2008 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Sep 15, 2008 08:00 A
Secretary of State

DOCUMENT # F03000000604

1. Entity Name
IBA PROTON THERAPY, INC.

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

09022008 No Chg-P CR2E034 (11/05)

DO NOT WRITE IN THIS SPACE

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

CORPDIRECT AGENTS, INC.
515 EAST PARK AVENUE
TALLAHASSEE, FL 32301

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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 _____ DATE
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent's signature required when reinstating)

FILE NOW!!! FEE IS $550.00
Due by September 12, 2008

9. Election Campaign Financing Trust Fund Contribution. ☐ **$5.00** May Be Added to Fees

U00000959729
09/15/08-80004-010 550.00

10. OFFICERS AND DIRECTORS

TITLE	PT
NAME	GINION, JEAN-MARIE
STREET ADDRESS	151 HEARTLAND BOULEVARD
CITY-ST-ZIP	EDGEWOOD, NY 117178374
TITLE	VPSD
NAME	DEFOURT, XAVIER
STREET ADDRESS	151 HEARTLAND BOULEVARD
CITY-ST-ZIP	EDGEWOOD, NY 117178374
TITLE	D
NAME	MOTTET, PIERRE
STREET ADDRESS	151 HEARTLAND BOULEVARD
CITY-ST-ZIP	EDGEWOOD, NY 117178374
TITLE	D
NAME	GODAERT, ANDRE'
STREET ADDRESS	151 HEARTLAND BOULEVARD
CITY-ST-ZIP	EDGEWOOD, NY 117178374
TITLE	D
NAME	VANHEE, LAURENCE
STREET ADDRESS	151 HEARTLAND BOULEVARD
CITY-ST-ZIP	EDGEWOOD, NY 117178374
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

DO NOT WRITE IN THIS SPACE

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 alteration, with all other like empowered.

SIGNATURE: X. DEFOURT Vice President
Secretary. 9-3-2008.
SIGNATURE AND TITLE OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #