

2013 FOREIGN PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# F03000000604

Entity Name: IBA PROTON THERAPY, INC.

Current Principal Place of Business:

225 WATER ST.
2200
JACKSONVILLE, FL 32202

FILED
Jun 11, 2013
Secretary of State
CC7788065087

Current Mailing Address:

21000 ATLANTIC BLVD
SUITE 730
DULLES, VA 20166

FEI Number: 75-2879901

Certificate of Status Desired: No

Name and Address of Current 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:

Electronic Signature of Registered Agent

Date

Officer/Director Detail :

Title PRES
Name LAMISSE, SERGE
Address CHEMIN DU CYCLOTRON, 3
City-State-Zip: LOUVAIN-LA-NEUVE 1348

Title OFF
Name DEFOURT, XAVIER
Address CHEMIN DU CYCLOTRON, 3
City-State-Zip: LOUVAIN-LA-NEUVE BE 1348

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

Title DIR
Name CLOQUET, DIDIER
Address CHEMIN DU CYCLOTRON, 3
City-State-Zip: LOUVAIN-LA-NEUVE BE 1348

Title DIR
Name MENU, PHILIPPE
Address CHEMIN DU CYCLOTRON, 3
City-State-Zip: LOUVAIN-LA-NEUVE BE 1348

Title TREASURER
Name MUYS, FRANK
Address 21000 ATLANTIC BLVD
 SUITE 730
City-State-Zip: DULLES VA 20166

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: FRANK MUYS

SECRETARY

06/11/2013

Electronic Signature of Signing Officer/Director Detail

Date