

2010 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# F03000000604

Entity Name: IBA PROTON THERAPY, INC.

FILED
Mar 30, 2010
Secretary of State

Current Principal Place of Business:

151 HEARTLAND BOULEVARD
EDGEWOOD, NY 117178374

New Principal Place of Business:

Current Mailing Address:

151 HEARTLAND BOULEVARD
EDGEWOOD, NY 117178374

New Mailing Address:

FEI Number: 75-2879901

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

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

Electronic Signature of Registered Agent

Date

Election Campaign Financing Trust Fund Contribution ().

OFFICERS AND DIRECTORS:

Title: PRES
Name: ANDRAL, JEAN MARC
Address: 151 HEARTLAND BOULEVARD
City-St-Zip: EDGEWOOD, NY 11717 US

Title: SECR
Name: DEFOURT, XAVIER
Address: 151 HEARTLAND BOULEVARD
City-St-Zip: EDGEWOOD, NY 11717 US

Title: CH
Name: MOTTET, PIERRE
Address: 151 HEARTLAND BOULEVARD
City-St-Zip: EDGEWOOD, NY 11717 US

Title: DIR
Name: CLOQUET, DIDIER
Address: 151 HEARTLAND BOULEVARD
City-St-Zip: EDGEWOOD, NY 11717 US

Title: DIR
Name: MENU, PHILIPPE
Address: 151 HEARTLAND BOULEVARD
City-St-Zip: EDGEWOOD, NY 11717 US

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: XAVIER DEFOURT

SECR

03/30/2010

Electronic Signature of Signing Officer or Director

Date