



STATE OF RHODE ISLAND AND PROVIDENCE PLANTATIONS  
 Office of the Secretary of State - Division of Business Services  
 148 W. River Street, Providence, Rhode Island 02904-2615  
 Phone: (401) 222-3040 ~ Email: corporations@sos.ri.gov ~ Website: www.sos.ri.gov

# PROFIT CORPORATION ANNUAL REPORT FOR THE YEAR **2016**

Filing Period: January 1 - March 1 • This report must be typed or printed legibly.

Filing Fee: \$50.00 • FAILURE TO FILE THIS REPORT BY MARCH 31 WILL RESULT IN A \$25.00 PENALTY FEE.

1. Entity ID No. <b>000578420</b>		2. Exact name of the Corporation <b>MAKO SURGICAL CORP</b>			
3. Principal office address <b>2555 DAVIE ROAD</b>			City <b>FORT LAUDERDALE</b>	State <b>FL</b>	Zip <b>33317</b>
4. Business Phone No.			5. State of Incorporation <b>DELAWARE</b>		
6. Brief description of the character of business conducted in Rhode Island <b>ORTHOPEDIC, PROSTHETIC, AND SURGICAL APPLIANCES AND SUPPLIES</b>					
<b>7. LIST ALL OFFICERS (NAMES AND ADDRESSES) (X) BOX FOR ATTACHMENT</b> <input checked="" type="checkbox"/>					
President Name <b>ROBERT COHEN</b>			Vice-President Name <b>DAVID FURGASON</b>		
Street Address <b>325 CORPORATE DRIVE</b>			Street Address <b>2825 AIRVIEW BLVD</b>		
City <b>MAHWAH</b>	State <b>NJ</b>	Zip <b>07430</b>	City <b>KALAMAZOO</b>	State <b>MI</b>	Zip <b>49002</b>
Secretary Name <b>DEAN BERGY</b>			Treasurer Name <b>JEANNE BLONDIA</b>		
Street Address <b>2825 AIRVIEW BLVD</b>			Street Address <b>2825 AIRVIEW BLVD</b>		
City <b>KALAMAZOO</b>	State <b>MI</b>	Zip <b>49002</b>	City <b>KALAMAZOO</b>	State <b>MI</b>	Zip <b>49002</b>
<b>8. LIST ALL DIRECTORS (NAMES AND ADDRESSES) (X) BOX FOR ATTACHMENT</b> <input checked="" type="checkbox"/>					
Director Name <b>DAVID FLOYD</b>			Director Name <b>ROBERT COHEN</b>		
Street Address <b>325 CORPORATE DRIVE</b>			Street Address <b>325 CORPORATE DRIVE</b>		
City <b>MAHWAH</b>	State <b>NJ</b>	Zip <b>07430</b>	City <b>MAHWAH</b>	State <b>NJ</b>	Zip <b>07430</b>
Director Name <b>WILLIAM BERRY</b>			Director Name		
Street Address <b>2825 AIRVIEW BLVD</b>			Street Address		
City <b>KALAMAZOO</b>	State <b>MI</b>	Zip <b>49002</b>	City	State	Zip
<b>9. SHARES AUTHORIZED</b>			<b>10. SHARES ISSUED (X) BOX FOR ATTACHMENT</b> <input checked="" type="checkbox"/>		
This information is currently of record in the Office of the Secretary of State. Changes require an additional filing. See Section 9 of instruction sheet.			NUMBER OF SHARES	CLASS/SERIES	PAR VALUE
			1000	PWP	\$0.001

This report must be executed on behalf of the corporation by an authorized representative. If the corporation is in the hands of a receiver or trustee, this report must be executed on behalf of the corporation by the receiver or trustee.

File Date \_\_\_\_\_  
 Check No \_\_\_\_\_  
 By \_\_\_\_\_  
 FOR SECRETARY OF STATE USE ONLY  
 By 270064

**FILED**  
**MAR 15 2016**  
270064  
 KM

Under penalty of perjury, I declare and affirm that I have examined this report, including any accompanying schedules and statements, and that all statements contained herein are true and correct.

DAVID FURGASON 3-3-2016  
 Signature of Authorized Representative Date  
**DAVID FURGASON**  
 Print or Type Name of Authorized Representative