

# **2012 LIMITED LIABILITY COMPANY ANNUAL REPORT**

DOCUMENT# L02000012034

**FILED**  
**Jan 11, 2012**  
**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  
**Name:** MEALEY SCHOLL, ANNE  
**Address:** 8555 CURRY FORD RD  
**City-St-Zip:** ORLANDO, FL 32825

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

I hereby 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:** DEBBIE MIZELL

MGR

01/11/2012

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