

# 2010 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# F06000002542

FILED  
Jan 05, 2010  
Secretary of State

**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:**

INCORP ERVICES, INC.  
17888 67TH COURT NORTH  
LOXAHATCHEE, FL 33470 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  
Name: ORI HADOMI, CEO  
Address: 7 HAESHEL ST SOUTHERN CAESAREA INDUSTRIAL  
City-St-Zip: PARK POB 3104 ISRAEL, IS 38900 IR

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

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

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: SHARON LEVITA

CFO

01/05/2010

\_\_\_\_\_ Electronic Signature of Signing Officer or Director

\_\_\_\_\_ Date