

2025 FLORIDA NOT FOR PROFIT CORPORATION ANNUAL REPORT

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

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

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

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

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

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

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

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

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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: DIANA C BERNING**ASSISTANT SECRETARY 03/04/2025
& TREASURER**_____
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 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 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 MACK, REED
Address 371 REGATTA DRIVE
City-State-Zip: JUPITER FL 33477

Title DIRECTOR
Name MISNER, KEITH
Address 245 PROVIDENCE RD
City-State-Zip: ANNAPOLIS MD 21409

Title DIRECTOR
Name AAGAARD, STEPHANIE SAYFIE
Address 1095 NW 14 TERRACE
City-State-Zip: MIAMI FL 33136-1060

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

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 20 HILLTOP TERR
City-State-Zip: WAYNE NJ 07470-5808

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 LEVI, ALLAN D. MD, PH.D.
Address 1095 NW 14 TERR
City-State-Zip: MIAMI FL 33136

Title DIRECTOR
Name DIMITRIJEVIC, MARKO
Address 2601 S. BAYSHORE DR.
SUITE 1720
City-State-Zip: MIAMI FL 33133

Title TREASURER
Name THOMPSON, J SCOTT

Address 3642 COCHISE DR. SE

City-State-Zip: ATLANTA GA 30339