2005 LIMITED LIABILITY COMPANY ANNUAL REPORT

FILED
Feb 16, 2005
Secretary of State

DOCUMENT# L04000074562

Entity Name: AMBULATORY SURGERY ASSOCIATES OF CLERMONT, LLC

Current Principal Place of Business:

10345 ORANGEWOOD BLVD
ORLANDO, FL 32821 US

New Principal Place of Business:

Current Mailing Address:

10345 ORANGEWOOD BLVD
ORLANDO, FL 32821 US

New Mailing Address:

FEI Number: 20-1767381 **FEI Number Applied For ( )** **FEI Number Not Applicable ( )** **Certificate of Status Desired ( )**

Name and Address of Current Registered Agent:

CENTRAL FLORIDA PHYSIATRISTS, P.A.
10345 ORANGEWOOD BLVD
ORLANDO, FL 32821 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/MEMBERS:

Title:	MGRM	( ) Delete
Name:	LUCAS, DAVID M.D	
Address:	235 CITRUS TOWER BLVD, SUITE 102	
City-St-Zip:	CLERMONT, FL 34711 US	
Title:	MGRM	( ) Delete
Name:	FISCHER, FRANK III,M.D	
Address:	1420 TOUCHTON LN, S.E.	
City-St-Zip:	WINTER HAVEN, FL 33884 US	
Title:	MGRM	( ) Delete
Name:	NOWICKI, KEVIN M.D.	
Address:	12113 CRESCENT COVE COURT	
City-St-Zip:	WINDERMERE, FL 34786 US	
Title:	MGRM	( ) Delete
Name:	IMFELD, MATT M.D.	
Address:	10345 ORANGEWOOD BLVD	
City-St-Zip:	ORLANDO, FL 32821 US	
Title:	MGRM	( ) Delete
Name:	TOPPINO, MAYSSA M.D.	
Address:	PO BOX 687	
City-St-Zip:	MINNEOLA, FL 34755 US	

ADDITIONS/CHANGES:

Title:		( ) Change ( ) Addition
Name:		
Address:		
City-St-Zip:		
Title:		( ) Change ( ) Addition
Name:		
Address:		
City-St-Zip:		
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 for the exemption stated in Section 119.07(3)(i), 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: MAYSSA TOPPINO MGRM 02/16/2005

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