

**2025 FLORIDA LIMITED LIABILITY COMPANY ANNUAL REPORT**

DOCUMENT# L10000125807

**Entity Name:** FUTURE CARE SOLUTION, LLC

**Current Principal Place of Business:**

10101 SW 40 ST  
MIAMI, FL 33165

**Current Mailing Address:**

10101 SW 40 ST  
MIAMI, FL 33165 US

**FEI Number:** 27-4141254

**Certificate of Status Desired:** No

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

BLUE PANDA CONSULTING, LLC  
4546 SOUTHWEST 186TH WAY  
MIRAMAR, FL 33029 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:** JUDD BRAZER

01/17/2025

Electronic Signature of Registered Agent

Date

**Authorized Person(s) Detail :**

Title MGRM  
Name INTEGRITY CLINICAL RESEARCH, LLC  
Address 8000 NW 21ST ST  
SUITE 203  
City-State-Zip: DORAL FL 33122

*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:** JUDD BRAZER

MANAGING PARTNER

01/17/2025

Electronic Signature of Signing Authorized Person(s) Detail

Date