

**2017 FOREIGN NOT FOR PROFIT CORPORATION ANNUAL REPORT**

DOCUMENT# F10000005324

**Entity Name:** BRIGHT PINK NFP, INC.**Current Principal Place of Business:**670 N. CLARK ST.  
SUITE 2  
CHICAGO, IL 60654**Current Mailing Address:**670 N. CLARK ST.  
SUITE 2  
CHICAGO, IL 60654**FEI Number:** 51-0619889**Certificate of Status Desired:** No**Name and Address of Current Registered Agent:**NATIONAL CORPORATE RESEARCH, LTD., INC.  
115 NORTH CALHOUN STREET  
SUITE 4  
TALLAHASSEE, FL 32301 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:** ANN MARIE CUMMINS

04/20/2017

Electronic Signature of Registered Agent

Date

**Officer/Director Detail :**

**Title** CEO, TREASURER, AND  
SECRETARY/EXECUTIVE DIRECTOR  
**Name** AVNER, LINDSAY  
**Address** 670 N. CLARK ST.  
SUITE 2  
**City-State-Zip:** CHICAGO IL 60654

**Title** DIRECTOR  
**Name** TONEY, JAMES  
**Address** 1216 INNES AVENUE #106  
**City-State-Zip:** LOS ANGELES CA 90026

**Title** CHIEF MEDICAL OFFICER  
**Name** LINDNER, DR. DEBORAH  
**Address** 670 N. CLARK STREET  
SUITE 2  
**City-State-Zip:** CHICAGO IL 60654

**Title** DIRECTOR  
**Name** SLABY, MICHAEL  
**Address** 1526 N. CLEVELAND AVENUE  
**City-State-Zip:** CHICAGO IL 60610

**Title** DIRECTOR  
**Name** MALKOFF, KURT PH.D  
**Address** 468 CITY PARK AVENUE  
**City-State-Zip:** COLUMBUS OH 43215

**Title** CHAIRMAN OF THE BOARD,  
DIRECTOR  
**Name** HILSON, JOAN  
**Address** 4281 OLMSTEAD ROAD  
**City-State-Zip:** NEW ALBANY OH 43054

**Title** CHIEF OF STAFF  
**Name** FEINSTEIN, CARLI  
**Address** 670 N. CLARK STREET  
SUITE 2  
**City-State-Zip:** CHICAGO IL 60654

**Title** DIRECTOR  
**Name** ARONSON, TARYN  
**Address** 2044 N. BURLING STREET #1  
**City-State-Zip:** CHICAGO IL 60614

*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:** LINDSAY AVNERCEO, TREASURER, AND  
SECRETARY/EXECUTIVE  
DIRECTOR

04/20/2017

