

2013 FLORIDA LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# L03000020811

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

Current Principal Place of Business:

195 CONCORD DR.
CASSELBERRY, FL 32707

Current Mailing Address:

195 CONCORD DR.
CASSELBERRY, FL 32707

FEI Number: 02-0681050

Certificate of Status Desired: No

Name and Address of Current Registered Agent:

VETERINARY EMERGENCY CLINIC OF CENTRAL FL
INC ATTN: HOSPITAL ADMINISTRATOR
195 CONCORD DR.
CASSELBERRY, FL 32707 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 MGR
Name HICKS, ROBERT DR.
Address 195 CONCORD DR.
City-State-Zip: CASSELBERRY FL 32707

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

Title MGR
Name RUBINSTEIN, RICHARD DVM
Address 847 N. PARK AVE.
City-State-Zip: APOPKA FL 32712

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

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

Title MGR
Name WILLIAMS, DOUGLAS PDVM
Address 383 VISTA WILLA DRIVE
City-State-Zip: WINTER SPRINGS FL 32708

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: DOUGLAS P WILLIAMS DVM

MANAGER

02/07/2013

Electronic Signature of Signing Authorized Person(s) Detail

Date