

**2015 FLORIDA LIMITED LIABILITY COMPANY ANNUAL REPORT**

DOCUMENT# L02000012034

**FILED  
Apr 07, 2015  
Secretary of State  
CC7719684038**

**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 BOWEN, STEPHANIE  
Address 8770 LEE VISTA BLVD  
City-State-Zip: ORLANDO FL 32829

Title BOOKKEEPER  
Name STRANGE, KIMBERLY  
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 605, Florida Statutes; and that my name appears above, or on an attachment with all other like empowered.*

**SIGNATURE:** KIMBERLY STRANGE

**BOOKKEEPER**

**04/07/2015**

Electronic Signature of Signing Authorized Person(s) Detail

Date