

2008 LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# M98000000330

FILED
Jan 08, 2008
Secretary of State

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:

BUSINESS FILINGS INCORPORATED
1203 GOVERNORS SQUARE BLVD., SUITE 101
TALLAHASSEE, FL 323012960 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: MGR (X) Change () Addition
Name: HENKEL, ROBERT
Address: 4600 ED MUNDSON RD.
City-St-Zip: ST. LOUIS, MO 63134

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

Title: CEOP (X) Change () Addition
Name: FORDYCE, MICHAEL
Address: CHI 1999 BROADWAY STE. 2605
City-St-Zip: DENVER, CO 80202

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 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 STAFFORD

CFO

01/08/2008

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