

**2016 FLORIDA PROFIT CORPORATION ANNUAL REPORT**

DOCUMENT# P95000091803

**FILED**  
**Mar 30, 2016**  
**Secretary of State**  
**CC9172691421**

**Entity Name:** PROTALIX BIOTHERAPEUTICS, INC.

**Current Principal Place of Business:**

2 SNUNIT STREET, SCIENCE PARK  
CARMIEL, 20100

**Current Mailing Address:**

2 SNUNIT STREET, SCIENCE PARK  
#455  
CARMIEL, IS 20100 IS

**FEI Number:** 65-0643773

**Certificate of Status Desired:** No

**Name and Address of Current Registered Agent:**

CORPORATION SERVICE COMPANY  
1201 HAYS STREET  
TALLAHASSEE, FL 32301 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 CEO, DIRECTOR  
Name MANOR, MOSHE  
Address 2 SNUNIT STREET, SCIENCE PARK  
City-State-Zip: CARMIEL 20100

Title VP, TREASURER, SECRETARY  
Name MAIMON, YOSSIE  
Address 2 SNUNIT STREET, SCIENCE PARK  
City-State-Zip: CARMIEL 20100

Title VP  
Name SHAALTIEL, YOSEPH PHD  
Address 2 SNUNIT STREET, SCIENCE PARK  
City-State-Zip: CARMIEL 20100

Title DIRECTOR  
Name BRONFELD, ZEEV  
Address 2 SNUNIT STREET, SCIENCE PARK  
City-State-Zip: CARMIEL 20100

Title DIRECTOR  
Name BAR-SHALEV, AMOS  
Address 2 SNUNIT STREET, SCIENCE PARK  
City-State-Zip: CARMIEL 20100

Title VP  
Name BRILL ALMON, EINAT PHD  
Address 2 SNUNIT STREET, SCIENCE PARK  
City-State-Zip: CARMIEL 20100

Title DIRECTOR  
Name HAREL BUCHRIS, YODFAT  
Address 2 SNUNIT STREET, SCIENCE PARK  
City-State-Zip: CARMIEL 20100

Title DIRECTOR  
Name KORBERG, ROGER D. PHD  
Address 2 SNUNIT STREET, SCIENCE PARK  
City-State-Zip: CARMIEL 20100

**Continues on page 2**

*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:** YOSSIE MAIMON

**CFO**

**03/30/2016**

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

\_\_\_\_\_  
Date

**Officer/Director Detail Continued :**

Title DIRECTOR  
Name SCHWARTZ, AHARON  
Address 2 SNUNIT STREET, SCIENCE PARK  
City-State-Zip: CARMIEL 20100

Title VP  
Name PALASH, TZVI  
Address 2 SNUNIT STREET, SCIENCE PARK  
City-State-Zip: CARMIEL 20100

Title CHAIRMAN  
Name YANAI, SHLOMO  
Address 2 SNUNIT STREET, SCIENCE PARK  
City-State-Zip: CARMIEL 20100