

2009 LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# L03000020811

FILED
Jan 29, 2009
Secretary of State

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

Current Principal Place of Business:

195 CONCORD DR.
CASSELBERRY, FL 32707

New Principal Place of Business:

Current Mailing Address:

195 CONCORD DR.
CASSELBERRY, FL 32707

New Mailing Address:

FEI Number: 02-0681050

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

VETERINARY EMERGENCY CLINIC OF CENTRAL FL
INC ATTN: HOSPITAL ADMINISTRATOR
195 CONCORD DR.
CASSELBERRY, FL 32707 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: MGR () Delete
Name: PRIEHS, DANIEL DVM
Address: 9901 SOUTH US HWY 17-92
City-St-Zip: MAITLAND, FL 32751

Title: MGRM () Delete
Name: HICKS, ROBERT E DVM
Address: 2229 BIGGY CREEK RD
City-St-Zip: KISSIMMEE, FL 34744

Title: MGR () Delete
Name: THOMPSON, RICHARD DVM
Address: 418 E ALFRED ST
City-St-Zip: TAVARES, FL 32778

Title: MGRM () Delete
Name: NADLER, JON DVM
Address: 195 CONCORD DR.
City-St-Zip: CASSELBERRY, FL 32707

Title: MGRM () Delete
Name: WILLIAMS, DOUGLAS P DVM
Address: 383 VISTA WILLA DRIVE
City-St-Zip: WINTER SPRINGS, FL 32708

Title: MGR () Delete
Name: MARRINSON, RICHARD DVM
Address: 1080 W. HWY 434
City-St-Zip: LONGWOOD, FL 32750

ADDITIONS/CHANGES:

Title: MGR (X) Change () Addition
Name: MCABEE, SCOTT DVM
Address: 4586 PALMETTO AVE
City-St-Zip: WINTER PARK, FL 32792

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

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

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Name:
Address:
City-St-Zip:

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: D. PAUL WILLIAMS, DVM

MGRM

01/29/2009

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