

2010 LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# L03000020811

FILED
Feb 03, 2010
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
Name: MCABEE, SCOTT DVM
Address: 4586 PALMETTO AVE
City-St-Zip: WINTER PARK, FL 32792

Title: MGR
Name: PEARCE, DOUGLAS DVM
Address: 1909 MAGUIRE ROAD
City-St-Zip: WINDERMERE, FL 34786

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

Title: MGR
Name: NADLER, JON E DVM
Address: 1350 SOUTH VINELAND ROAD
City-St-Zip: WINTER GARDEN, FL 34787

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

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

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: JON E. NADLER, DVM

MGR

02/03/2010

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