

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

DOCUMENT# N01000007176

**FILED**  
**Feb 08, 2017**  
**Secretary of State**  
**CC6991539506**

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

**Current Principal Place of Business:**

8930 STATE ROAD 84  
NO. 316  
DAVIE, FL 33324

**Current Mailing Address:**

8930 STATE ROAD 84  
NO. 316  
DAVIE, FL 33324 US

**FEI Number: 65-1154241**

**Certificate of Status Desired: No**

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

WOLONICK, LINDA M. ED  
8930 STATE ROAD 84  
NO. 316  
DAVIE, FL 33324 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:** LINDA M. WOLONICK

02/08/2017

Electronic Signature of Registered Agent

Date

**Officer/Director Detail :**

Title DIRECTOR  
Name BASS, IRIS M ESQ.  
Address 8181 W. BROWARD BLVD #201  
City-State-Zip: PLANTATION FL 33324

Title DIRECTOR  
Name BERZNER, STEVEN ESQ.  
Address 1040 BAYVIEW DR., STE. 605  
City-State-Zip: FT. LAUDERDALE FL 33304

Title PRESIDENT  
Name NANCY, BRODZKI ESQ.  
Address 2855 UNIVERSITY DR  
SUITE 520  
City-State-Zip: CORAL SPRINGS FL 33065

Title DIRECTOR  
Name ANN-MARIE, GIUSTIBELLI ESQ.  
Address 8551 W SUNRISE BLVD. # 301  
City-State-Zip: PLANTATION FL 33322

Title DIRECTOR  
Name SHERMAN, KIM D ESQ.  
Address 1000 CORPORATE DR  
SUITE 310  
City-State-Zip: FORT LAUDERDALE FL 33334

Title VP  
Name HELLER, RANDY PHD  
Address 3325 S. UNIVERSITY DR  
SUITE 102  
City-State-Zip: DAVIE FL 33328

Title DIRECTOR  
Name RODRIGUEZ, BERNADENE A ESQ.  
Address 111 N PINE ISLAND RD  
SUITE 105  
City-State-Zip: PLANTATION FL 33324

Title DIRECTOR  
Name BYLES, DEBORAH A  
Address 413 S.E. 18 STREET  
City-State-Zip: FORT LAUDERDALE FL 33316

**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:** LINDA WOLONICK

**EXECUTIVE DIRECTOR**

02/08/2017

Electronic Signature of Signing Officer/Director Detail

Date

**Officer/Director Detail Continued :**

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

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

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

Title EXECUTIVE DIRECTOR  
Name WOLONICK, LINDA M.  
Address 8930 STATE ROAD 84  
NO. 316  
City-State-Zip: DAVIE FL 33324

Title DIRECTOR  
Name SHERMAN, KIM D.  
Address 1000 CORPORATE DRIVE  
310  
City-State-Zip: FORT LAUDERDALE FL 33334

Title DIRECTOR  
Name BLUMENTHAL, STEVEN E. ESQ.  
Address 1930 HARRISON STREET  
STE. 205  
City-State-Zip: HOLLYWOOD FL 33020

Title DIRECTOR  
Name SACHS, EDWARD S. CPA  
Address 999 PONCE DE LEON BLVD.  
STE. 625  
City-State-Zip: CORAL GABLES FL 33134