



# 2004 FOR PROFIT CORPORATION ANNUAL REPORT (AR)

**FILED**  
**Jun 10, 2004 8:00 am**  
**Secretary of State**

04-30-2004 90301 050 \*\*\*150.00

<b>DOCUMENT # P03000085961</b> 1. Entity Name <b>A &amp; S HEALTHCARE CONSULTING AND ANALYTICS, INC.</b>																																																																																																																																																			
Principal Place of Business <b>7522 N 40 ST TAMPA FL 33604</b>		Mailing Address <b>7522 N 40 ST TAMPA FL 33604</b>																																																																																																																																																	
2. Principal Place of Business  Suite, Apt. #, etc.  City & State  Zip      Country		3. Mailing Address <b>3716 West 1st St.</b> Suite, Apt. #, etc. <b>Apt #1</b> City & State <b>Los Angeles, CA</b> Zip      Country <b>90004-5853      US</b>																																																																																																																																																	
4. FEI Number <b>20-0184048</b>		Applied For <input type="checkbox"/> Not Applicable																																																																																																																																																	
5. Certificate of Status Desired <input type="checkbox"/> <b>\$8.75 Additional Fee Required</b>		6. Name and Address of Current Registered Agent <b>SHORT, PAUL R 7522 N 40 ST TAMPA FL 33604</b>																																																																																																																																																	
7. Name and Address of New Registered Agent Name Street Address (P.O. Box Number is Not Acceptable) City <b>FL</b> Zip Code		8. The above named entity submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. I am familiar with, and accept the obligations of registered agent.  SIGNATURE _____ DATE _____ <small>Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when renewing)</small>																																																																																																																																																	
<b>FILE NOW!!! FEE IS \$150.00</b> <b>After May 1, 2004 Fee will be \$550.00</b> <b>Make Check Payable to Florida Department of State</b>		9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> <b>\$5.00 May Be Added to Fees</b>																																																																																																																																																	
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12. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(i), Florida Statutes. I further certify that the information indicated on this report or supplemental report is true and accurate and that my signature shall have the same legal effect as if made under oath; that I am an officer or director of the corporation or the receiver or trustee empowered to execute this report as required by Chapter 607, Florida Statutes; and that my name appears in Block 10 or Block 11 if changed, or on an attachment with an address, with all other like empowered.																																																																																																																																																			
<b>SIGNATURE: Dr. Archie J. Jackson II</b>  <b>4/28/04</b> <b>(714) 926-2252</b> <small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR</small>																																																																																																																																																			