2003 LIMITED LIABILITY COMPANY UNIFORM BUSINESS REPORT (UBR)

FILED
Jan 21, 2003 8:00 am
Secretary of State
01-21-2003 90312 033 ****50.00

DOCUMENT # M98000000330

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

☑ CHECK HERE IF MAKING CHANGES

2. Principal Place of Business	3. Mailing Address
Suite, Apt. #, etc.	Suite, Apt. #, etc.
City & State	City & State
Zip / Country	Zip / Country

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

MCKENDREE, STACEY
1661 RIVERSIDE AVE., SUITE D
JACKSONVILLE FL 32204

7. Name and Address of New Registered Agent

Name: Theresa Cason
Street Address (P.O. Box Number is Not Acceptable): c/o Sacred Heart Hospital
5151 N. 9th Ave.
City: Pensacola **FL** Zip Code: 32504

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: Theresa Cason, Manager Clinical/Coding Compliance — 1/13/03
Signature, typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when reinstating) DATE

FILE NOW!!! FEE IS $50.00
Make Check Payable to Florida Department of State
Due By May 1, 2003

9. MANAGING MEMBERS/MANAGERS			10. ADDITIONS/CHANGES	
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	MGR FRENCH, DOUGLAS 4600 ED MUNDSON RD. ST. LOUIS MO 63134	☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	☐ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	MGR KRON, ELLEN S 270 S. MULLANPHY LANE FLORISSANT MO 63031	☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	☐ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	MGR CAHILL, PATRICIA A 1999 BROADWAY, SUITE 2605 DENVER CO 80202	☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	☐ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	MGR LEMOINE, DAVID 231 S. BEMISTON AVE ST. LOUIS MO 63105	☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	☐ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	MGR EIKE, DENNIS J 7806 NATURAL BRIDGE ROAD ST LOUIS MO 63121	☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	☐ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	MGR HOUCK, EMERSON B 7913 RIDGE ROAD INDIANAPOLIS IN 46240	☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	☐ Change ☐ Addition

CR2E083 (10/02)

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: [signature] 1-9-03 3148022000
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE — Date — Daytime Phone #