

**2009 NOT-FOR-PROFIT CORPORATION AMENDED ANNUAL REPORT****FILED**  
**Sep 30, 2009**  
**Secretary of State**

DOCUMENT# N00000000953

Entity Name: COLLABORATIVE FAMILY LAW INSTITUTE, INC.

**Current Principal Place of Business:**8525 SW 92 STREET STE B-5  
MIAMI, FL 33156**New Principal Place of Business:**95 MERRICK WAY  
420  
CORAL GABLES, FL 33134**Current Mailing Address:**8525 SW 92 STREET STE B-5  
MIAMI, FL 33156**New Mailing Address:**95 MERRICK WAY  
420  
CORAL GABLES, FL 33134

FEI Number: 65-0995710

FEI Number Applied For ( )

FEI Number Not Applicable ( )

Certificate of Status Desired ( )

**Name and Address of Current Registered Agent:**HODOR, ESQ., JUDITH  
8525 S.W. 92ND STREET  
SUITE B-5  
MIAMI, FL 33156 US**Name and Address of New Registered Agent:**MERLIN, ROBERT J ESQUIRE  
95 MERRICK WAY  
420  
CORAL GABLES, FL 33134 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: ROBERT J. MERLIN

09/30/2009

Electronic Signature of Registered Agent

Date

**OFFICERS AND DIRECTORS:**Title: D ( ) Delete  
Name: DULBERG, ROBERT ESQ.  
Address: 9100 S. DADELAND BLVD., STE. 400  
City-St-Zip: MIAMI, FL 33156Title: D ( ) Delete  
Name: FOX, SPENCER ESQ.  
Address: 201 S. BISCAYNE BLVD., SUITE 850  
City-St-Zip: MIAMI, FL 331314332Title: D ( ) Delete  
Name: GROSSBARD, STEVEN ESQ  
Address: 44 W. FLAGLER STREET, SUITE 2100  
City-St-Zip: MIAMI, FL 33130Title: DT ( ) Delete  
Name: HODOR, JUDITH ESQ.  
Address: 8525 S.W. 92 STREET, STE. B-5  
City-St-Zip: MIAMI, FL 33156Title: PD ( ) Delete  
Name: ROTH, ROSEMARIE S ESQ  
Address: 8525 SW 92ND ST B-5  
City-St-Zip: MIAMI, FL 33156Title: SD (X) Delete  
Name: MERLIN, ROBERT  
Address: 95 MERRICK WAY, SUITE 420  
City-St-Zip: CORAL GABLES, FL 33134**ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:**Title: PD (X) Change ( ) Addition  
Name: MERLIN, ROBERT J ESQ.  
Address: 95 MERRICK WAY, SUITE 420  
City-St-Zip: CORAL GABLES, FL 33134Title: VPD (X) Change ( ) Addition  
Name: STERN, LANA PH.D.  
Address: 1450 MADRUGA AVENUE, SUITE 310  
City-St-Zip: CORAL GABLES, FL 33146Title: TD (X) Change ( ) Addition  
Name: SHECHTER, PHILIP J CPA  
Address: 2525 PONCE DE LEON BLVD. 5TH FLOOR  
City-St-Zip: CORAL GABLES, FL 33134Title: SD (X) Change ( ) Addition  
Name: KING, ELAINE  
Address: 220 ALHAMBRA CIRCLE, SUITE 800  
City-St-Zip: CORAL GABLES, FL 33134Title: D (X) Change ( ) Addition  
Name: FOX, SPENCER ESQ  
Address: 201 S. BISCAYNE BLVD., SUITE 850  
City-St-Zip: MIAMI, FL 33131Title: ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Chapter 119, Florida Statutes. I further 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 an address, with all other like empowered.

SIGNATURE: ROBERT J. MERLIN

PD

09/30/2009

Electronic Signature of Signing Officer or Director

Date