

2024 FLORIDA NOT FOR PROFIT CORPORATION ANNUAL REPORT

FILED

DOCUMENT# N95000000483

Mar 05, 2024

Entity Name: ALPHA-1 FOUNDATION, INC.

Secretary of State

5534977089CC

Current Principal Place of Business:

3300 PONCE DE LEON BOULEVARD
CORAL GABLES, FL 33134

Current Mailing Address:

3300 PONCE DE LEON BOULEVARD
CORAL GABLES, FL 33134 US

FEI Number: 65-0585415

Certificate of Status Desired: No

Name and Address of Current Registered Agent:

DELVAUX, MARK B
3300 PONCE DE LEON BOULEVARD
CORAL GABLES, FL 33134 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: MARK B DELVAUX

03/05/2024

Electronic Signature of Registered Agent

Date

Officer/Director Detail :

Title PRESIDENT, CEO
Name SANTARELLA, SCOTT
Address 3300 PONCE DE LEON BOULEVARD
City-State-Zip: CORAL GABLES FL 33134

Title DIRECTOR
Name MCELVANEY, NOEL GERARD
Address ROYAL COLLEGE OF SURGEONS
 BEAUMONT HOSPITAL
City-State-Zip: DUBLIN 9

Title DIRECTOR
Name KNEBEL, ANN PHD
Address 15824 GLACIER CT.
City-State-Zip: NORTH POTOMAC MD 20878

Title VC, DIRECTOR
Name WALSH, FRED
Address 70 HUMPHREYS LANE
City-State-Zip: DUXBURY MA 02332

Title CFO
Name DELVAUX, MARK
Address 3300 PONCE DE LEON BOULEVARD
City-State-Zip: CORAL GABLES FL 33134

Title TREASURER, DIRECTOR
Name IRVINE, KENNETH
Address 147 CAT ROCK ROAD
City-State-Zip: COS COB CT 06807

Title SECRETARY, DIRECTOR
Name IVERSON, PEGGY
Address 5607 NW 66TH AVENUE
City-State-Zip: JOHNSTON IA 50131

Title CHAIRMAN, DIRECTOR
Name HAGSTROM, JON
Address 78 MAIN ST.
 APT. #3A
City-State-Zip: DOBBS FERRY NY 10522

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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: MARK B DELVAUX

CFO

03/05/2024

Electronic Signature of Signing Officer/Director Detail

Date

Officer/Director Detail Continued :

Title DIRECTOR
Name SCHONFELD, FARON
Address 1225 NEW CHURCH CT
City-State-Zip: AMBLER PA 19002

Title CLINICAL DIRECTOR
Name SANDHAUS, ROBERT
Address 3300 PONCE DE LEON BOULEVARD
City-State-Zip: CORAL GABLES FL 33134

Title DIRECTOR
Name BRANTLY, MARK
Address 1600 SW ARCHER RD.
M333
City-State-Zip: GAINESVILLE FL 32610

Title DIRECTOR
Name KOTTON, DARRELL
Address 21 ELMORE ST
City-State-Zip: NEWTON MA 02459

Title SCIENTIFIC DIRECTOR
Name WILSON, ANDREW
Address 3300 PONCE DE LEON BOULEVARD
City-State-Zip: CORAL GABLES FL 33134

Title DIRECTOR
Name VERNON, CATHERINE
Address 808 GOLDEN POND CT.
City-State-Zip: OSPREY FL 34229

Title PHYSICIAN DIRECTOR, DIRECTOR
Name CLARK, VIRGINIA
Address 1329 SW 16TH ST
SUITE 5251
City-State-Zip: GAINESVILLE FL 32608

Title DIRECTOR
Name JOPP, JENNIFER
Address 24149 SKYLARK DR NE
City-State-Zip: EAST BETHEL MN 55005

Title DIRECTOR EMERITUS
Name ZAMORA, MARTIN
Address 1226 PRESERVE CIRCLE
City-State-Zip: GOLDEN CO 80401