

2014 FOR PROFIT CORPORATION REINSTATEMENT

DOCUMENT# F03000000604

FILED
Dec 04, 2014
Secretary of State

Entity Name: IBA PROTON THERAPY, INC.

Current Principal Place of Business:

225 WATER ST.
2200
JACKSONVILLE, FL 32202

New Principal Place of Business:

2000 EDMUND HALLEY DRIVE
SUITE 210
RESTON, VA 20191 US

Current Mailing Address:

21000 ATLANTIC BLVD
SUITE 730
DULLES, VA 20166

New Mailing Address:

2000 EDMUND HALLEY DRIVE
SUITE 210
RESTON, VA 20191 US

FEI Number: 75-2879901

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

C T CORPORATION SYSTEM
1200 SOUTH PINE ISLAND ROAD
PLANTATION, FL 33324 US

Name and Address of New Registered Agent:

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: TODD PROPER

Electronic Signature of Registered Agent

Date

OFFICERS AND DIRECTORS:

Title: TREA
Name: MUYS, FRANK
Address: 2000 EDMUND HALLEY DRIVE SUITE 210
City-St-Zip: RESTON, VA 20191 US

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

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

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

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

Electronic Signature of Signing Officer or Director

TREA

12/04/2014

Date