

2010 LIMITED PARTNERSHIP ANNUAL REPORT

DOCUMENT# A05000000125

FILED
Apr 29, 2010
Secretary of State

Entity Name: CLERMONT AMBULATORY SURGICAL CENTER LLLP

Current Principal Place of Business:

255 CITRUS TOWER BLVD
SUITE 100
CLERMONT, FL 34711

New Principal Place of Business:

Current Mailing Address:

483 N. SEMORAN BLVD
SUITE 205
WINTER PARK, FL 32792

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:

SWANN & HADLEY, PA
1031 WEST MORSE BLVD.
SUITE 204
WINTER PARK, FL 32792 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: 483 N. SEMORAN BLVD., SUITE 205
City-St-Zip: WINTER PARK, FL 32792

ADDRESS CHANGES ONLY:

Address:
City-St-Zip:

I hereby 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 BENGE

CFO

04/29/2010

Electronic Signature of Signing General Partner

Date