

2024 FLORIDA PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P97000104875

Entity Name: ADO PROFESSIONAL SOLUTIONS, INC.**Current Principal Place of Business:**4800 DEERWOOD CAMPUS PKWY
BLDG 800
JACKSONVILLE, FL 32246**Current Mailing Address:**4800 DEERWOOD CAMPUS PKWY
BLDG 800
JACKSONVILLE, FL 32246 US**FEI Number:** 59-3482208**Certificate of Status Desired:** Yes**Name and Address of Current Registered Agent:**C T CORPORATION SYSTEM
1200 SOUTH PINE ISLAND ROAD
PLANTATION, FL 33324 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:**

Electronic Signature of Registered Agent

Date

Officer/Director Detail :

Title	SVP, SECRETARY, GC, DIRECTOR
Name	HODGERSON, VANESSA
Address	4800 DEERWOOD CAMPUS PKWY BLDG 800
City-State-Zip:	JACKSONVILLE FL 32246

Title	VP- TAX
Name	ROBINSON, GERALD
Address	4800 DEERWOOD CAMPUS PKWY BLDG 800
City-State-Zip:	JACKSONVILLE FL 32246

Title	VP, TREASURER
Name	BRENO, PAUL
Address	4800 DEERWOOD CAMPUS PKWY, BLDG, 800 BLDG. 800
City-State-Zip:	JACKSONVILLE FL 32246

Title	PRESIDENT, DIRECTOR
Name	CHAMBERLIN, LAURA
Address	4800 DEERWOOD CAMPUS PKWY BLDG 800
City-State-Zip:	JACKSONVILLE FL 32246

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: GERALD ROBINSON

VP TAX

04/22/2024

Electronic Signature of Signing Officer/Director Detail

Date