

2018 FOREIGN PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# F03000002225

Entity Name: ADECCO MEDICAL & SCIENCE STAFFING, INC.

FILED
Apr 16, 2018
Secretary of State
CC1462447576

Current Principal Place of Business:

10151 DEERWOOD PARK BLVD.
BLDG 200 STE 400
JACKSONVILLE, FL 32256

Current Mailing Address:

10151 DEERWOOD PARK BLVD.
BLDG 200 STE 400
JACKSONVILLE, FL 32256 US

FEI Number: 16-1268904

Certificate of Status Desired: No

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 DIRECTOR
Name VIONE, FEDERICO
Address 10151 DEERWOOD PARK BLVD.
BLDG. 200, STE. 400
City-State-Zip: JACKSONVILLE FL 32256

Title DIRECTOR, TREASURER
Name POZZONI, MARCELLO
Address 10151 DEERWOOD PARK BLVD.
BLDG. 200 STE. 400
City-State-Zip: JACKSONVILLE FL 32256

Title VP-TAX
Name ROBINSON, GERALD
Address 10151 DEERWOOD PARK BLVD.
BLDG 200 STE 400
City-State-Zip: JACKSONVILLE FL 32256

Title SVPS
Name HOLLAND, GREGORY D
Address 1301 RIVERPLACE BLVD.
STE. 1200
City-State-Zip: JACKSONVILLE FL 32207

Title VPAS
Name MACDONALD, BRAD
Address 10151 DEERWOOD PARK BLVD.
BLDG 200 STE 400
City-State-Zip: JACKSONVILLE FL 32256

Title VP
Name STRUBHAR, JASON
Address 10151 DEERWOOD PARK BLVD.
BLDG 200 STE 400
City-State-Zip: JACKSONVILLE FL 32256

Title PRESIDENT
Name ALEXANDER, DAVID K.
Address 1979 LAKESIDE PARKWAY
STE. 800
City-State-Zip: TUCKER GA 30084

Title DIRECTOR, CEO
Name MARSHALL, JOHN L. III
Address 10151 DEERWOOD PARK BLVD.
BLDG. 200 STE. 400
City-State-Zip: JACKSONVILLE FL 32256

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

04/16/2018

Electronic Signature of Signing Officer/Director Detail

Date