

**2013 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:**

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:**

\_\_\_\_\_  
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:** JEFFREY L. GEORGE

**CFO**

**04/29/2013**

\_\_\_\_\_  
Electronic Signature of Signing General Partner Detail

\_\_\_\_\_  
Date