

2011 LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# M98000000330

FILED
Mar 22, 2011
Secretary of State

Entity Name: CATHOLIC HEALTHCARE AUDIT NETWORK, LLC

Current Principal Place of Business:

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

New Principal Place of Business:

Current Mailing Address:

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

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

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

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

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

Title: MGRM
Name: PRYBIL, LAWRENCE D
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 Statutes.

SIGNATURE: LAURA LOUIS

POA

03/22/2011

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