

F00000001027

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

PICK-UP WAIT MAIL

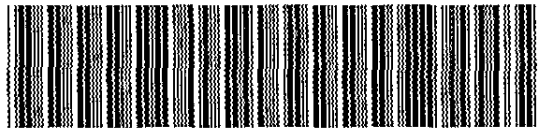
(Business Entity Name)

(Document Number)

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SECRETARY OF STATE
TALLAHASSEE, FLORIDA

8/9/04
withdrawal
Z

TRANSMITTAL LETTER

TO: Amendment Section
Division of Corporations

SUBJECT: GNA + ASSOCIATES, INC.
(Name of corporation)

DOCUMENT NUMBER: F00000001027

The enclosed withdrawal application and fee are submitted for filing.

Please return all correspondence concerning this matter to the following:

MIKE LAPOUSIE
(Name of Person)

AGILITY HEALTH PROFESSIONALS, INC.
(Firm/Company)

560 FIFTH STREET NW STE # 404
(Address)

GRAND RAPIDS MI 49504
(City/State and Zip code)

For further information concerning this matter, please call:

KELLY SZALANSKI at (616) 356-5008
(Name of Person) (Area Code & Daytime Telephone Number)

STREET ADDRESS:
Amendment Section
Division of Corporations
409 E. Gaines St.
Tallahassee, FL. 32399

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

APPLICATION BY FOREIGN CORPORATION FOR WITHDRAWAL OF AUTHORITY TO TRANSACT BUSINESS OR CONDUCT AFFAIRS IN FLORIDA

GNA + ASSOCIATES, INC.

(Name of Corporation)

MICHIGAN

(Incorporated Under Laws Of)

This corporation is no longer transacting business or conducting affairs within the State of Florida and hereby voluntarily surrenders its authority to transact business or conduct affairs in Florida.

This corporation revokes the authority of its registered agent in Florida to accept service on its behalf and appoints the Department of State as its agent for service of process based on a cause of action arising during the time it was authorized to transact business or conduct affairs in Florida.

The following is a current mailing address for the corporation:

560 FIFTH STREET NW SUITE 404

(Mailing Address)

GRAND RAPIDS MI 49504

(City/ State /Zip)

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TALLAHASSEE, FLORIDA

FILED

The corporation agrees to notify the Department of State in the future of any change in its mailing address.

Michael W. LaPonsie

CFO

Signature of the chairman or vice chairman of the board, president, or any officer, or if the corporation is in the hands of a receiver, trustee, or other court-appointed fiduciary, by that fiduciary.

Title

MICHAEL W. LA PONSIE

Typed or printed name

7/22/04

Date