

P23000083553

(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:

Office Use Only



600414827086

09/05/23--01039--004 \*\*113.75

2023 SEP -5 PM 1:41  
STATE  
TALLAHASSEE, FL

FILED

**AFFIDAVIT OF ANDREA ANDRIKOPOULOS**

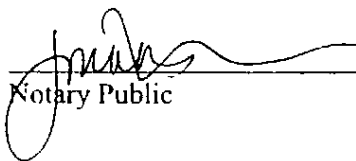
THE AFFIANT, ANDREA ANDRIKOPOULOS, after being duly sworn on oath, if called to testify in this matter is competent to state as follows:

1. That my name is Andrea Andrikopoulos, and I am 72 years old.
2. That I am a resident of the State of Florida.
3. That I am the sole shareholder and sole director of Total Rehab Incorporated.
4. That on August 21, 2023, I filed the Articles of Dissolution for Total Rehab Incorporated.  
*See Document Number P23000054074.*
5. That as the sole director of Total Rehab Incorporated, I have the authority to release the use of its corporate name.
6. That I release all uses of the corporate name of Total Rehab Incorporated.
7. Further Affiant Sayeth Not.



ANDREA ANDRIKOPOULOS

Subscribed and sworn to before me this  
9<sup>th</sup> day of November 2023.

  
Notary Public

FILED  
2023 SEP -5 PM 1:41  
CLERK OF THE STATE  
TALLAHASSEE, FL

COVER LETTER

TO: New Filing Section  
Division of Corporations

SUBJECT: Total Rehab, P.C.

Name of Resulting Florida Profit Corporation

The enclosed Articles of Conversion, Articles of Incorporation, and fees are submitted to convert the following eligible entity into a "Florida Profit Corporation" in accordance with ss. 607.11933 & 607.0202, F.S.

Please return all correspondence concerning this matter to:

Joanna Makris

Contact Person

Bellas & Wachowski

Firm/Company

15 N. Northwest Hwy

Address

Park Ridge, IL 60068

City, State and Zip Code

joannamakris@bellas-wachowski.com

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

For further information concerning this matter, please call:

Joanna Makris

at ( 847 )

823-9036

Name of Contact Person

Area Code and Daytime Telephone Number

Enclosed is a check for the following amount:

☐ \$105.00 Filing Fees

☐ \$113.75 Filing Fees  
and Certificate of  
Status

☒ \$113.75 Filing Fees  
and Certified Copy

☐ \$122.50 Filing Fees,  
Certified Copy, and  
Certificate of Status

**Mailing Address:**

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

**Street Address:**

New Filing Section  
Division of Corporations  
The Centre of Tallahassee  
2415 N. Monroe Street, Suite 810  
Tallahassee, FL 32303

2023 SEP -5 PM 1:41  
STATE  
TALLAHASSEE, FL

FILED

**Articles of Conversion**  
For  
**Converting Eligible Entity**  
Into  
**Florida Profit Corporation**

The Articles of Conversion **and attached Articles of Incorporation** are submitted to convert the following eligible business entity into a Florida Profit Corporation in accordance with ss. 607.11933 & 607.0202, Florida Statutes.

1. The name of the Converting Entity immediately prior to the filing of the Articles of Conversion is:

Total Rehab, P.C.

Enter Name of the Converting Entity

2. The converting entity is a Corporation

(Enter entity type. Example: limited liability company, limited partnership,  
general partnership, common law or business trust, etc.)

first organized, formed or incorporated under the laws of Illinois

(Enter state, or if a non-U.S. entity, the name of the country)

on December 12, 2003

Enter date "Converting Entity" was first organized, formed or incorporated.

3. The name of the Florida Profit Corporation as set forth in the **attached Articles of Incorporation**:

Total Rehab, P.C.

Enter Name of Florida Profit Corporation

4. This conversion was approved by the eligible converting entity in accordance with this chapter and the laws of its current/organic jurisdiction.

5. If not effective on the date of filing, enter the effective date: 08/24/2023

(The effective date: Cannot be prior to nor more than 90 days after the date this document is filed by the Florida Department of State.)

