70000 (Requestor's Name) (Address) 800305319848 (Address) (City/State/Zip/Phone #) III PICK-UP WAIT MAIL 11/07/17--01025--0**0**1↓**1β3.75 (Business Entity Name) (Document Number) S TALLENT NOV 0 8 2017 Certified Copies Certificates of Status _____ Special Instructions to Filing Officer: M 4: 35 \$35.00 Office Use Only

	COVER LETTER		i
		,	
ΤĆ	O: Amendment Section Division of Corporations	1	
	QUALIS HEALTH CORPORATION		1:
SU	object.		
	(Name of Corporation)		
DC	OCUMENT NUMBER: F1700003946		
Th	he enclosed withdrawal application and fee are submitted for filing.	,	.
	lease return all correspondence concerning this latter to the following:		;
	VIVIAN VASSALL		
	. (Name of Person)		†
	QUALIS HEALTH		
	(Firm/Company)	- 1	†
	10700 MERIDIAN AVE N, SUITE 100		
	(Address)		
	SEATTLE, WA 98133		
	(City/State and Zip code)		
12			
	or further information concerning this matter, please call:	12	
	/IVIAN VASSALL206288-240		<u> </u>
En	(Name of Person) (Area Code & Daytime nclosed is a check for the amount:	e Telephone Numb	er)
1311	The state of the amount.		
✓	Certificate of Status Certified Copy Certific	Filing Fcc. cate of Status & Cc (Additional copy is	'1
	1.Helosed)		
		ADDRESS:	1
	Amendment Section Amendmer Division of Corporations Division of	it Section Corporations	
		utive Center Circle	-
	11	e, FL. 32301	1

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

	QU	ALIS HEALTH CORPORATION	17 N	
		(Name of Corporation)	NOV I	THE STATE OF THE S
	F1	700003946	7- # ** E	下飞雨回
-		(Document Number of Corporation (if known)	8H-4:35	<u>. 67.</u>
	ST	ATE OF WASHINGTON	5	
		(Incorporated Under Laws of)		j
Thi	sicorporatio	on is no longer transacting business or conducting affairs within the State of Fl	orida a	nd hereby
	11 -	renders its authority to transact business or conduct affairs in Florida.		
app	oints the D	on revokes the authority of its registered agent in Florida to accept service of enartment of State as its agent for service of process based on a cause of actic authorized to transact business or conduct affairs in Florida.	- 4	I
The	 - t <mark>o</mark> llowing	is a current mailing address for the corporation:	1	
	PC	BOX 33400		
		(Mailing Address)	-	-
	SE	ATTLE, WA 98133		
		(City/ State /Zip)		-
·1'1_			. },	
i ne	corporation	n agrees to notify the Department of State in the future of any change in its mail	ing ad	dre s s.
	(Signarun	of a director, president or other officer - if in the hands of a Date)	-	<u> </u>
	recen-ct	or other court appointed fiduciary, by that fiduciary)		
	J	AND CHAMBERIAN Typed of printed name of person signing) (Title of person signing)	ning) 1	
			,,,,,	
	l)	FILING FEE \$35	- 1	- 1