2014 FLORIDA NOT FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Jan 10, 2014
Secretary of State
CC9927983511

DOCUMENT# N41887

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

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

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

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

Title	TREASURER
Name	JORDAN, JOHN W II
Address	875 N. MICHIGAN AVENUE SUITE 4020
City-State-Zip:	CHICAGO IL 60611

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 & TREASURER — 01/10/2014

Electronic Signature of Signing Officer/Director Detail — Date

Officer/Director Detail Continued :

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

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, JOHN
Address 37 SEASIDE DRIVE
City-State-Zip: JAMESTOWN RI 02835

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

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

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 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 SHALALA, DONNA
Address UNIVERSITY OF MIAMI
1252 MEMORIAL DR ROOM 230

City-State-Zip: BOSTON MA 02210

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
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

City-State-Zip: CORAL GABLES FL 33146

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
Address WHITMAN FAMILY DEVELOPMENT
420 LINCOLN ROAD SUITE 320
City-State-Zip: MIAMI BEACH FL 33139