

**2016 FLORIDA NOT FOR PROFIT CORPORATION ANNUAL REPORT**

DOCUMENT# N41887

**FILED**  
**Mar 09, 2016**  
**Secretary of State**  
**CC3072950821**

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

**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 C  
Name SCHNEDIER, JOHN A  
Address 142 WEST 57TH STREET, 11 FL  
City-State-Zip: NEW YORK NY 10019

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

Title D  
Name SAYFIE, SUZANNE  
Address 1095 NW 14 TERRACE  
City-State-Zip: MIAMI FL 33136

Title S  
Name ALDRICH, RICHARD SJR  
Address 4 TIMES SQUARE  
City-State-Zip: NEW YORK NY 10036

Title P  
Name BUONICONTI, MARC  
Address 60 EDGEWATER DR, 9-D  
City-State-Zip: CORAL GABLES FL 33133-2314

Title VC  
Name DALTON, MARK F  
Address 1044 FRANKLIN AVE, SUITE 206  
City-State-Zip: GARDEN CITY NY 11530

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

Title DIRECTOR  
Name BANTLE, ROBERT  
Address 1 CENTER STREET  
City-State-Zip: DARIEN CT 06820

**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 C. BERNING

**ASST. SECRETARY AND** 03/09/2016  
**TREASURER**

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

\_\_\_\_\_  
Date

**Officer/Director Detail Continued :**

Title DIRECTOR  
Name BUONICONTI, NICHOLAS A II  
Address 1095 NW 14 TERRACE  
2-47  
City-State-Zip: MIAMI FL 33136-1060

Title DIRECTOR  
Name CALLAHAN, JAMES M  
Address 11220 SOUTH HARLEM AVE  
City-State-Zip: WORTH IL 60482

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

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 GOLDSCHMIDT, PASCAL J M.D.  
Address PO BOX 106960 R-699  
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 SIMON, WILLIAM  
Address 702 SW EIGHTH STREET  
City-State-Zip: BENTONVILLE AZ 72716

Title DIRECTOR  
Name KRAMER, KANDY  
Address 1801 WEST 27 STREET  
SUNSET ISLAND III

Title DIRECTOR  
Name BROEMAN, INA  
Address 11 PUMPKIN CAY RD  
#11  
City-State-Zip: KEY LARGO FL 33037

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

Title DIRECTOR  
Name CHUDNOFF, ALEXANDER  
Address 330 MADISON AVENUE  
4TH FLOOR  
City-State-Zip: NEW YORK NY 10017

Title DIRECTOR  
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 GONZALEZ, SERGIO  
Address 1320 SOUTH DIXIE HWY  
SUITE 300  
City-State-Zip: CORAL GABLES FL 33146

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

Title DIRECTOR  
Name PALLOTTA, JIM  
Address 280 CONGRESS STREET  
12TH FLOOR  
City-State-Zip: BOSTON MA 02210

Title DIRECTOR  
Name VERBITSLY, NICHOLAS  
Address 25 WEST 45TH ST  
11TH FLOOR  
City-State-Zip: NEW YORK NY 10036

Title DIRECTOR  
Name LAZENBY, MATTHEW W

City-State-Zip: MIAMI BEACH FL 33140

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 ANDERSON, RICHARD

Address 7751 SW 62 AVE  
200

City-State-Zip: MIAMI FL 33143

Title DIRECTOR

Name GWYNN, DARRELL

Address 3605 PARK CT

City-State-Zip: WESTON FL 33332

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 STILLMAN, ALAN

Address 880 THIRD AVENUE  
4TH FLOOR

City-State-Zip: NEW YORK NY 10022

Title DIRECTOR

Name SCHLEIFMAN, DANIEL

Address 800 PARK AVENUE

City-State-Zip: NEW YORK NY 10021