

2006 LIMITED PARTNERSHIP ANNUAL REPORT

DOCUMENT# A05000000125

FILED
Apr 28, 2006
Secretary of State

Entity Name: CLERMONT AMBULATORY SURGICAL CENTER LLLP

Current Principal Place of Business:

AM&E SERVICES LLC
605 EAST ROBINSON STREET, SUITE 730
ORLANDO, FL 32801

New Principal Place of Business:

Current Mailing Address:

AM&E SERVICES LLC
605 EAST ROBINSON STREET, SUITE 730
ORLANDO, FL 32801

New Mailing Address:

FEI Number: 20-2139893

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

AM&E SERVICES LLC
605 EAST ROBINSON STREET, SUITE 730
ORLANDO, FL 32801 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

GENERAL PARTNER INFORMATION:

Document #: L04000083239
Name: CLERMONT ASC MANAGEMENT LLC
Address: 1950 LEE ROAD, SUITE 209
City-St-Zip: WINTER PARK, FL 32789

ADDRESS CHANGES ONLY:

Address:
City-St-Zip:

I hereby certify that the information supplied with this filing does not qualify for the 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 General Partner of the limited partnership or the receiver or trustee empowered to execute this report as required by Chapter 620, Florida Statutes.

SIGNATURE: SANDEEP BAJAJ

MGR

04/28/2006

Electronic Signature of Signing General Partner

Date