

2018 FOREIGN PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# F03000000604

Entity Name: IBA PROTON THERAPY, INC.**Current Principal Place of Business:**2000 EDMUND HALLEY DRIVE
SUITE 210
RESTON, VA 20191**Current Mailing Address:**2000 EDMUND HALLEY DRIVE
SUITE 210
RESTON, VA 20191 US**FEI Number:** 75-2879901**Certificate of Status Desired:** No**Name and Address of Current Registered Agent:**CORPORATION SERVICE COMPANY
1201 HAYS STREET
TALLAHASSEE, FL 32301-2525 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:**_____
Electronic Signature of Registered Agent_____
Date**Officer/Director Detail :**

Title	TREA
Name	CHAUVIER, VINCENT
Address	2000 EDMUND HALLEY DRIVE SUITE 210
City-State-Zip:	RESTON VA 20191

Title	CH
Name	LEGRAIN, OLIVIER
Address	CHEMIN DU CYCLOTRON, 3
City-State-Zip:	LOUVAIN-LA-NEUVE BE 1348

Title	DIR
Name	BOTHY, JEAN-MARC
Address	CHEMIN DU CYCLOTRON, 3
City-State-Zip:	LOUVAIN-LA-NEUVE BE 1348

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: VINCENT CHAUVIER

TREASURER

01/25/2018

Electronic Signature of Signing Officer/Director Detail_____
Date