

F12000002222

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP

☐ WAIT

☐ MAIL

(Business Entity Name)

(Document Number)

Certified Copies \_\_\_\_\_ Certificates of Status \_\_\_\_\_

Special Instructions to Filing Officer:

~~W12-25557~~

Office Use Only



600233211896

05/07/12--01020--001 \*\*87.50

FILED

12 MAY 24 AM 11:20

SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

1/4

**COVER LETTER**

**TO:** New Filing Section  
Division of Corporations

**SUBJECT:** Integrated Therapy Practice PC  
Name of corporation - must include suffix

Dear Sir or Madam:

The enclosed "Application by Foreign Corporation for Authorization to Transact Business in Florida," "Certificate of Existence," or "Certificate of Good Standing" and check are submitted to register the above referenced foreign corporation to transact business in Florida.

Please return all correspondence concerning this matter to the following:

Rob Silleris

Name of Person

Integrated Therapy Practice PC

Firm/Company

1265 S. Lake Park Avenue

Address

Hobart IN 46342

City/State and Zip code

r.silleris@comcast.net

E-mail address: (to be used for future annual report notification)

For further information concerning this matter, please call:

Julie Mackowski

at

(219) 945-1538

Name of Person

Area Code & Daytime Telephone Number

**STREET/COURIER ADDRESS:**

New Filing Section  
Division of Corporations  
Clifton Building  
2661 Executive Center Circle  
Tallahassee, FL 32301

**MAILING ADDRESS:**

New Filing Section  
Division of Corporations  
P.O. Box 6327  
Tallahassee, FL 32314

Enclosed is a check for the following amount:

☐ \$70.00 Filing Fee

☐ \$78.75 Filing Fee &  
Certificate of Status

☐ \$78.75 Filing Fee &  
Certified Copy

☒ \$87.50 Filing Fee,  
Certificate of Status &  
Certified Copy



FLORIDA DEPARTMENT OF STATE  
Division of Corporations

May 8, 2012

ROB SILLEVIS  
1265 S. LAKE PARK AVENUE  
HOBART, IN 46342

SUBJECT: INTEGRATED THERAPY PRACTICE PC  
Ref. Number: W12000025557

We have received your document for INTEGRATED THERAPY PRACTICE PC and your check(s) totaling \$87.50. However, the enclosed document has not been filed and is being returned for the following correction(s):

The name of your corporation is not available in Florida. An out-of-state corporation whose name is not available must adopt an alternate corporate name for use in Florida. The alternate corporate name must contain "Incorporated," "Company," "Corporation," "Inc.," "Co.," "Corp.," "Inc.," "Co.," or "Corp." Please enter the alternate corporate name in the space provided in number one of the application.

Simply adding "of Florida" or "Florida" to the end of a name is not acceptable.

Please return the corrected original and one copy of your document, along with a copy of this letter, within 60 days or your filing will be considered abandoned.

If you have any questions concerning the filing of your document, please call (850) 245-6052.

Valerie Herring  
Regulatory Specialist II  
New Filing Section

Letter Number: 712A00013794



Integrated Therapy Practice PC.

RECEIVED  
12 MAY 24 AMT  
DIVISION OF CORP

May 18, 2012

To Whom It May Concern:

We are writing to you regarding the enclosed letter we received when we applied for the out of state corporation under Integrated Therapy Practice, PC. There is another company registered in Florida named Integrated Therapy Practice, LLC. The LLC is also our company.

We called your office and was told since we own the LLC name, Integrated Therapy Practice, LLC, we would be able to register the name, Integrated Therapy Practice, PC.

Should you have any questions regarding the above, please contact me at (219)945-1538.

Thank you for your time and consideration.

Sincerely,

Rob Sillevs  
President

**APPLICATION BY FOREIGN CORPORATION FOR AUTHORIZATION TO TRANSACT  
BUSINESS IN FLORIDA**

IN COMPLIANCE WITH SECTION 607.1503, FLORIDA STATUTES, THE FOLLOWING IS SUBMITTED TO  
REGISTER A FOREIGN CORPORATION TO TRANSACT BUSINESS IN THE STATE OF FLORIDA.

1. Integrated Therapy Practice PC  
(Enter name of corporation: must include "INCORPORATED," "COMPANY," "CORPORATION,"  
"Inc.," "Co.," "Corp.," "Inc.," "Co.," or "Corp.")

(If name unavailable in Florida, enter alternate corporate name adopted for the purpose of transacting business in Florida)

2. Indiana 3. 35-2081428  
(State or country under the law of which it is incorporated) (FEI number, if applicable)

4. 10/1/99 5. Perpetual  
(Date of incorporation) (Duration: Year corp. will cease to exist or "perpetual")

6. \_\_\_\_\_  
(Date first transacted business in Florida, if prior to registration)  
(SEE SECTIONS 607.1501 & 607.1502, F.S., to determine penalty liability)

7. 20 Barkley Circle #103 Fort Myers FL 33907  
(Principal office address)  
1265 S. Lake Park Avenue Hobart IN 46342  
(Current mailing address)

8. Physical Therapy  
(Purpose(s) of corporation authorized in home state or country to be carried out in state of Florida)


9. Name and street address of Florida registered agent: (P.O. Box NOT acceptable)

Name: Rob Silleris

Office Address: 628 SW 35<sup>th</sup> Terrace  
Cape Coral, Florida 33904  
(City) (Zip code)

**10. Registered agent's acceptance:**

*Having been named as registered agent and to accept service of process for the above stated corporation at the place designated in this application, I hereby accept the appointment as registered agent and agree to act in this capacity. I further agree to comply with the provisions of all statutes relative to the proper and complete performance of my duties, and I am familiar with and accept the obligations of my position as registered agent.*

  
(Registered agent's signature)

11. Attached is a certificate of existence duly authenticated, not more than 90 days prior to delivery of this application to the Department of State, by the Secretary of State or other official having custody of corporate records in the jurisdiction under the law of which it is incorporated.

FILED  
12 MAY 24 AM 11:20  
SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

12. Names and business addresses of officers and/or directors:

FILED

12 MAY 24 AM 11:20

A. DIRECTORS

Chairman: \_\_\_\_\_

Address: \_\_\_\_\_

SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

Vice Chairman: \_\_\_\_\_

Address: \_\_\_\_\_

Director: \_\_\_\_\_

Address: \_\_\_\_\_

Director: \_\_\_\_\_

Address: \_\_\_\_\_

B. OFFICERS

President: Rob Sillevs

Address: 1265 S. Lake Park Ave

Hobart TN 46342

Vice President: \_\_\_\_\_

Address: \_\_\_\_\_

Secretary: \_\_\_\_\_

Address: \_\_\_\_\_

Treasurer: \_\_\_\_\_

Address: \_\_\_\_\_

NOTE: If necessary, you may attach an addendum to the application listing additional officers and/or directors.

13. [Signature]

Signature of Director or Officer

The officer or director signing this document (and who is listed in number 12 above) affirms that the facts stated herein are true and that he or she is aware that false information submitted in a document to the Department of State constitutes a third degree felony as provided for in s.817.155, F.S.

14. Rob Sillevs, President

(Typed or printed name and capacity of person signing application)

**STATE OF INDIANA  
OFFICE OF THE SECRETARY OF STATE  
CERTIFICATE OF EXISTENCE**

FILED  
12 MAY 24 AM 11:20  
SECRETARY OF STATE  
INDIANAPOLIS, INDIANA

To Whom These Presents Come, Greetings:

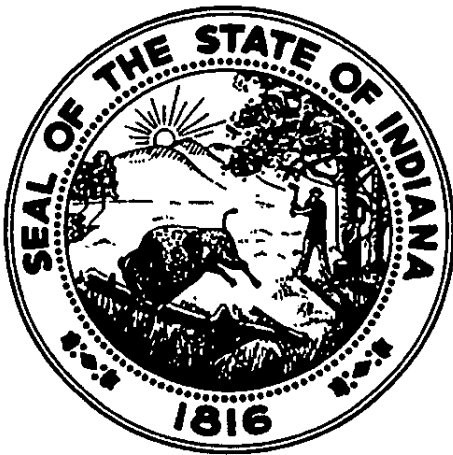
I, Connie Lawson, Secretary of State of Indiana, do hereby certify that I am, by virtue of the laws of the State of Indiana, the custodian of the corporate records, and proper official to execute this certificate.

I further certify that records of this office disclose that

**INTEGRATED THERAPY PRACTICE P.C.**

duly filed the requisite documents to commence business activities under the laws of State of Indiana on September 24, 1999, and was in existence or authorized to transact business in the State of Indiana on April 27, 2012.

I further certify this Domestic Professional Corporation has filed its most recent report required by Indiana law with the Secretary of State, or is not yet required to file such report, and that no notice of withdrawal, dissolution or expiration has been filed or taken place.



In Witness Whereof, I have hereunto set my hand and affixed the seal of the State of Indiana, at the city of Indianapolis, this Twenty-Seventh Day of April, 2012.

*Connie Lawson*

Connie Lawson, Secretary of State

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