

2016 FLORIDA PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P95000091803

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

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

Title	DIRECTOR
Name	KORNBERG, 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: YOSHI 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 CHAIRMAN
Name YANAI, SHLOMO
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