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(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

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(Business Entity Name)

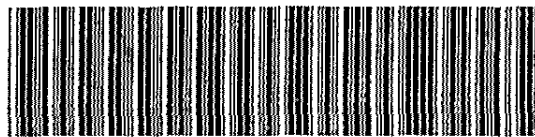
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ARNOLD, MATHENY & EAGAN, P.A.

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January 11, 2005

Florida Department of State
Attn: Lee Rivers
Division of Corporations
Post Office Box 6327
Tallahassee, Florida 32314

Re: Clermont Ambulatory Surgical Center LLLP

Dear Mr. Rivers:

W05-1841

Enclosed under cover of this letter please find the following documents to be filed on behalf of Clermont Ambulatory Surgical Center LLLP.

1. Statement of Qualification for Florida Limited Liability Limited Partnership
2. Certificate of Limited Partnership
3. Affidavit of Capital Contributions for Florida Limited Partnership

Also enclosed please find our check number 21514 in the amount of \$140.00 to cover all filing costs.

If you have any questions, please do not hesitate to contact the undersigned at 407-841-1550.

Thank you for your assistance.

Sincerely,



Dale Barnett
Executive Assistant

Enclosures

625

rec'd 01/12/05

STATEMENT OF QUALIFICATION FOR
FLORIDA LIMITED LIABILITY LIMITED PARTNERSHIP

1. The name of the limited partnership as identified in the records of the Florida Department of State:
Clermont Ambulatory Surgical Center LLLP.

Insert limited partnership's Florida document number: _____
or

- X Attach certificate of limited partnership, affidavit of capital contributions and applicable limited partnership filing fees.

2. The complete name of the entity after filing Statement of Qualification shall be:
Clermont Ambulatory Surgical Center LLLP

3. The street address of its chief executive office: 1950 Lee Road, Suite 209
(if different from current recorded address): Winter Park, Florida 32789

4. The street address of principal office in Florida: 1950 Lee Road, Suite 209
(if different from above) Winter Park, Florida 32789

5. The limited partnership hereby elects to be a limited liability limited partnership.

6. The effective date of this filing shall be:
 X as of the date this document is filed with the Florida Secretary of State
or
_____ a date later than the time of filing: _____

7. The name and Florida street address of the partnership's agent for service of process:
AM&E Services LLC
605 East Robinson Street, Suite 730
Orlando, Florida 32801

The execution of this statement as a partner constitutes an affirmation under the penalties of perjury that the facts stated herein are true.

Signed this 10th day of January, 2005.

Signature of TWO Partners: Clermont ASC Management LLC, General Partner

By: [Signature]
Sandeep Bajaj, M.D., President

Limited Partner:
[Signature]
Sandeep Bajaj, M.D.
and

[Signature]
Rohini Bajaj, M.D.
As Tenants by the Entireties

Filing Fee: \$25.00
Certified Copy: (Optional): \$52.50
Certificate of Status (Optional): \$8.75