

2015 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 DE HAAN, JACEK DVM
Address 9905 SOUTH US HWY 17-92
City-State-Zip: MAITLAND FL 34751

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

Title MANAGER
Name NADLER, JON DR.
Address 1350 SOUTH VINELAND RD.
City-State-Zip: WINTER GARDEN FL 34787

Title MANAGER
Name MARTIN, JAMES DR.
Address 2000 N. MILLS AVE.
City-State-Zip: ORLANDO FL 32803

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

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: DOUGLAS WILLIAMS

MANAGER

02/05/2015

Electronic Signature of Signing Authorized Person(s) Detail

Date