

2025 FOREIGN LIMITED LIABILITY COMPANY AMENDED ANNUAL REPORT

DOCUMENT# M16000003471

Entity Name: BIOMEDICAL RESEARCH ALLIANCE OF NEW YORK LLC

Current Principal Place of Business:

445 BROADHOLLOW ROAD SUITE 408
MELVILLE, NY 11747

Current Mailing Address:

445 BROADHOLLOW ROAD SUITE 408
MELVILLE, NY 11747 US

FEI Number: 13-3999590

Certificate of Status Desired: No

Name and Address of Current Registered Agent:

INCORP SERVICES, INC.
3458 LAKESHORE DRIVE
TALLAHASSEE, FL 32312 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
Name ICAHN SCHOOL OF MEDICINE AT MOUNT SINAI
Address ONE GUSTAVE L. LEVY PLACE
City-State-Zip: NEW YORK NY 10029

Title MGRM
Name NEW YORK UNIVERSITY SCHOOL OF MEDICINE
Address 550 FIRST AVE.
City-State-Zip: NEW YORK NY 10016

Title MGRM
Name MONTEFIORE MEDICAL CENTER
Address 111 E 210TH ST.
City-State-Zip: BRONX NY 10467

Title MGRM
Name NORTHWELL HEALTH
Address 350 COMMUNITY DR.
City-State-Zip: MANHASSET NY 11030

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: JOANNE NICHOLSON

EVP & CFO

05/06/2025

Electronic Signature of Signing Authorized Person(s) Detail

Date