

**2021 FLORIDA PROFIT CORPORATION ANNUAL REPORT**

DOCUMENT# P20000097155

**Entity Name:** CFHBC HOLDINGS, INC.

**Current Principal Place of Business:**

133 BENMORE DR STE 100  
WINTER PARK, FL 32792

**FILED**  
**Aug 16, 2021**  
**Secretary of State**  
**3752003556CC**

**Current Mailing Address:**

133 BENMORE DR STE 100  
WINTER PARK, FL 32792 US

**FEI Number: 85-4340855**

**Certificate of Status Desired: Yes**

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

LEHMAN, JEFFREY J  
716 GOLFPARK DR  
CELEBRATION, FL 34747 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 D  
Name LEHMAN, JEFFREY J M.D.  
Address 716 GOLFPARK DR  
City-State-Zip: CELEBRATION FL 34747

Title D  
Name PATNI, AFTAB H M.D.  
Address 2055 SHADOW LN  
City-State-Zip: ORLANDO FL 32814

Title D  
Name SPECTOR, BRIAN C M.D.  
Address 2545 CARTER GROVE CIR  
City-State-Zip: WINDERMERE FL 34786

Title D  
Name BAYLOR, JEFFREY E M.D.  
Address 1737 ELIZABETHS WALK  
City-State-Zip: WINTER PARK FL 32789

Title D  
Name TIPIRNENI, KIRAN M.D.  
Address 1863 LAKE MARKHAM PRESERVE TRAIL  
City-State-Zip: SANFORD FL 32771

Title D  
Name TRAN, HAO N M.D.  
Address 472 FLETCHER PL  
City-State-Zip: WINTER PARK FL 32789

Title DIRECTOR  
Name KANG, BARRY S  
Address 2844 LINCROFT AVE  
City-State-Zip: ORLANDO FL 32814

Title DIRECTOR  
Name JADIDIAN, ARMON  
Address 1411 PLACE PICARDY  
City-State-Zip: WINTER PARK FL 32789

*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: LEHMAN, JEFFREY J, M.D.**

**DIRECTOR**

**08/16/2021**

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

\_\_\_\_\_  
Date