

**2015 FLORIDA PROFIT CORPORATION ANNUAL REPORT**

DOCUMENT# P05000164668

**Entity Name:** ASHLEY FOGARTY LASS, PSY.D., P.A.

**Current Principal Place of Business:**

3005 S. LITHIA PINECREST RD.  
VALRICO, FL 33596

**Current Mailing Address:**

3616 W. ROLAND STREET  
TAMPA, FL 33609

**FEI Number:** 20-3952448

**Certificate of Status Desired:** No

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

LASS, ASHLEY FCEO  
3616 W. ROLAND STREET  
TAMPA, FL 33609 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

**Officer/Director Detail :**

Title P  
Name LASS, ASHLEY F  
Address 3616 W. ROLAND STREET  
City-State-Zip: TAMPA FL 33609

*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 an officer or director of the corporation or the receiver or trustee empowered to execute this report as required by Chapter 607, Florida Statutes; and that my name appears above, or on an attachment with all other like empowered.*

**SIGNATURE:** ASHLEY FOGARTY LASS, PSY.D

**PRESIDENT**

**01/12/2015**

\_\_\_\_\_  
Electronic Signature of Signing Officer/Director Detail

\_\_\_\_\_  
Date