

# 2006 LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# L04000074562

FILED  
Jul 11, 2006  
Secretary of State

**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 ( )**  
In accordance with s. 607.193(2)(b), F.S., the limited liability company did not receive the prior notice.

**Name and Address of Current Registered Agent:**

**Name and Address of New Registered Agent:**

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

Electronic Signature of Registered Agent

Date

**MANAGING MEMBERS/MANAGERS:**

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 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 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: MATT IMFELD

MGRM

07/11/2006

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