

2006 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# F04000006712

Entity Name: MAKO SURGICAL CORP.

FILED
Apr 13, 2006
Secretary of State

Current Principal Place of Business:

2901 SIMMS STREET
HOLLYWOOD, FL 33020

New Principal Place of Business:

Current Mailing Address:

2901 SIMMS STREET
HOLLYWOOD, FL 33020

New Mailing Address:

FEI Number: 20-1901148

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

CORPORATION SERVICE COMPANY
1201 HAYS STREET
TALLAHASSEE, FL 323012525 US

Name and Address of New Registered Agent:

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

Election Campaign Financing Trust Fund Contribution ().

OFFICERS AND DIRECTORS:

Title: DP () Delete
Name: FERRE, MAURICE R
Address: 2901 SIMMS STREET
City-St-Zip: HOLLYWOOD, FL 33020

Title: DV () Delete
Name: ABOVITZ, RONY
Address: 2901 SIMMS STREET
City-St-Zip: HOLLYWOOD, FL 33020

Title: D () Delete
Name: WHITMAN, JOHN
Address: 2901 SIMMS STREET
City-St-Zip: HOLLYWOOD, FL 33020

Title: S () Delete
Name: MENASHE, FRANK
Address: 2901 SIMMS STREET
City-St-Zip: HOLLYWOOD, FL 33020

Title: T () Delete
Name: LA PORTE, FRITZ
Address: 2901 SIMMS STREET
City-St-Zip: HOLLYWOOD, FL 33020

Title: D () Delete
Name: DEWEY, CHRISTOPHER
Address: 2901 SIMMS STREET
City-St-Zip: HOLLYWOOD, FL 33020

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: D (X) Change () Addition
Name: NATALE, ANTHONY M.D.
Address: 2901 SIMMS STREET
City-St-Zip: HOLLYWOOD, FL 33020

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: D (X) Change () Addition
Name: TIERNEY, MATTHEW
Address: 2901 SIMMS STREET
City-St-Zip: HOLLYWOOD, FL 33020

Title: T (X) Change () Addition
Name: LAPORTE, FRITZ
Address: 2901 SIMMS STREET
City-St-Zip: HOLLYWOOD, FL 33020

Title: () Change () Addition
Name:
Address:
City-St-Zip:

I hereby certify that the information supplied with this filing does not qualify for the for the exemption stated in Chapter 119, Florida Statutes. I further 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 an address, with all other like empowered.

SIGNATURE: FRITZ LAPORTE

T

04/13/2006

Electronic Signature of Signing Officer or Director

Date