

2008 LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# L06000023670

FILED
Jan 23, 2008
Secretary of State

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

Current Principal Place of Business:

195 CONCORD DRIVE
CASSELBERRY, FL 32707

New Principal Place of Business:

Current Mailing Address:

195 CONCORD DRIVE
CASSELBERRY, FL 32707

New Mailing Address:

FEI Number: 20-4427703

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
195 CONCORD DRIVE
ATTN: HOSPITAL ADMINISTRATOR
CASSELBERRY, FL 32707 US

Name and Address of New Registered Agent:

CANADA, CAROLYN
195 CONCORD DRIVE
ATTN: HOSPITAL ADMINISTRATOR
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: CAROLYN CANADA

01/23/2008

Electronic Signature of Registered Agent

Date

MANAGING MEMBERS/MANAGERS:

Title: MGRM () Delete
Name: VETERINARY EMERGENCY, CLINIC OF CENTRAL FL
Address: 195 CONCORD DRIVE
City-St-Zip: CASSELBERRY, FL 32707

Title: MGR () Delete
Name: RUBINSTEIN, RICHARD DVM
Address: 1490 TUSCAWILLA ROAD
City-St-Zip: OVIEDO, FL 32765

Title: MGR () Delete
Name: PRIEHS, DANIEL DVM
Address: 9901 SOUTH US HWY 17-92
City-St-Zip: MAITLAND, FL 32751

Title: MGR () Delete
Name: HICKS, ROBERT E DVM
Address: 2229 BOGGY CREEK ROAD
City-St-Zip: KISSIMMEE, FL 34744

Title: MGR () Delete
Name: THOMPSON, RICHARD DVM
Address: 418 E. ALFRED STREET
City-St-Zip: TAVARES, FL 32778

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

ADDITIONS/CHANGES:

Title: MGRM (X) Change () Addition
Name: NADLER, JON DVM
Address: 195 CONCORD DRIVE
City-St-Zip: CASSELBERRY, FL 32707

Title: MGR (X) Change () Addition
Name: MARRINSON, RICHARD L DVM
Address: 1080 W. HWY 434
City-St-Zip: LONGWOOD, FL 32750

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Chapter 119, Florida Statutes. I further 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: DOUGLAS PAUL WILLIAMS

MGR

01/23/2008

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