

2007 LIMITED PARTNERSHIP ANNUAL REPORT

DOCUMENT# A05000000125

FILED
Apr 27, 2007
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:

255 CITRUS TOWER BLVD
SUITE 100
CLERMONT, FL 34711

Current Mailing Address:

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

New Mailing Address:

483 N. SEMORAN BLVD
SUITE 350
WINTER PARK, FL 32792

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:

SWANN & HADLEY, PA
1031 WEST MORSE BLVD.
SUITE 204
WINTER PARK, FL 32792 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: RICHARD R. SWANN

04/27/2007

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: 483 N. SEMORAN BLVD., SUITE 204
City-St-Zip: WINTER PARK, FL 32792

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 General Partner of the limited partnership or the receiver or trustee empowered to execute this report as required by Chapter 620, Florida Statutes.

SIGNATURE: DARRELL BENGEE

CFO

04/27/2007

Electronic Signature of Signing General Partner

Date