

2016 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.
155 OFFICE PLAZA DR
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

04/27/2016

Electronic Signature of Registered Agent

Date

Officer/Director Detail :

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

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

Title DIRECTOR
Name FREIVOGEL, MARY MS, GCC
Address 5654 JAGUAR WAY
City-State-Zip: LITTLETON CO 80124

Title DIRECTOR
Name RODARMEL, JOSHUA
Address 6 CERCHIO BASSO
City-State-Zip: HENDERSON NV 89011

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

Title DIRECTOR
Name HILSON, JOAN
Address 4281 OLMSTEAD ROAD
City-State-Zip: NEW ALBANY OH 43054

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

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

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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: LINDSAY AVNERPRESIDENT, CEO, AND
SECRETARY

04/27/2016

Electronic Signature of Signing Officer/Director Detail

Date

Officer/Director Detail Continued :

Title CHIEF PROGRAM OFFICER
Name STOREY, SARAH
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 TREASURER/CFO
Name MOY, ALVIN
Address 670 N. CLARK STREET, SUITE 2
City-State-Zip: CHICAGO IL 60654