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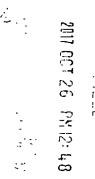
(Re	equestor's Name)			
(Ac	ddress)			
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(Ci	ty/State/Zip/Phone	#)		
PICK-UP	☐ WAIT	MAIL		
(Bo	usiness Entity Nam	e)		
(Document Number)				
Certified Copies	Certificates	of Status		
Special Instructions to Filing Officer:				

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CSC - WILMINGTON
251 Little Falls Drive
Wilmington De 19808

800-927-9800 302-636-5454 FAX

To: REGISTRATION SECTION DIVISION OF CORPORATIONS

From: Ashley Seeman ashley.seeman@cscglobal.com

Date: October 24, 2017

Order#: 874286-004

Re: IBA PROTON THERAPY, INC.

Enclosed please find:

XX ___ Change of Registered Agent and Office.

XX Check in the amount of \$35.00.

Please take the following action:

XX File in your office on a routine basis.

XX Issue Proof of Filing.

XX Please return evidence to the following:

Attn: Ashley Seeman c/o Corporation Service Company 251 Little Falls Drive Wilmington, DE 19808

XX Return envelope is also enclosed for your convenience.

Thank you for your assistance in this matter. If there are any problems or questions with this filing, please call our office.

QUCA.XCOA

STATEMENT OF CHANGE OF REGISTERED OFFICE OR REGISTERED AGENT OR BOTH FOR CORPORATIONS

statement of ch	provisions of sections 607.0502, 617 ange is submitted for a corporation of er to change its registered office or re	rganized under the laws of the State	of Delaware	
1. The name of	the corporation; IBA PROTON THER	RAPY, INC.		
	l office address: JND HALLEY DRIVE, SUITE 210, RI			
3. The mailing	address (if different):			
4. Date of incom	rporation/qualification: 02/05/2003	Document number: F0300	00000604	
	d street address of the current register artment of State: (If resigned, enter res	~ ~	with the	
	C T CORPORATION SYSTEM		<u> </u>	
	1200 SOUTH PINE ISLAND ROAD		2017 007	
	PLANTATION	FL 33324	007 2	
6. The name an (if changed):	d street address of the new registered Corporation Service Company	agent (if changed) and /or registered	office 6 PK 12: 4	
	1201 Hays Street		— `	
P.O Box NOT acceptable				
	Tallahassee	FL 32301		
The street addr	ess of its registered office and the str I be identical.	reet address of the business office of	f its registered agent.	
Such change w authorized by t	as authorized by resolution duly ado he board, or the corporation has beer	pted by its board of directors or by a i notified in writing of the change.	an officer so	
<u> Xie</u>	E. agnie	Jill Cilmi, Vice President		
I hereby accept I further agree performance of agent. Or, if the hereby confirm Corporation	the appointment as registered agent to comply with the provisions of all strong duties, and I am familiar with an is document is being filed merely to that the corporation has been notifican Service Company	statutes relative to the proper and conducted accept the obligation of my posit reflect a change in the registered of this change.	omplete ion as registered	
By:)) N	gnature of Registered Agent	10/23/2017 Date		
If signing on be	ehalf of an entity:			
Grace E. Kirby	, Assistant Vice President			
	Typed or Printed Name			

* * * FILING FEE: \$35.00 * * *