

**2024 FLORIDA LIMITED LIABILITY COMPANY ANNUAL REPORT**

DOCUMENT# L18000118908

**Entity Name:** INTEGRAL - CLINICAL TRIALS SOLUTIONS, LLC

**Current Principal Place of Business:**

700 N HIATUS ROAD  
SUITE 213  
PEMBROKE PINES, FL 33026

**Current Mailing Address:**

120 LAKEVIEW DR.  
APT 204  
WESTON, FL 33326 US

**FEI Number:** 83-0547834

**Certificate of Status Desired:** No

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

VILORIA, ALEJANDRO MR  
120 LAKEVIEW DR.  
APT 204  
WESTON, FL 33326 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 AMBR  
Name VILORIA, ALEJANDRO  
Address 120 LAKEVIEW DR. APT 204  
City-State-Zip: WESTON 33326

*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:** ALEJANDRO VILORIA

AMBR

04/23/2024

\_\_\_\_\_  
Electronic Signature of Signing Authorized Person(s) Detail

\_\_\_\_\_  
Date