

**2018 FLORIDA LIMITED LIABILITY COMPANY ANNUAL REPORT**

DOCUMENT# L14000121839

**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

03/08/2018

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

03/08/2018

Electronic Signature of Signing Authorized Person(s) Detail

Date