2009 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Feb 16, 2009
Secretary of State

DOCUMENT# F06000002542

Entity Name: MAZOR SURGICAL TECHNOLOGIES INC.

Current Principal Place of Business:

4361 SHACKLEFORD ROAD
NORCROSS, GA 30093

New Principal Place of Business:

Current Mailing Address:

4361 SHACKLEFORD ROAD
NORCROSS, GA 30093

New Mailing Address:

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

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

Title: COO ( ) Delete
Name: NANCY SOUSA, COO,
Address: 4361 SHACKLEFORD ROAD
City-St-Zip: NORCROSS, GA 30093

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

Title: CFO ( ) Delete
Name: SHARON LEVITA, CFO,
Address: 7 HAESHEL ST SOUTHERN CAESARA INDUSTRIAL
City-St-Zip: PARK POB 3104 ISRAEL, IS 38900

Title: SEC ( ) Delete
Name: SHARON LEVITA, SECRE, TARY
Address: 7 HAESHEL ST SOUTHERN CAESARA INDUSTRIAL
City-St-Zip: PARK POB 3104 ISRAEL, IS 38900

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

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

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

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

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

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 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: JOYCE MILLIGAN FOR NANCY SOUSA, COO ACCT 02/16/2009

Electronic Signature of Signing Officer or Director Date