


**2008 FOR PROFIT CORPORATION ANNUAL REPORT**

**FILED**  
**Sep 15, 2008 08:00 AM**  
**Secretary of State**

DOCUMENT # F03000000604 1. Entity Name IBA PROTON THERAPY, INC.	
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Principal Place of Business 151 HEARTLAND BOULEVARD EDGEWOOD, NY 11717-8374	Mailing Address 151 HEARTLAND BOULEVARD EDGEWOOD, NY 11717-8374
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**DO NOT WRITE IN THIS SPACE**



09022008 No Chg-P CR2E034 (11/05)

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

6. Name and Address of Current Registered Agent

CORPDIRECT AGENTS, INC.  
 515 EAST PARK AVENUE  
 TALLAHASSEE, FL 32301

**DO NOT WRITE IN THIS SPACE**

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 \_\_\_\_\_ (NOTE: Registered Agent signature required when refiling) DATE \_\_\_\_\_

**FILE NOW!!! FEE IS \$550.00 Due by September 12, 2008**

9. Election Campaign Financing Trust Fund Contribution.  \$5.00 May Be Added to Fees

000000959729  
 09/15/08-80004-010 550.00

10. OFFICERS AND DIRECTORS

TITLE NAME STREET ADDRESS CITY-ST-ZIP	PT GINION, JEAN-MARIE 151 HEARTLAND BOULEVARD EDGEWOOD, NY 117178374
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VPSD DEFOURT, XAVIER 151 HEARTLAND BOULEVARD EDGEWOOD, NY 117178374
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D MOTTET, PIERRE 151 HEARTLAND BOULEVARD EDGEWOOD, NY 117178374
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D GODAERT, ANDRE' 151 HEARTLAND BOULEVARD EDGEWOOD, NY 117178374
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D VANHEE, LAURENCE 151 HEARTLAND BOULEVARD EDGEWOOD, NY 117178374
TITLE NAME STREET ADDRESS CITY-ST-ZIP	

**DO NOT WRITE IN THIS SPACE**

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 of the corporation 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 affidavit with all other like empowered.

SIGNATURE: X. DEFOURT Vice President  
a Secretary Date: 9-3-2008

SIGNATURE AND TYPE OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR \_\_\_\_\_ Date \_\_\_\_\_ Daytime Phone # \_\_\_\_\_