2007 FOR PROFIT CORPORATION REINSTATEMENT

DOCUMENT # F03000000604

1. Entity Name
IBA PROTON THERAPY, INC.

FILED
07 OCT 30 PM 1:17
SECRETARY OF STATE
TALLAHASSEE, FLORIDA
10/29/07 01046 005 **750.00

12042007 REIN-P CR2E098 (1/07)

Principal Place of Business	Mailing Address
151 HEARTLAND BOULEVARD EDGEWOOD, NY 11717-8374	151 HEARTLAND BOULEVARD EDGEWOOD, NY 11717-8374

2. Principal Place of Business - No P.O. Box #	3. Mailing Address
Suite, Apt. #, etc.	Suite, Apt. #, etc.
City & State	City & State
Zip / Country	Zip / Country

4. FEI Number 75-2879901 ☐ Applied For ☐ Not Applicable

5. Certificate of Status Desired ☐ $8.75 Additional Fee Required

6. Name and Address of Current Registered Agent	7. Name and Address of New Registered Agent
CORPDIRECT AGENTS, INC. 515 EAST PARK AVENUE TALLAHASSEE, FLORIDA 32301	Name Street Address (P.O. Box Number is Not Acceptable) City FL Zip Code

8. 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. I am familiar with, and accept the obligations of registered agent.

SIGNATURE Katie Wonsch, Asst. Sec. Katie Wonsch, Assistant Secretary 12/12/07
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE

FILE NOW!!! FEE IS $750.00
After January 1, 2008, Fee will be $900.00

10. OFFICERS AND DIRECTORS			11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	PT GINION, JEAN-MARIE 151 HEARTLAND BOULEVARD EDGEWOOD, NY 117178374	☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	☐ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	VPSD DEFOURT, XAVIER 151 HEARTLAND BOULEVARD EDGEWOOD, NY 117178374	☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	☐ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	D MOTTET, PIERRE 151 HEARTLAND BOULEVARD EDGEWOOD, NY 117178374	☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	☐ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	D GODAERT, ANDRE' 151 HEARTLAND BOULEVARD EDGEWOOD, NY 117178374	☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP REINSTATEMENT	☐ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	D VANHEE, LAURENCE 151 HEARTLAND BOULEVARD EDGEWOOD, NY 117178374	☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP RH 10-07	☐ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	☐ Change ☐ Addition

12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained 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 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 in Block 10 or Block 11 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE: X. DEFOURT Vice President and Secretary Dec. 6, 2007.
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #