## 2009 FOR PROFIT CORPORATION ANNUAL REPORT

## DOCUMENT# F06000003425

Entity Name: NOVADAQ CORP.

FILED Jan 26, 2009 Secretary of State

Current Principal Place of Business:				New Principal Place of Business:			
UNIT 201	SIA TRIESTE \ PRINGS, FL 34						
Current Mailing Address:				New Mailing Address:			
2585 SKYMARK AVENUE, UNIT 306 MISSISSAUGA, ONTARIO, CANADA L4W 4L5, XX				2585 SKYMARK AVENUE, UNIT 306 MISSISSAUGA, ONTARIO, CN L4W 4L5 XX			
FEI Number: 20-3343858 FEI Number Applied For ( ) FEI Numb			ber Not Applicable ( ) Certificate of Status Desired ( )				
Name and Address of Current Registered Agent:				Name and Address of New Registered Agent:			
C T CORPORATION SYSTEM 1200 SOUTH PINE ISLAND ROAD PLANTATION, FL 33324 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:							
		Signature of Registered Agent					Date
Election Campaign Financing Trust Fund Contribution ( ).							
OFFICERS AND DIRECTORS:			ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:				
Title: Name: Address: City-St-Zip:	MANGAT, RICK 2585 SKYMARK MISSISSAUGA, C	ON, CN LHW 4L5		Title: Name: Address: City-St-Zip:	MANGAT, RICK 2585 SKYMARK MISSISSAUGA, G	AVENUE ON, CN I	4W 4L5
Title: Name: Address: City-St-Zip:	T () E DECK, ROGER 2585 SKYMARK MISSISSAUGA, C			Title: Name: Address: City-St-Zip:	D (X) (DECK, ROGER 2585 SKYMARK MISSISSAUGA, (	AVENUE	
Title: Name: Address: City-St-Zip:	T () E REIDY, JOHN 2585 SKYMARK, MISSISSAUGA, C	*		Title: Name: Address: City-St-Zip:	S/T (X) (PURCELL, STEP 2585 SKYMARK MISSISSAUGA, (	PHEN AVENUE	*
Title: Name: Address: City-St-Zip:	V () E WERY, JOSEPH 2585 SKYMARK, MISSISSAUGA, C			Title: Name: Address: City-St-Zip:	V (X) ( WERY, JOSEPH 2585 SKYMARK MISSISSAUGA, (	I AVENUE	
Title: Name: Address: City-St-Zip:	D () E BAGGS, MARY K 6473 SADDLEWG FAIRHOPE, AL 3	DOD LANE		Title: Name: Address: City-St-Zip:	()(	Change (	) Addition
Title: Name: Address: City-St-Zip:	()[	Pelete		Title: Name: Address: City-St-Zip:	D () C MENAWAT, ARU 2585 SKYMARK MISSISSAUGA, C	N AVENUE	

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: ARUN MENAWAT D 01/26/2009