

2016 FLORIDA LIMITED PARTNERSHIP ANNUAL REPORT

DOCUMENT# A05000000125

Entity Name: CLERMONT AMBULATORY SURGICAL CENTER LLLP

Current Principal Place of Business:

255 CITRUS TOWER BLVD
SUITE 100
CLERMONT, FL 34711

Current Mailing Address:

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

FEI Number: 20-2139893

Certificate of Status Desired: No

Name and Address of Current Registered Agent:

SAINI, VIKRAM
483 N. SEMORAN BLVD
SUITE 205
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: VIKRAM SAINI

01/20/2016

Electronic Signature of Registered Agent

Date

General Partner Detail :

Document # L04000083239
Name CLERMONT ASC MANAGEMENT LLC
Address 483 N. SEMORAN BLVD., SUITE 205
City-State-Zip: WINTER PARK FL 32792

I hereby certify that the information indicated on this report or supplemental 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; and that my name appears above, or on an attachment with all other like empowered.

SIGNATURE: XIMENA GOMEZ

ASSISTANT
CONTROLLER

01/20/2016

Electronic Signature of Signing General Partner Detail

Date