

# 2009 LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# L06000023670

FILED  
Jan 29, 2009  
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:**

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

**Name and Address of New Registered Agent:**

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

**MANAGING MEMBERS/MANAGERS:**

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

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

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

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

Title: MGR (X) Change ( ) Addition  
Name: MCABEE, SCOTT DVM  
Address: 4586 PALMETTO AVE  
City-St-Zip: WINTER PARK, FL 32792

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: D. PAUL WILLIAMS, DVM

MGR

01/29/2009

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