## 2008 LIMITED LIABILITY COMPANY ANNUAL REPORT

## DOCUMENT# L03000020811

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

**FILED** Jan 23, 2008 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

MANAGING MEMBERS/MANAGERS:

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:

Date

## Electronic Signature of Registered Agent

## ADDITIONS/CHANGES:

Title: MGR ( ) Delete (X) Change ( ) Addition PRIEHS, DANIEL PRIEHS, DANIEL DVM Name: Name: 9901 SOUTH US HWY 17-92 Address: 9901 SOUTH US HWY 17-92 Address: City-St-Zip: MAITLAND, FL 32751 City-St-Zip: MAITLAND, FL 32751

Title: MGRM () Delete Title: MGRM (X) Change ( ) Addition HICKS, ROBERT E Name: HICKS, ROBERT E DVM Name: Address:

2229 BIGGY CREEK RD Address: 2229 BIGGY CREEK RD City-St-Zip: KISSIMMEE, FL 34744 City-St-Zip: KISSIMMEE, FL 34744

Title: MGR () Delete Title: () Change () Addition

THOMPSON, RICHARD DVM Name: Name: Address: 418 E ALFRED ST Address: City-St-Zip: TAVARES, FL 32778 City-St-Zip:

Title: MGRM ( ) Delete Title: MGRM (X) Change ( ) Addition Name: Name: NADLER, JON DVM

RUBINSTEIN, RICHARD MGRM Address: 195 CONCORD DR. Address: 195 CONCORD DR. City-St-Zip: CASSELBERRY, FL 32707 City-St-Zip: CASSELBERRY, FL 32707

Title: MGRM ( ) Delete Title: MGRM (X) Change ( ) Addition HAYES, CHARLES M MGRM WILLIAMS, DOUGLAS P DVM Name: Name: 195 CONCORD DR 383 VISTA WILLA DRIVE Address: Address: City-St-Zip: CASSELBERRY, FL 32707 City-St-Zip: WINTER SPRINGS, FL 32708

Title: ( ) Delete Title: (X) Change ( ) Addition MARRINSON, RICHARD MGRM MARRINSON, RICHARD DVM Name: Name:

Address: 418 E ALFRED ST Address: 1080 W. HWY 434 TAVARES, FL 32778 City-St-Zip: LONGWOOD, FL 32750 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: DOUGLAS PAUL WILLIAMS **MGRM** 01/23/2008