

FILED  
Apr 30, 2003 8:00 am  
Secretary of State  
04-30-2003 90127 041 \*\*\*150.00

2003 FOR PROFIT CORPORATION  
UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # P93000075165

1. Entity Name  
CHRISTOPHER M. HASBACH, D.O., P.A.



11029309



☒ CHECK HERE IF MAKING CHANGES

Principal Place of Business 7971 CHAUCER DR SPRING HILL, FL 34607 US		Mailing Address 7971 CHAUCER DR SPRING HILL, FL 34607 US	
2. Principal Place of Business 4369 DOTTIE COURT Suite, Apt. #, etc.		3. Mailing Address 4369 DOTTIE COURT Suite, Apt. #, etc.	
City & State SPRING HILL, FL		City & State SPRING HILL, FL	
4. FEI Number 59-3207827		Applied For Not Applicable	
Zip 34607		Country HERNANDO	
Zip 34607		Country USA	
5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required			
6. Name and Address of Current Registered Agent HASBACH, C M 7971 CHAUCER DR SPRING HILL, FL 34607		7. Name and Address of New Registered Agent Name Street Address (P.O. Box Number is Not Acceptable) 4369 DOTTIE COURT City SPRING HILL FL Zip Code 34607	
8. 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. I am familiar with, and accept the obligations of registered agent.			
SIGNATURE _____ <small>Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when resigning)</small> DATE _____			
FILE NOW!!! FEE IS \$160.00 After May 1, 2003 Fee will be \$550.00 Make Check Payable to Florida Department of State		9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> \$5.00 May Be Added to Fees	
10. OFFICERS AND DIRECTORS		11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	
TITLE NAME D HASBACH, C M STREET ADDRESS 7971 CHAUCER DR CITY-ST-ZIP SPRING HILL, FL 34607		TITLE NAME D HASBACH, C M STREET ADDRESS 4369 DOTTIE COURT CITY-ST-ZIP SPRING HILL, FL 34607	
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12. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(i), Florida Statutes. I further certify that the information indicated on this report or supplemental report is true and accurate and that my 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 in Block 10 or Block 11 if changed, or on an attachment with an address, with all other like empowered.			
SIGNATURE: <i>C. M. Hasbach</i> C. M. HASBACH		Date 4-28-03	
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR		Daytime Phone # 352 279-3139	

CH2034 (10/02)