

**2023 FOREIGN PROFIT CORPORATION ANNUAL REPORT**

DOCUMENT# F03000002225

**Entity Name:** ADECCO MEDICAL & SCIENCE STAFFING, 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: 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            PRESIDENT  
Name            MORGAN, JOHN  
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            SVPS, DIRECTOR  
Name            HOLLAND, GREGORY D  
Address        4800 DEERWOOD CAMPUS PKWY  
                  BLDG 800  
City-State-Zip: JACKSONVILLE FL 32246

Title            VPAS  
Name            MACDONALD, BRAD  
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**

**VICE PRESIDENT - TAX**

**04/25/2023**

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

\_\_\_\_\_  
Date