

# 2012 LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# L03000020811

FILED  
Feb 08, 2012  
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: RUBINSTEIN, RICHARD DVM  
Address: 847 N. PARK AVE.  
City-St-Zip: APOPKA, FL 32712

Title: MGR  
Name: DE HAAN, JACEK DVM  
Address: 9905 SOUTH US HWY 17-92  
City-St-Zip: MAITLAND, FL 34751

Title: MGR  
Name: COX, KENNETH DVM  
Address: 1984 ST ROAD 44  
City-St-Zip: NEW SMYRNA BEACH, FL 32168

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

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: SCOTT MCABEE, DVM

MGR

02/08/2012

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