2004 LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# L03000020811

Entity Name: LAKE VEC, L.L.C.

FILED Mar 11, 2004 Secretary of State

Current Principal Place of Business: New Principal Place of Business: 195 CONCORD DR. CASSELBERRY, FL 32707 **Current Mailing Address: New Mailing Address:** 195 CONCORD DR. CASSELBERRY, FL 32707 FEI Number: 02-0681050 FEI Number Applied For () FEI Number Not Applicable () Certificate of Status Desired () Name and Address of Current Registered Agent: Name and Address of New Registered Agent: VETERINARY EMERGENCY CLINIC OF CENTRAL FL INC ATTN: HOSPITAL ADMINISTRATOR 195 CONCORD DR. CASSELBERRY, FL 32707 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 **MANAGING MEMBERS/MEMBERS: ADDITIONS/CHANGES:** MGR (X) Change () Addition () Delete LAKE VEC, LLC, CANNON, RANDALL MGRM Name: Name: 195 CONCORD DR. Address: 195 CONCORD DR. Address: City-St-Zip: CASSELBERRY, FL 32707 City-St-Zip: CASSELBERRY, FL 32707 Title: Title: MGRM () Change (X) Addition () Delete Name: WILLIAMS, DOUGLAS P MGRM Name: Address: Address: 195 CONCORD DR. City-St-Zip: City-St-Zip: CASSELBERRY, FL 32707 Title: () Delete Title: MGRM () Change (X) Addition MCABEE, SCOTT MGRM Name: Name: Address: Address: 195 CONCORD DR City-St-Zip: City-St-Zip: CASSELBERRY, FL 32707 Title: () Delete Title: MGRM () Change (X) Addition RUBINSTEIN, RICHARD MGRM Name: Name: 195 CONCORD DR. Address: Address: City-St-Zip: City-St-Zip: CASSELBERRY, FL 32707 Title: () Delete Title: MGRM () Change (X) Addition HAYES, CHARLES M MGRM Name: Name: 195 CONCORD DR Address: Address: City-St-Zip: City-St-Zip: CASSELBERRY, FL 32707 Title: () Delete Title: () Change (X) Addition MARRINSON, RICHARD MGRM Name: Name: Address: Address: 195 CONCORD DR. CASSELBERRY, FL 32707 City-St-Zip: City-St-Zip:

I hereby certify that the information supplied with this filing does not qualify for the for the exemption stated in Section 119.07(3)(i), 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: RANDALL CANNON, DVM MGRM 03/11/2004