

**2017 FOREIGN LIMITED LIABILITY COMPANY ANNUAL REPORT**

DOCUMENT# M16000003471

**Entity Name:** BIOMEDICAL RESEARCH ALLIANCE OF NEW YORK LLC**Current Principal Place of Business:**1400 NW 10TH AVE, STE. 908  
MIAMI, FL 33136**Current Mailing Address:**1400 NW 10TH AVE, STE. 908  
MIAMI, FL 33136 US**FEI Number:** 13-3999590**Certificate of Status Desired:** Yes**Name and Address of Current Registered Agent:**INCRP SERVICES INC  
17888 67TH COURT NORTH  
LOXAHATCHEE, FL 33470 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	MONTEFLORE 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:** KIMBERLY IRVINE

EVP/COO

04/06/2017

Electronic Signature of Signing Authorized Person(s) Detail

Date