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

Electronic Signature of Signing Authorized Person(s) Detail

EVP & CFO

04/15/2024

Date

Certificate of Status Desired: No

Electronic Signature of Registered Agent

Title	MGRM	Title	MGRM
Name	ICAHN SCHOOL OF MEDICINE AT	Name	MONTEFLORE MEDICAL CENTER
		Address	111 E 210TH ST.
Address	ONE GUSTAVE L. LEVY PLACE	Citv-State-Zip:	BRONX NY 10467
City-State-Zip:	NEW YORK NY 10029	- ,	
Title	MODM	Title	MGRM
Title	MGRM	Name	NORTHWELL HEALTH
Name	NEW YORK UNIVERSITY SCHOOL OF MEDICINE	Address	350 COMMUNITY DR.
Address	550 FIRST AVE.	City-State-Zip:	MANHASSET NY 11030
City-State-Zip:	NEW YORK NY 10016		

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.

FEI Number: 13-3999590

Name and Address of Current Registered Agent:

INCORP SERVICES, INC. 3458 LAKESHORE DRIVE

TALLAHASSEE, FL 32312 US

SIGNATURE:

LAKE SUCCESS, NY 11042

1981 MARCUS AVENUE

Current Mailing Address:

1981 MARCUS AVENUE SUITE 210 LAKE SUCCESS, NY 11042 US

SUITE 210

2024 FOREIGN LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# M16000003471

Current Principal Place of Business:

Entity Name: BIOMEDICAL RESEARCH ALLIANCE OF NEW YORK LLC

Apr 15, 2024 Secretary of State 4055857154CC

FILED

Date