

2025 FLORIDA PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P94000059989

Entity Name: LYNN FASSY, M.D., P.A.

Current Principal Place of Business:

C/O LYNN R. FASSY, M.D.
3943 CLARK ROAD
SARASOTA, FL 34233

Current Mailing Address:

C/O LYNN R. FASSY, M.D.
5910 POST BLVD #110571
BRADENTON, FL 34211 US

FEI Number: 65-0511549

Certificate of Status Desired: No

Name and Address of Current Registered Agent:

FASSY, LYNN R DR.
C/O LYNN R. FASSY, M.D.
5910 POST BLVD #110571
BRADENTON, FL 34211 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: DR. LYNN R. FASSY

02/04/2025

Electronic Signature of Registered Agent

Date

Officer/Director Detail :

Title PSTD
Name FASSY, LYNN R DR.
Address C/O LYNN R. FASSY, M.D.
5910 POST BLVD #110571
City-State-Zip: BRADENTON FL 34211

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: LYNN R FASSY

PRESIDENT

02/04/2025

Electronic Signature of Signing Officer/Director Detail

Date