2010 LIMITED LIABILITY COMPANY ANNUAL REPORT

FILED
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Secretary of State

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Entity Name: CATHOLIC HEALTHCARE AUDIT NETWORK, LLC

Current Principal Place of Business:

231 S. BEMISTON, STE 300
CLAYTON, MO 63105

New Principal Place of Business:

231 S BEMISTON AVE, STE 300
CLAYTON, MO 63105 US

Current Mailing Address:

231 S. BEMISTON, STE 300
CLAYTON, MO 63105

New Mailing Address:

231 S BEMISTON AVE, STE 300
CLAYTON, MO 63105 US

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: MGRM
Name: HENKEL, ROBERT J MGRM
Address: 231 S BEMISTON AVE, STE 300
City-St-Zip: CLAYTON, MO 63105 US

Title: MGRM
Name: LANIK, ROBERT MGRM
Address: 231 S BEMISTON AVE, STE 300
City-St-Zip: CLAYTON, MO 63105 US

Title: MGRM
Name: LEMOINE, DAVID H MGRM
Address: 231 S BEMISTON AVE, STE 300
City-St-Zip: CLAYTON, MO 63105 US

Title: MGRM
Name: LOWE, CHALLIS MGRM
Address: 231 S BEMISTON AVE, STE 300
City-St-Zip: CLAYTON, MO 63105 US

Title: MGRM
Name: PRYBIL, LAWRENCE D MGRM
Address: 231 S BEMISTON AVE, STE 300
City-St-Zip: CLAYTON, MO 63105 US

I hereby 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 Statues.

SIGNATURE: LAURA LOUIS POA 04/09/2010

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