

# 2011 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# F03000000604

Entity Name: IBA PROTON THERAPY, INC.

FILED  
Apr 05, 2011  
Secretary of State

## Current Principal Place of Business:

151 HEARTLAND BOULEVARD  
EDGEWOOD, NY 117178374

## New Principal Place of Business:

225 WATER ST.  
2200  
JACKSONVILLE, FL 32202

## Current Mailing Address:

151 HEARTLAND BOULEVARD  
EDGEWOOD, NY 117178374

## New Mailing Address:

21000 ATLANTIC BLVD  
730  
DULLES, VA 20166

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:

C T CORPORATION SYSTEM  
1200 SOUTH PINE ISLAND ROAD  
PLANTATION, FL 33324 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: TODD BEJIAN

04/05/2011

Electronic Signature of Registered Agent

Date

## OFFICERS AND DIRECTORS:

Title: PRES  
Name: ANDRAL, JEAN MARC  
Address: CHEMIN DU CYCLOTRON, 3  
City-St-Zip: LOUVAIN-LA-NEUVE, BE 1348 BE

Title: SECR  
Name: DEFOURT, XAVIER  
Address: CHEMIN DU CYCLOTRON, 3  
City-St-Zip: LOUVAIN-LA-NEUVE, BE 1348 BE

Title: CH  
Name: MOTTET, PIERRE  
Address: CHEMIN DU CYCLOTRON, 3  
City-St-Zip: LOUVAIN-LA-NEUVE, BE 1348 BE

Title: DIR  
Name: CLOQUET, DIDIER  
Address: CHEMIN DU CYCLOTRON, 3  
City-St-Zip: LOUVAIN-LA-NEUVE, BE 1348 BE

Title: DIR  
Name: MENU, PHILIPPE  
Address: CHEMIN DU CYCLOTRON, 3  
City-St-Zip: LOUVAIN-LA-NEUVE, BE 1348 BE

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: TODD BEJIAN

CNSL

04/05/2011

Electronic Signature of Signing Officer or Director

Date