

2013 FLORIDA PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P95000091803

Entity Name: PROTALIX BIOTHERAPEUTICS, INC.

Current Principal Place of Business:

2 SNUNIT STREET, SCIENCE PARK
#455
CARMIEL, IS 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 P,D
Name AVIEZER, DAVID
Address 2 SNUNIT STREET, SCIENCE PARK,
#455
City-State-Zip: CARMIEL IS 20100

Title T,S
Name MAIMON, YOSSI
Address 2 SNUNIT STREET, SCIENCE PARK,
#455
City-State-Zip: CARMIEL IS 20100

Title VP,D
Name SHAALTIEL, YOSEPH
Address 2 SNUNIT STREET, SCIENCE PARK,
#455
City-State-Zip: CARMIEL IS 20100

Title D
Name BRONFELD, ZEEV
Address 2 SNUNIT STREET, SCIENCE PARK,
#455
City-State-Zip: CARMIEL IS 20100

Title D
Name BAR-SHALEV, AMOS
Address 2 SNUNIT STREET, SCIENCE PARK,
#455
City-State-Zip: CARMIEL IS 20100

Title VP
Name BRILL ALMON, EINAT
Address 2 SNUNIT STREET, SCIENCE PARK,
#455
City-State-Zip: CARMIEL IS 20100

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: YOSSI MAIMON

CFO

03/10/2013

Electronic Signature of Signing Officer/Director Detail

Date