## F00000001027

(Red	questor's Name)	-
(Add	dress)	
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(City	y/State/Zip/Phone	e #)
PICK-UP	WAIT	MAIL
(Bu	siness Entity Nar	me)
(Do	cument Number)	
Certified Coples	Certificate	s of Status
Special Instructions to	Filing Officer:	

Office Use Only



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Withdrawal Withdrawal

## TRANSMITTAL LETTER

TO: Amendment Section Division of Corporations	; ;		
SUBJECT: QNA + ASSOCIATES	INC.		
(Name of corporation)			
DOCUMENT NUMBER: F00000001	027		
The enclosed withdrawal application and fee are submitted for filing.			
Please return all correspondence concerning this matter to the following:			
MIKE LA POUSIE (Name of Person)			
· · · · · · · · · · · · · · · · · · ·			
AGILITY HEALTH PROFESSIONAL	s INC.		
(Firm/Company)	<b>,</b>		
560 FIFTH STREET NW STE#	464		
(Address)			
GRAND RAPIOS MI 49504			
(City/State and Zip code)	;		
For further information concerning this matter, please	e call:		
KELLY SZALANSKI BEG	616, 356-5008		
	Area Code & Daytime Telephone Number)		
	:		
STREET ADDRESS:	MAILING ADDRESS:		
	Amendment Section		
Division of Corporations	Division of Corporations		
409 E. Gaines St.	P.O. Box 6327		
Tallahassee, FL. 32399	Taliahassee, FL. 32314		

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

GUA+ ASSOCIATES, INC.	
(Name of Corporation)	
(Name or Corporation)	
MICHIGAN	
(Incorporated Under Laws Of)	
This corporation is no longer transacting business or conducting affai and hereby voluntarily surrenders its authority to transact business or	
This corporation revokes the authority of its registered agent in Flo behalf and appoints the Department of State as its agent for service of action arising during the time it was authorized to transact business or	f process based on a cause of
The following is a current mailing address for the corporation:	OH AUG
560 FIFTH STREET NW SUITE 4	04 55
(Mailing Address)	
GRAND RAPIDS MI 49504 (City/State/Zip)	ALLIAHAS SEE, FLOR
	P
The corporation agrees to notify the Department of State in the future address.  Michael W. Lolonzie	of any change in its mailing
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	7/22/04
t Abert of francer ususe	Mete