

2007 FOR PROFIT CORPORATION REINSTATEMENT

FILED

07 OCT 30 PM 1:17

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

10/29/07 01096 085-5 75000



DOCUMENT # F03000000604

1. Entity Name
IBA PROTON THERAPY, INC.



Principal Place of Business 151 HEARTLAND BOULEVARD EDGEWOOD, NY 11717-8374	Mailing Address 151 HEARTLAND BOULEVARD EDGEWOOD, NY 11717-8374
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2. Principal Place of Business - No P.O. Box #	3. Mailing Address
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Suite, Apt. #, etc.	Suite, Apt. #, etc.
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City & State	City & State
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Zip	Country	Zip	Country
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12042007 REIN-P CR2E098 (1/07)

4. FEI Number 75-2879901	Applied For <input type="checkbox"/> Not Applicable
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5. Certificate of Status Desired **\$8.75 Additional Fee Required**

6. Name and Address of Current Registered Agent

**CORPDIRECT AGENTS, INC.
515 EAST PARK AVENUE
TALLAHASSEE, FLORIDA 32301**

7. Name and Address of New Registered Agent

Name _____
Street Address (P.O. Box Number is Not Acceptable) _____
City **FL** Zip Code _____

8. 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. I am familiar with, and accept the obligations of registered agent.

SIGNATURE Katie Wonsch, Asst. Sec. Katie Wonsch, Assistant Secretary 12/12/07
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE

**FILE NOW!!! FEE IS \$750.00
After January 1, 2008, Fee will be \$900.00**

10. OFFICERS AND DIRECTORS		<input type="checkbox"/> Delete
TITLE	PT GINION, JEAN-MARIE	<input type="checkbox"/>
NAME	151 HEARTLAND BOULEVARD	
STREET ADDRESS	EDGEWOOD, NY 117178374	
CITY-ST-ZIP		
TITLE	VPSD DEFOURT, XAVIER	<input type="checkbox"/>
NAME	151 HEARTLAND BOULEVARD	
STREET ADDRESS	EDGEWOOD, NY 117178374	
CITY-ST-ZIP		
TITLE	D MOTTET, PIERRE	<input type="checkbox"/>
NAME	151 HEARTLAND BOULEVARD	
STREET ADDRESS	EDGEWOOD, NY 117178374	
CITY-ST-ZIP		
TITLE	D GODAERT, ANDRE	<input type="checkbox"/>
NAME	151 HEARTLAND BOULEVARD	
STREET ADDRESS	EDGEWOOD, NY 117178374	
CITY-ST-ZIP		
TITLE	D VANHEE, LAURENCE	<input type="checkbox"/>
NAME	151 HEARTLAND BOULEVARD	
STREET ADDRESS	EDGEWOOD, NY 117178374	
CITY-ST-ZIP		
TITLE		<input type="checkbox"/>
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11		<input type="checkbox"/> Change	<input type="checkbox"/> Addition
TITLE		<input type="checkbox"/>	<input type="checkbox"/>
NAME			
STREET ADDRESS			
CITY-ST-ZIP			
TITLE		<input type="checkbox"/>	<input type="checkbox"/>
NAME			
STREET ADDRESS			
CITY-ST-ZIP			
TITLE		<input type="checkbox"/>	<input type="checkbox"/>
NAME			
STREET ADDRESS			
CITY-ST-ZIP			

REINSTATEMENT

RH 10-07

12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Chapter 119, Florida Statutes. I further certify that the information indicated on this report or supplemental report is true and accurate and that my 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 in Block 10 or Block 11 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE: X. DEFOURT Vice President & Secretary Dec. 6, 2007
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #