

P11000050492

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## COVER LETTER

TO: Amendment Section  
Division of Corporations

SUBJECT: A. MANUEL HEALING MESSAGE INC  
Name of Corporation

DOCUMENT NUMBER: P11000050492

The enclosed Articles of Correction and fee are submitted for filing.

Please return all correspondence concerning this matter to the following:

AMY S. MANUEL

Name of Contact Person

A. MANUEL HEALING MESSAGE INC

Firm/Company

3126 SW MARTIN DOWNS BLVD

Address

PALM CITY, FL 34990

City/State and Zip Code

ERIC@EHBPA.COM

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

For further information concerning this matter, please call:

AMY S. MANUEL

Name of Contact Person

at ( 772 ) 834-1881

Area Code & Daytime Telephone Number

Enclosed is a check for the following amount:

☐ \$35.00 Filing Fee

☐ \$43.75 Filing Fee & Certificate of Status

☒ \$43.75 Filing Fee & Certified Copy

☐ \$52.50 Filing Fee, Certificate of Status &  
Certified Copy

**Mailing Address:**

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

**Street Address:**

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

## ARTICLES OF CORRECTION

for

A. MANUEL HEALING MASSAGE INC

Name of Corporation as currently filed with the Florida Dept. of State

P11000050492

Document Number (if known)

Pursuant to the provisions of Section 607.0124 or 617.0124, Florida Statutes, this corporation files these Articles of Correction within 30 days of the file date of the document being corrected.

These articles of correction correct ARTICLES OF INCORPORATION  
(Document Type Being Corrected)

filed with the Department of State on 05/26/2011  
(File Date of Document)

Specify the inaccuracy, incorrect statement, or defect:

THE CORPORATION NAME WAS SET UP INCCORECTLY.

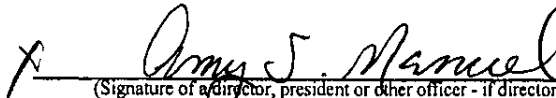
Correct the inaccuracy, incorrect statement, or defect:

THE NAME OF THE CORPORATION SHOULD BE:

A. MANUEL HEALING MASSAGE P.A.

A LICENSED MASSAGE THERAPIST WITH THE STATE OF FLORIDA

DEPARTMENT OF HEALTH

  
(Signature of a director, president or other officer - if directors or officers have not been selected, by an incorporator - if in the hands of the receiver, trustee, or other court appointed fiduciary, by that fiduciary.)

AMY S. MANUEL

(Typed or printed name of person signing)

PRESIDENT

(Title of person signing)

Filing Fee: \$35.00

FILED  
11 JUN 13 AM 9:55  
TALLAHASSEE FLORIDA  
SECRETARY OF STATE