

**2018 FOREIGN NOT FOR PROFIT CORPORATION ANNUAL REPORT**

DOCUMENT# F10000005324

**FILED**  
**Apr 30, 2018**  
**Secretary of State**  
**CC1212511943**

**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:**

COGENCY GLOBAL 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

04/30/2018

Electronic Signature of Registered Agent

Date

**Officer/Director Detail :**

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

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

Title PRESIDENT/BOARD CHAIR  
Name AVNER, LINDSAY  
Address 670 N. CLARK ST.  
SUITE 2  
City-State-Zip: CHICAGO IL 60654

Title CEO  
Name THIEDE, KATIE  
Address 670 N. CLARK ST.  
SUITE 2  
City-State-Zip: CHICAGO IL 60654

Title VP OF FINANCE AND OPERATIONS  
Name DAWODU, TRACI  
Address 670 N. CLARK ST.  
SUITE 2  
City-State-Zip: CHICAGO IL 60654

Title DIRECTOR  
Name KAPLAN, GREGG  
Address 670 N. CLARK ST.  
SUITE 2  
City-State-Zip: CHICAGO IL 60654

*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 AVNER

PRESIDENT

04/30/2018

Electronic Signature of Signing Officer/Director Detail

Date