

2013 FLORIDA LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# L02000012034

Entity Name: ANIMAL HOSPITAL AT VISTA LAKES, LLC

Current Principal Place of Business:

8770 LEE VISTA BLVD
ORLANDO, FL 32829

Current Mailing Address:

8770 LEE VISTA BLVD
ORLANDO, FL 32829

FEI Number: 04-3676737

Certificate of Status Desired: No

Name and Address of Current Registered Agent:

HUMPHRIES, J. GREGORY
300 S. ORANGE AVE. SUITE 1000
ORLANDO, FL 32801 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

Authorized Person(s) Detail :

Title MGRM
Name MEALEY SCHOLL, ANNE
Address 8555 CURRY FORD RD
City-State-Zip: ORLANDO FL 32825

Title MGR
Name MIZELL, DEBROAH
Address 8770 LEE VISTA BLVD
City-State-Zip: ORLANDO FL 32829

I hereby certify that the information indicated on this report or supplemental 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; and that my name appears above, or on an attachment with all other like empowered.

SIGNATURE: DEBROAH MIZELL

MGR

02/19/2013

Electronic Signature of Signing Authorized Person(s) Detail

Date