2016 FLORIDA LIMITED LIABILITY COMPANY ANNUAL REPORT

FILED
Apr 20, 2016
Secretary of State
CC5967502079

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Entity Name: HEALTHMARK CLAIMS MANAGEMENT LLC

Current Principal Place of Business:

555 W GRANDA BLVD
SUITE E-7
ORMOND BEACH, FL 32174

Current Mailing Address:

555 W GRANADA BLOULEVARD
SUITE E-7
ORMOND BEACH, FL 32174 US

FEI Number: 47-1500951

Certificate of Status Desired: No

Name and Address of Current Registered Agent:

ENVISION APN GROUP
555 W GRANDA BLVD
SUITE E-7
ORMOND BEACH, FL 32174 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: TERESA VELEZ 04/20/2016

Electronic Signature of Registered Agent — Date

Authorized Person(s) Detail :

Title	AMBR
Name	ENVISION APN GROUP LLC
Address	555 W GRANDA BLVD SUITE E-7
City-State-Zip:	ORMOND BEACH FL 32174

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: TERESA VELEZ VP 04/20/2016

Electronic Signature of Signing Authorized Person(s) Detail — Date