

P12000040143

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(Business Entity Name)

(Document Number)

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SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

2012 MAY 10 AM 10:38

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Art. chg  
Correct on file  
SY  
5-17-12

## COVER LETTER

**TO:** Amendment Section  
Division of Corporations

**SUBJECT:** ADVANCED NEUROSOMATIC THERAPIES INC  
Name of Corporation

**DOCUMENT NUMBER:** P12000040143

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

Please return all correspondence concerning this matter to the following:

Doli A Davy

Name of Contact Person

Doli's Accounting Services Inc

Firm/Company

3020 49th St No

Address

St. Petersburg, Fla. 33710

City/State and Zip Code

doli@dolisaccounting.com

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

For further information concerning this matter, please call:

Doli A Davy

Name of Contact Person

at ( 727 ) 520-1980

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

**ADVANCED NEUROSOMATIC THERAPIES INC**

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

**P12000040143**

Document Number (if known)

SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

2012 MAY 10 AM 10:38

FILED

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 April 30, 2012

(File Date of Document)

Specify the inaccuracy, incorrect statement, or defect:

Name as Requested conflicts with other business

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Correct the inaccuracy, incorrect statement, or defect:


ADVANCED NEUROSOMATIC THERAPIES INC. SHOULD BE CHANGED TO :IDEAL POSTURE PAIN TREATMENT, INC.

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(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.)Kevin Wade

(Typed or printed name of person signing)

President

(Title of person signing)

Filing Fee: \$35.00