

**2023 FOREIGN LIMITED LIABILITY COMPANY ANNUAL REPORT**

DOCUMENT# M16000005109

**Entity Name:** RADIANT HEALTH FINANCE, LLC**Current Principal Place of Business:**3202 FOXRIDGE ROAD  
DOTHAN, AL 36303**Current Mailing Address:**3202 FOXRIDGE ROAD  
DOTHAN, AL 36303 US**FEI Number:** 46-3874191**Certificate of Status Desired:** No**Name and Address of Current Registered Agent:**MCCLIMANS, LESLIE A III  
2220 COCHRAN RD.  
PANAMA CITY BEACH, FL 32413 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	MGRM	Title	MGRM
Name	MENDHEIM, R. CLIFF	Name	PRIM, H. SAMUEL III
Address	3202 FOXRIDGE ROAD	Address	142 BEACHSIDE DRIVE #23
City-State-Zip:	DOTHAN AL 36303	City-State-Zip:	SANTA ROSA BEACH FL 32459
Title	MGRM		
Name	MCCLIMANS, LESLIE (TEE) A III		
Address	240 WOODLAND DRIVE		
City-State-Zip:	DOTHAN AL 36301		

*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:** R. CLIFF MENDHEIM

MEMBER

03/12/2023

Electronic Signature of Signing Authorized Person(s) Detail

Date