

**2013 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 MEMBER  
Name HENKEL, ROBERT J  
Address 231 S BEMISTON AVE, STE 300  
City-State-Zip: CLAYTON MO 63105

Title MEMBER  
Name LANIK, ROBERT  
Address 231 S BEMISTON AVE, STE 300  
City-State-Zip: CLAYTON MO 63105

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

Title MEMBER  
Name LOWE, CHALLIS  
Address 231 S BEMISTON AVE, STE 300  
City-State-Zip: CLAYTON MO 63105

Title MEMBER  
Name PRYBIL, LAWRENCE D  
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 608, Florida Statutes; and that my name appears above, or on an attachment with all other like empowered.*

**SIGNATURE:** ROBERT J HENKEL

MEMBER

04/08/2013

Electronic Signature of Signing Authorized Person(s) Detail

Date