

**2019 FOREIGN LIMITED LIABILITY COMPANY ANNUAL REPORT**

DOCUMENT# M16000003471

**Entity Name:** BIOMEDICAL RESEARCH ALLIANCE OF NEW YORK LLC

**Current Principal Place of Business:**

1981 MARCUS AVENUE  
SUITE 210  
LAKE SUCCESS, NY 11042

**Current Mailing Address:**

1981 MARCUS AVENUE  
SUITE 210  
LAKE SUCCESS, NY 11042 US

**FEI Number:** 13-3999590

**Certificate of Status Desired:** No

**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:** JOANNE NICHOLSON

**EVP & CFO**

**04/01/2019**

Electronic Signature of Signing Authorized Person(s) Detail

Date