

2025 FLORIDA LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# L24000024100

Entity Name: RADIANCE PAIN INSTITUTE LLC

Current Principal Place of Business:

9716 N 56TH ST
TEMPLE TERRACE, FL 33617

Current Mailing Address:

9716 N 56TH ST
TEMPLE TERRACE, FL 33617 US

FEI Number: 99-0649231

Certificate of Status Desired: No

Name and Address of Current Registered Agent:

FRIEND SURGICAL SOLUTIONS
3143 ELLINGTON WAY
TRINITY, FL 34655 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

Authorized Person(s) Detail :

Title MGR
Name OMAR, MOHAMMED MD
Address 9716 N 56TH ST
City-State-Zip: TEMPLE TERRACE FL 33617

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: MOHAMMED OMAR, MD

OWNER

04/21/2025

Electronic Signature of Signing Authorized Person(s) Detail

Date