

**2020 FLORIDA NOT FOR PROFIT CORPORATION ANNUAL REPORT**

DOCUMENT# N01000007176

**FILED**  
**Mar 12, 2020**  
**Secretary of State**  
**3102511743CC**

**Entity Name:** COLLABORATIVE FAMILY LAW PROFESSIONALS OF SOUTH FLORIDA, INC.

**Current Principal Place of Business:**

10023 BELLE RIVE BLVD  
NO. 703  
JACKSONVILLE, FL 32256

**Current Mailing Address:**

10023 BELLE RIVE BLVD  
NO. 703  
JACKSONVILLE, FL 32256 US

**FEI Number: 65-1154241**

**Certificate of Status Desired: No**

**Name and Address of Current Registered Agent:**

BLACK, CHRISTINA W. ESQ.  
10023 BELLE RIVE BLVD  
SUITE 703  
JACKSONVILLE, FL 32256 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:** CHRISTINA W. BLACK

03/12/2020

Electronic Signature of Registered Agent

Date

**Officer/Director Detail :**

Title DIRECTOR  
Name BRODZKI, NANCY ESQ.  
Address 2825 UNIVERSITY DR  
SUITE 300  
City-State-Zip: CORAL SPRINGS FL 33065

Title DIRECTOR  
Name HELLER, RANDY PHD  
Address 3325 S. UNIVERSITY DR  
SUITE 202  
City-State-Zip: DAVIE FL 33328

Title PRESIDENT  
Name PELOSI, NANCY  
Address 4179 S.W. 64TH AVENUE  
STE. 100  
City-State-Zip: DAVIE FL 33314

Title SECRETARY  
Name BERMAN, TAMMY  
Address 817 S. UNIVERSITY DRIVE  
SUITE 121  
City-State-Zip: PLANTATION FL 33324

Title VP  
Name BLUMENTHAL, STEVEN E. ESQ.  
Address 2699 STIRLING ROAD  
SUITE C-404  
City-State-Zip: FORT LAUDERDALE FL 33312

Title DIRECTOR  
Name FABRIKANT, CRAIG S. PHD  
Address 2855 N. UNIVERSITY DRIVE  
STE. 500  
City-State-Zip: CORAL SPRINGS FL 33065

Title DIRECTOR  
Name HARPER, ARI  
Address 800 FAIRWAY DRIVE  
SUITE 420 (4TH FLOOR)  
City-State-Zip: DEERFIELD BEACH FL 33441

Title DIRECTOR  
Name DOTSON, RICHARD  
Address 2436 N. FEDERAL HIGHWAY  
#321  
City-State-Zip: LIGHTHOUSE POINT FL 33064

**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:** ALFRED ZEILER

**TREASURER**

03/12/2020

Electronic Signature of Signing Officer/Director Detail

Date

**Officer/Director Detail Continued :**

Title DIRECTOR  
Name FISCHER, REBECCA ESQ.  
Address 450 N. PARK ROAD  
SUITE 500  
City-State-Zip: HOLLYWOOD FL 33021

Title DIRECTOR  
Name HARTMAN, PATRICIA  
Address 1323 SE 4TH AVENUE  
SUITE B  
City-State-Zip: FORT LAUDERDALE FL 33316

Title TREASURER  
Name ZEILER, ALFRED  
Address 5660 SW 5TH STREET  
City-State-Zip: PLANTATION FL 33317