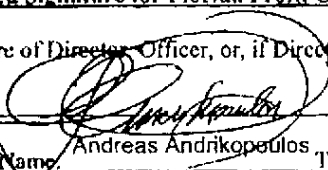
**Note:** If the date inserted in this block does not meet the applicable statutory filing requirements, this date will not be listed as the document's effective date on the Department of State's records.

②  
**FILED**  
2023 SEP -5 PM 1:41  
DEPT. OF STATE  
TALLAHASSEE, FL

Signed this 24 day of August, 2023

**Required Signature for Florida Profit Corporation:**

Signature of Director, Officer, or, if Directors or Officers have not been selected, an Incorporator:

  
Printed Name: Andreas Andrikopoulos Title: Director

**Required Signature(s) on behalf of Converting Florida partnerships, limited partnerships, and limited liability companies: (See below for required signature(s).)**

Signature:   
Printed Name: Andreas Andrikopoulos Title: Director

Signature: \_\_\_\_\_

Printed Name: \_\_\_\_\_ Title: \_\_\_\_\_

Signature: \_\_\_\_\_

Printed Name: \_\_\_\_\_ Title: \_\_\_\_\_

Signature: \_\_\_\_\_

Printed Name: \_\_\_\_\_ Title: \_\_\_\_\_

Signature: \_\_\_\_\_

Printed Name: \_\_\_\_\_ Title: \_\_\_\_\_

Signature: \_\_\_\_\_

Printed Name: \_\_\_\_\_ Title: \_\_\_\_\_

**If Florida General Partnership or Limited Liability Partnership:**

Signature of one General Partner.

**If Florida Limited Partnership or Limited Liability Limited Partnership:**

Signatures of ALL General Partners.

**If Florida Limited Liability Company:**

Signature of a Member or Authorized Representative.

**All others:**

Signature of an authorized person.

**Fees:**

Articles of Conversion:	\$35.00
Fees for Florida Articles of Incorporation:	\$70.00
Certified Copy:	\$8.75 (Optional)
Certificate of Status:	\$8.75 (Optional)

69  
**FILED**  
2023 SEP -5 PM 1:41  
TALLAHASSEE, FL

**ARTICLES OF INCORPORATION  
FOR RESULTING FLORIDA PROFIT CORPORATION**  
In compliance with Chapter 607 and/or Chapter 621, F.S. (Profit)

**ARTICLE I NAME**

The name of the corporation shall be: Total Rehab, Inc.

**ARTICLE II PRINCIPAL OFFICE**

The principal place of business/mailling address is:

Principal street address

Mailing address, if different is:

15174 Majorca Bay Dr., Unit 2  
Naples, FL 34110

3828 Joanne Dr.  
Glenview, IL 60026

**ARTICLE III PURPOSE**

The purpose for which the corporation is organized is:

Any and all lawful business.

**ARTICLE IV SHARES**

The number of shares of stock is: 1,000

**ARTICLE V OFFICERS AND/OR DIRECTORS**

Name and Title: Andrea Andrikopulos, President

Address: 15174 Majorca Bay Dr., Unit 2  
Naples, FL 34110

Name and Title: \_\_\_\_\_

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

Name and Title: \_\_\_\_\_

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

Name and Title: Andrea Andrikopulos, Director

Address: 15174 Majorca Bay Dr., Unit 2  
Naples, FL 34110

Name and Title: \_\_\_\_\_

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

Name and Title: \_\_\_\_\_

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

2023 SEP -5 PM 1:41  
CLERK OF DISTRICT COURT  
TALLAHASSEE, FL

FILED

**ARTICLE VI REGISTERED AGENT**

The name and Florida street address (P.O. Box NOT acceptable) of the registered agent is:

Name: Andrea Andrikopoulos

Address: 15174 Majorca Bay Dr., Unit 2

Naples, FL 34110

\*\*\*\*\*  
*Having been named as registered agent to accept service of process for the above stated corporation at the place designated in this certificate, I am familiar with and accept the appointment as registered agent and agree to act in this capacity*

  
\_\_\_\_\_  
Required Signature/Registered Agent

08/24/2023

\_\_\_\_\_  
Date

FILED  
2023 SEP -5 PM 1:41  
SECRETARY OF STATE  
TALLAHASSEE, FL