


2008 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
May 12, 2008 08:00 AM
Secretary of State

DOCUMENT # F03000002225
 1. Entity Name
ADECCO MEDICAL & SCIENCE STAFFING, INC.



Principal Place of Business
**175 BROAD HOLLOW RD.
 MELVILLE, NY 11747**

Mailing Address
**175 BROAD HOLLOW RD.
 MELVILLE, NY 11747**

DO NOT WRITE IN THIS SPACE



05022008 No Chg-P CR2E034 (11/05)

4. FEI Number 16-1268904	Applied For Not Applicable
5. Certificate of Status Desired <input type="checkbox"/>	\$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent
**C T CORPORATION SYSTEM
 1200 SOUTH PINE ISLAND ROAD
 PLANTATION, FL 33324**

DO NOT WRITE IN THIS SPACE

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 _____

Signature, typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when reinstating)

1000000951088
 06/04/08-00016-023 150.00

**FILE NOW!!! FEE IS \$150.00
 Due by September 12, 2008**

9. Election Campaign Financing Trust Fund Contribution **\$5.00** May Be Added to Fees

In accordance with s. 607.193(2)(b), F.S., the corporation did not receive the prior notice.

10. OFFICERS AND DIRECTORS	
TITLE NAME STREET ADDRESS CITY- ST- ZIP	DP GILLIAM, THERON I 175 BROAD HOLLOW ROAD MELVILLE, NY 11747
TITLE NAME STREET ADDRESS CITY- ST- ZIP	VPCF NOLAN, STEPHEN 175 BROUD HOLLOW RD MELVILLE, NY 11747
TITLE NAME STREET ADDRESS CITY- ST- ZIP	VP EHRHART, DAWN 175 BROAD HOLLOW ROAD MELVILLE, NY 11747
TITLE NAME STREET ADDRESS CITY- ST- ZIP	VPS REARDON, GEORGE M 175 BROAD HOLLOW RD. MELVILLE, NY 11747
TITLE NAME STREET ADDRESS CITY- ST- ZIP	AS KARABELAS, DIANA R 175 BROAD HOLLOW RD. MELVILLE, NY 11747
TITLE NAME STREET ADDRESS CITY- ST- ZIP	T DE PALO, LORELEI 175 BROAD HOLLOW ROAD MELVILLE, NY 11747

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12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Chapter 119, 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.

SIGNATURE: Dawn Ehart Date: 5/2/08

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Daytime Phone #