	ST. LOUIS, MO 63134	
Title:	ST	( ) Delete
Name:	MILLER, AMATA	
Address:	2004 RANDOLPH AVE.	
City-St-Zip:	SAINT PAUL, MN 55106	
Title:	CEOP	( ) Delete
Name:	LOFTIN, KEVIN	
Address:	CHI 1999 BROADWAY STE. 2605	
City-St-Zip:	DENVER, CO 80202	
Title:	MGR	( ) Delete
Name:	LEMOINE, DAVID	
Address:	231 S. BEMISTON AVE	
City-St-Zip:	ST. LOUIS, MO 63105	
Title:	PD	( ) Delete
Name:	PRYBIL, LAWRENCE	
Address:	200 HAWKINS DR.	
City-St-Zip:	IOWA CITY, IA 52242	
Title:	MGR	( ) Delete
Name:	HOUCK, EMERSON B	
Address:	7913 RIDGE ROAD	
City-St-Zip:	INDIANAPOLIS, IN 46240	

ADDITIONS/CHANGES:

Title:	( ) Change ( ) Addition
Name:	
Address:	
City-St-Zip:	
Title:	( ) Change ( ) Addition
Name:	
Address:	
City-St-Zip:	
Title:	( ) Change ( ) Addition
Name:	
Address:	
City-St-Zip:	
Title:	( ) Change ( ) Addition
Name:	
Address:	
City-St-Zip:	
Title:	( ) Change ( ) Addition
Name:	
Address:	
City-St-Zip:	
Title:	( ) Change ( ) Addition
Name:	
Address:	
City-St-Zip:	

I hereby certify that the information supplied with this filing does not qualify for the for the exemption stated in Chapter 119, Florida Statutes. I further certify that the information indicated on this report is true and accurate and that my electronic 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: MICHAEL R. STAFFORD FOR DAVID LEMOINE CFO 01/19/2006

Electronic Signature of Signing Managing Member, Manager, or Authorized Representative / Date