## 2013 FOREIGN PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# F03000002225

Entity Name: ADECCO MEDICAL & SCIENCE STAFFING, INC.

**FILED** Apr 19, 2013 **Secretary of State** CC2237743733

## **Current Principal Place of Business:**

175 BROAD HOLLOW RD. MELVILLE, NY 11747

## **Current Mailing Address:**

175 BROAD HOLLOW RD. MELVILLE. NY 11747

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 DP Title **DCFO** 

CROUCH, ROBERT P KING, J. TODD Name Name

10151 DEERWOOD PARK BLVD. 10151 DEERWOOD PARK BLVD. Address Address

> BLDG 200 STE 400 BLDG. 200 STE 400

City-State-Zip: JACKSONVILLE FL 32256 City-State-Zip: JACKSONVILLE FL 32256

Title VP-TAX Title **SVPS** 

Name HOWELL, DIANE S Name HOLLAND, GREGORY D

175 BROAD HOLLOW ROAD 10151 DEERWOOD PARK BLVD, Address Address

BLDG. 200, SUIT. MELVILLE NY 11747 City-State-Zip:

City-State-Zip: JACKSONVILLE FL 32256

Title **VPAS** 

SVPT Title KARABELAS, DIANA R Name

Name DE PALO, LORELEI Address 175 BROAD HOLLOW RD.

Address 175 BROAD HOLLOW ROAD City-State-Zip: MELVILLE NY 11747

City-State-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.

04/19/2013 SIGNATURE: DIANE S HOWELL VP-TAX