

**2020 FOREIGN PROFIT CORPORATION ANNUAL REPORT**

DOCUMENT# F03000002225

**Entity Name:** ADECCO MEDICAL & SCIENCE STAFFING, INC.

**FILED**  
**Apr 24, 2020**  
**Secretary of State**  
**9275327928CC**

**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 RUDD, STEVEN  
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 10151 DEERWOOD PARK BLVD  
BLDG. 200 STE. 400  
City-State-Zip: JACKSONVILLE FL 32256

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

Title PRESIDENT  
Name HERRANZ, DAVID K.  
Address 10151 DEERWOOD PARK BLVD.  
BLDG 200 STE 400  
City-State-Zip: JACKSONVILLE FL 32256

Title CEO, DIRECTOR  
Name PICARELLI, SERGIO  
Address 10151 DEERWOOD PARK BLVD  
BLDG. 200 STE. 400  
City-State-Zip: JACKSONVILLE FL 32256

Title DIRECTOR  
Name POZZONI, MARCELLO  
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**

**04/24/2020**

\_\_\_\_\_  
Electronic Signature of Signing Officer/Director Detail

\_\_\_\_\_  
Date