

**2022 FLORIDA NOT FOR PROFIT CORPORATION ANNUAL REPORT**

DOCUMENT# N41887

**Entity Name:** THE BUONICONTI FUND TO CURE PARALYSIS, INC.

**FILED**  
**Apr 14, 2022**  
**Secretary of State**  
**0888698422CC**

**Current Principal Place of Business:**

1095 NW 14 TERRACE  
2-47  
MIAMI, FL 33136-1060

**Current Mailing Address:**

1095 NW 14 TERRACE  
2-47  
MIAMI, FL 33136-1060

**FEI Number: 65-0244316**

**Certificate of Status Desired: Yes**

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

RAATTAMA, HENRY H JR  
200 SOUTH BISCAYNE BLVD.  
STE. 4500  
MIAMI, FL 33131 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

**Officer/Director Detail :**

Title ATAS  
Name BERNING, DIANA C  
Address 1095 NW 14 TERRACE  
City-State-Zip: MIAMI FL 33136

Title SECRETARY  
Name ALDRICH, RICHARD SJR  
Address 136 EAST 64TH STREET  
#5D  
City-State-Zip: NEW YORK NY 10065

Title PRESIDENT  
Name BUONICONTI, MARC  
Address 7390 SW 100 STREET  
City-State-Zip: PINECREST FL 33156

Title VC  
Name DALTON, MARK F  
Address TUDOR INVESTMENT  
109 ROYAL PALM WAY SUITE2  
City-State-Zip: PALM BEACH FL 33480

Title DIRECTOR  
Name ABRAMSON, GARY  
Address 7731 FISHER ISLAND  
City-State-Zip: FISHER ISLAND FL 33109

Title DIRECTOR  
Name BANTLE, ROBERT  
Address 365 POST ROAD  
City-State-Zip: DARIEN CT 06820

Title CHAIRMAN  
Name BUONICONTI, NICHOLAS A III  
Address 5 EAST VANDERBILT ST  
City-State-Zip: ORLANDO FL 32804

Title DIRECTOR  
Name CARLIN, ADAM  
Address 220 ALHAMBRA CIRCLE  
10TH FLOOR  
City-State-Zip: CORAL GABLES FL 33134

**Continues on page 2**

*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 an officer or director of the corporation or the receiver or trustee empowered to execute this report as required by Chapter 617, Florida Statutes; and that my name appears above, or on an attachment with all other like empowered.*

**SIGNATURE: DIANA BERNING**

**ASST SECRETARY &  
TREASURER**

**04/14/2022**

\_\_\_\_\_  
Electronic Signature of Signing Officer/Director Detail

\_\_\_\_\_  
Date

**Officer/Director Detail Continued :**

Title DIRECTOR  
Name CHAMBERS, RAYMOND G  
Address 310 SOUTH STREET  
City-State-Zip: MORRISTOWN NJ 07960

Title TREASURER  
Name DIMARE, PAUL J  
Address PO BOX 900460  
City-State-Zip: HOMESTEAD FL 33090-0460

Title DIRECTOR  
Name GANNON, TIM  
Address 777 SOUTH FLAGLER DR  
SUITE 1801  
City-State-Zip: WEST PALM BEACH FL 33401

Title DIRECTOR  
Name GREEN, BARTH A MD  
Address 1095 NW 14 TERRACE  
2-47  
City-State-Zip: MIAMI FL 33136-1060

Title DIRECTOR  
Name LAZENBY, MATTHEW W  
Address WHITMAN FAMILY DEVELOPMENT  
420 LINCOLN ROAD SUITE 320  
City-State-Zip: MIAMI BEACH FL 33139

Title DIRECTOR  
Name VIGORITO, THOMAS J  
Address ROOSEVELT & CROSS  
55 BROADWAY 22ND FL  
City-State-Zip: NEW YORK NY 10006

Title DIRECTOR  
Name ANDERSON, RICHARD  
Address 7751 SW 62 AVE  
200  
City-State-Zip: MIAMI FL 33143

Title DIRECTOR  
Name CARSON, HARRY  
Address 732 BARRISTER COURT  
City-State-Zip: FRANKLIN LAKES NJ 07417

Title DIRECTOR  
Name FOX, JOHN P.  
Address 1095 NW 14 TERR  
City-State-Zip: MIAMI FL 33136

Title DIRECTOR  
Name LEVI, ALLAN D. MD, PH.D.  
Address 1095 NW 14 TERR

Title DIRECTOR  
Name DALTON, W. DALTON  
Address 1095 NW 14 TERRACE  
2-47  
City-State-Zip: MIAMI FL 33136-1060

Title DIRECTOR  
Name FERRARO, JAMES  
Address 600 BRICKELL AVE  
SUITE 3800  
City-State-Zip: MIAMI FL 33131

Title DIRECTOR  
Name GRAY, RICHARD  
Address 21 HOLMES ROAD  
City-State-Zip: ROXBURY CT 06783

Title DIRECTOR  
Name RANGER NUNEZ, VICTORIA  
Address 2531 DEL LAGO DRIVE  
City-State-Zip: FT. LAUDERDALE FL 33316

Title DIRECTOR  
Name MORRISON, DIANA  
Address 25 INDIAN CREEK DRIVE  
City-State-Zip: INDIAN CREEK VILLAGE FL 33140

Title DIRECTOR  
Name FRENK, JULIO DR.  
Address UNIVERSITY OF MIAMI  
1252 MEMORIAL DRIVE  
City-State-Zip: CORAL GABLES FL 33146

Title DIRECTOR  
Name SCHLEIFMAN, DANIEL  
Address 800 PARK AVENUE  
City-State-Zip: NEW YORK NY 10021

Title DIRECTOR  
Name ARISON, NICK  
Address 601 BISCAYNE BLVD  
MIAMI HEAT/AMERICAN AIRLINES  
ARENA  
City-State-Zip: MIAMI FL 33132

Title DIRECTOR  
Name MACK, REED  
Address 371 REGATTA DRIVE  
City-State-Zip: JUPITER FL 33477

Title DIRECTOR  
Name MISNER, KEITH  
Address 245 PROVIDENCE RD

City-State-Zip: MIAMI FL 33136

City-State-Zip: ANNAPOLIS MD 21409

Title DIRECTOR

Name DIMITRIJEVIC, MARKO

Address 2601 S. BAYSHORE DR.  
SUITE 1720

City-State-Zip: MIAMI FL 33133