

**2021 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	CH	Title	DIR
Name	LEGRAIN, OLIVIER	Name	CHANDRAMOULI, SOUMYA
Address	CHEMIN DU CYCLOTRON, 3	Address	CHEMIN DU CYCLOTRON, 3
City-State-Zip:	LOUVAIN-LA-NEUVE BE 1348	City-State-Zip:	LOUVAIN-LA-NEUVE 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:** OLIVIER LEGRAIN

**OFFICER/DIRECTOR**

**01/31/2021**

\_\_\_\_\_  
Electronic Signature of Signing Officer/Director Detail

\_\_\_\_\_  
Date