2005 FOR PROFIT CORPORATION REINSTATEMENT

FILED
Dec 13, 2005
Secretary of State

DOCUMENT# P03000085961

Entity Name: A &S HEALTHCARE CONSULTING AND ANALYTICS, INC.

Current Principal Place of Business:

7522 N 40 ST
TAMPA, FL 33604

New Principal Place of Business:

Current Mailing Address:

3716 WEST 1ST STREET - APT. #1
LOS ANGELES, CA 90004

New Mailing Address:

FEI Number: 20-0184048 **FEI Number Applied For ( )** **FEI Number Not Applicable ( )** **Certificate of Status Desired ( )**

Name and Address of Current Registered Agent:

SHORT, PAUL R
7522 N 40 ST
TAMPA, FL 33604 US

Name and Address of New Registered Agent:

SHORT, PAUL R
1214 WEST BEARS AVE.
TAMPA, FL 33613 US

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.

SIGNATURE: PAUL R. SHORT 12/13/2005
Electronic Signature of Registered Agent Date

In accordance with s. 607.193(2)(b), F.S., the corporation did not receive the prior notice.
Election Campaign Financing Trust Fund Contribution ( ).

OFFICERS AND DIRECTORS:

Title: P ( ) Delete
Name: JACKSON, DR ARCHIE J II
Address: 3716 W 1 ST STE 1
City-St-Zip: LOS ANGELES, CA 90004

Title: V ( ) Delete
Name: JACKSON, SHARLENE
Address: 3716 W 1 ST STE 1
City-St-Zip: LOS ANGELES, CA 90004

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: ( ) Change ( ) Addition
Name:
Address:
City-St-Zip:

Title: ( ) Change ( ) Addition
Name:
Address:
City-St-Zip:

I hereby certify that the information supplied with this filing does not qualify for the 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 electronic 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 above, or on an attachment with an address, with all other like empowered.

SIGNATURE: DR. ARCHIE J. JACKSON, II P 12/13/2005
Electronic Signature of Signing Officer or Director Date