2025 FLORIDA LIMITED LIABILITY COMPANY ANNUAL REPORT

FILED
Apr 16, 2025
Secretary of State
7560768602CC

DOCUMENT# L22000293811

Entity Name: RADIANT HEALTHCARE LLC

Current Principal Place of Business:

39 POUTS LANE
UXBRIDGE, MA 01569

Current Mailing Address:

39 POUTS LANE
UXBRIDGE, MA 01569 US

FEI Number: 88-3259173

Certificate of Status Desired: No

Name and Address of Current Registered Agent:

MILLER, SHARON A
916 DOLPHIN ROAD
MILTON, FL 32583 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: SHARON MILLER 04/16/2025

Electronic Signature of Registered Agent — Date

Authorized Person(s) Detail :

Title	MGR
Name	BASTABLE, LYDIA E
Address	39 POUTS LANE
City-State-Zip:	UXBRIDGE MA 01569

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 managing member or manager of the limited liability company or the receiver or trustee empowered to execute this report as required by Chapter 605, Florida Statutes; and that my name appears above, or on an attachment with all other like empowered.

SIGNATURE: LYDIA BASTABLE MANAGER 04/16/2025

Electronic Signature of Signing Authorized Person(s) Detail — Date