

2007 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# F06000002542

FILED
Feb 14, 2007
Secretary of State

Entity Name: MAZOR SURGICAL TECHNOLOGIES INC.

Current Principal Place of Business:

3003 SUMMIT BLVD SUITE 1400
ATLANTA, GA 30319

New Principal Place of Business:

4361 SHACKLEFORD ROAD
NORCROSS, GA 30093

Current Mailing Address:

3003 SUMMIT BLVD SUITE 1400
ATLANTA, GA 30319

New Mailing Address:

4361 SHACKLEFORD ROAD
NORCROSS, GA 30093

FEI Number: 83-0406611

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

C T CORPORATION SYSTEM
1200 SOUTH PINE ISLAND ROAD
PLANTATION, FL 33324 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: HADOMI, ORI
Address: 7 HAESHEL ST SOUTHERN CAESAREA INDUSTRIAL
City-St-Zip: PARK POB 3104 ISRAEL, 38900

Title: CEO () Delete
Name: HADOMI, ORI
Address: 7 HAESHEL ST SOUTHERN CAESAREA INDUSTRIAL
City-St-Zip: PARK POB 3104 ISRAEL, 38900

Title: DVPC () Delete
Name: SOUSA, NANCY
Address: 3003 SUMMIT BLVD SUITE 1400
City-St-Zip: ATLANTA, GA 30319

Title: D () Delete
Name: YOCHANAN, SARIT SOCCARY B
Address: 7 HAESHEL ST SOUTHERN CAESARA INDUSTRIAL
City-St-Zip: PARK POB 3104 ISRAEL, 38900

Title: D () Delete
Name: HERSCOVITCH, HANAN
Address: 7 HAESHEL ST SOUTHERN CAESARA INDUSTRIAL
City-St-Zip: PARK POB 3104 ISRAEL, 38900

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

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

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

Title: DVPC (X) Change () Addition
Name: SOUSA, NANCY
Address: 4361 SHACKLEFORD ROAD
City-St-Zip: NORCROSS, GA 30093

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

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: NANCY SOUSA

DVPC

02/14/2007

Electronic Signature of Signing Officer or Director

_____ Date