

2015 FOREIGN LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# M98000000330

Entity Name: CATHOLIC HEALTHCARE AUDIT NETWORK, LLC

Current Principal Place of Business:

231 S BEMISTON AVE, STE 300
CLAYTON, MO 63105

Current Mailing Address:

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

FEI Number: 43-1780399

Certificate of Status Desired: No

Name and Address of Current Registered Agent:

BUSINESS FILINGS INCORPORATED
515 E. PARK AVENUE
TALLAHASSEE, FL 32301 US

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

Authorized Person(s) Detail :

Title MANAGER
Name ALLEN, CHARLES
Address 231 S BEMISTON AVE, STE 300
City-State-Zip: CLAYTON MO 63105

Title MANAGER
Name MELFI, MITCH
Address 231 S BEMISTON AVE, STE 300
City-State-Zip: CLAYTON MO 63105

Title MANAGER
Name SANDERSON, BRIAN
Address 231 S BEMISTON AVE, STE 300
City-State-Zip: CLAYTON MO 63105

Title MANAGER
Name SPERANZO, ANTHONY J.
Address 231 S BEMISTON AVE, STE 300
City-State-Zip: CLAYTON MO 63105

Title MANAGER
Name STRAMMELLO, STEVEN
Address 231 S BEMISTON AVE, STE 300
City-State-Zip: CLAYTON MO 63105

I hereby certify that the information indicated on this report or supplemental 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 605, Florida Statutes; and that my name appears above, or on an attachment with all other like empowered.

SIGNATURE: STEVEN STRAMMELLO

MANAGER

04/23/2015

Electronic Signature of Signing Authorized Person(s) Detail

Date