## F12000000203

(Req	uestor's Name)	
(Add	ress)	
(Add	ress)	
(City	/State/Zip/Phon	e #)
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## **COVER LETTER**

TO: Amendment Section		
Division of Corporations		
<b>SUBJECT: Special Operation</b>	s Medical	Association Inc.
	(Name of Corpor	ation)
DOCUMENT NUMBER: F120000	00203	
The enclosed withdrawal application and t	fee are submitted f	or filing
Please return all correspondence concerning matter to the following:	this	
Debbie Farrow		
	(Name of Person	)
Applied Measureme	nt Professi	onals, Inc.
	(Firm/Company)	)
18000 W 105th Stre	et	
	(Address)	
Olathe, KS 66061-7	543	
(C	City/State and Zip of	code)
Fan familiar information concerning this most	المساموم ممالد	
For further information concerning this matter.		905 4721
Debbie Farrow	<sub>at</sub> (913	
(Name of Person) Enclosed is a check for the amount:	(Area	Code & Daytime Telephone Number)
\$35 Filing Fee \$43.75 Filing Fee & Certificate of Status	\$43.75 Filing F Certified Copy (Additional cop Enclosed)	Certificate of Status & Certified
MAILING ADDRESS: Amendment Section		STREET ADDRESS: Amendment Section Division of Corporations
Division of Corporations P.O. Box 6327		Division of Corporations 2661 Executive Center Circle

Tallahassee, FL. 32301

Tallahassee, FL.32314

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

Special Operations Medical Association (Name of Corporation)	
F1200000203	
(Document Number of Corporation (if known)	
<del>-</del>	
Tennessee	
(Incorporated Under Laws of)	
poration is no longer transacting business or conducting affairs within the Stally surrenders its authority to transact business or conduct affairs in Florida.	ate of Florida ar
poration revokes the authority of its registered agent in Florida to accept s	
the Department of State as its agent for service of process based on a cause it was authorized to transact business or conduct affairs in Florida.	or action arising
owing is a current mailing address for the corporation:	APR
18000 W 105th Street	7
(Mailing Address)	<del>-</del> 3
Olathe, KS 66061-7543	, L
(City/ State /Zip)	
poration agrees to notify the Department of State in the future of any change in	ı its mailing add
	Mpr 2014
Signature of a director, president or other officer - it in the hands of a (f	Date)
receiver or other court appointed fiduciary, by that fiduciary)	•
Kyle Fandree Treasure (Type or printed name of person signing) (Title of	_