

2009 LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# L02000012034

FILED
Feb 06, 2009
Secretary of State

Entity Name: ANIMAL HOSPITAL AT VISTA LAKES, LLC

Current Principal Place of Business:

8770 LEE VISTA BLVD
ORLANDO, FL 32829

New Principal Place of Business:

Current Mailing Address:

8770 LEE VISTA BLVD
ORLANDO, FL 32829

New Mailing Address:

FEI Number: 04-3676737

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

HUMPHRIES, J. GREGORY
300 S. ORANGE AVE. SUITE 1000
ORLANDO, FL 32801 US

Name and Address of New Registered Agent:

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

MANAGING MEMBERS/MANAGERS:

Title: MGRM () Delete
Name: MEALEY SCHOLL, ANNE
Address: 8555 CURRY FORD RD
City-St-Zip: ORLANDO, FL 32825

Title: MGR () Delete
Name: MIZELL, DEBROAH
Address: 8770 LEE VISTA BLVD
City-St-Zip: ORLANDO, FL 32829

ADDITIONS/CHANGES:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Chapter 119, Florida Statutes. I further certify that the information indicated on this 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.

SIGNATURE: DEBORAH MIZELL

MGR

02/06/2009

Electronic Signature of Signing Managing Member, Manager, or Authorized Representative / Date