

2010 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# F03000002225

FILED
Apr 15, 2010
Secretary of State

Entity Name: ADECCO MEDICAL & SCIENCE STAFFING, INC.

Current Principal Place of Business:

175 BROAD HOLLOW RD.
MELVILLE, NY 11747

New Principal Place of Business:

Current Mailing Address:

175 BROAD HOLLOW RD.
MELVILLE, NY 11747

New Mailing Address:

FEI Number: 16-1268904

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

C T CORPORATION SYSTEM
1200 SOUTH PINE ISLAND ROAD
PLANTATION, FL 33324 US

Name and Address of New Registered Agent:

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: _____

Electronic Signature of Registered Agent

_____ Date

Election Campaign Financing Trust Fund Contribution ().

OFFICERS AND DIRECTORS:

Title: DP
Name: GILLIAM, THERON I
Address: 175 BROAD HOLLOW ROAD
City-St-Zip: MELVILLE, NY 11747

Title: VPCF
Name: NOLAN, STEPHEN
Address: 175 BROUD HOLLOW RD
City-St-Zip: MELVILLE, NY 11747

Title: VP
Name: EHRHART, DAWN
Address: 175 BROAD HOLLOW ROAD
City-St-Zip: MELVILLE, NY 11747

Title: VPS
Name: REARDON, GEORGE M
Address: 175 BROAD HOLLOW RD.
City-St-Zip: MELVILLE, NY 11747

Title: AS
Name: KARABELAS, DIANA R
Address: 175 BROAD HOLLOW RD.
City-St-Zip: MELVILLE, NY 11747

Title: T
Name: DE PALO, LORELEI
Address: 175 BROAD HOLLOW ROAD
City-St-Zip: MELVILLE, NY 11747

I hereby 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 all other like empowered.

SIGNATURE: DAWN EHRHART

VP

04/15/2010

_____ Electronic Signature of Signing Officer or Director

_____ Date