

<b>SCC eFile</b>	<b>2014 ANNUAL REPORT COMMONWEALTH OF VIRGINIA STATE CORPORATION COMMISSION</b>	214553383
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1.) CORPORATION NAME: <b>Off The X Medical Solutions, INC.</b>	DUE DATE: <b>12/31/2014</b>				
2.) VA REGISTERED AGENT NAME AND OFFICE ADDRESS: <b>KEVIN ROY TAM 4705 GLENCOE LANE VIRGINIA BEACH, VA</b>	SCC ID NO: <b>07586654</b>				
3.) CITY OR COUNTY OF VA REGISTERED OFFICE: <b>VIRGINIA BEACH CITY</b>	5.) STOCK INFORMATION <table border="1" style="width: 100%; border-collapse: collapse;"> <tr> <td style="width: 50%;">CLASS</td> <td style="width: 50%;">AUTHORIZED</td> </tr> <tr> <td>COMMON</td> <td>1,000</td> </tr> </table>	CLASS	AUTHORIZED	COMMON	1,000
CLASS	AUTHORIZED				
COMMON	1,000				
4.) STATE OR COUNTRY OF INCORPORATION: <b>VA</b>					

6.) PRINCIPAL OFFICE ADDRESS:  ADDRESS: 4705 GLENCOE LANE  CITY/ST/ZIP: VIRGINIA BEACH, VA 23464	
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7.) DIRECTORS AND PRINCIPAL OFFICERS: All directors and principal officers must be listed. An individual may be designated as both a director and an officer.

	<input checked="" type="checkbox"/> OFFICER	<input type="checkbox"/> DIRECTOR
NAME: KEVIN ROY TAM		
TITLE: PRESIDENT		
ADDRESS: 4705 GLENCOE LANE		
CITY/ST/ZIP/CO: VIRGINIA BEACH, VA 23464		

	<input type="checkbox"/> OFFICER	<input checked="" type="checkbox"/> DIRECTOR
NAME: KEVIN R. TAM		
TITLE: DIRECTOR		
ADDRESS: 4705 GLENCOE LANE		
CITY/ST/ZIP/CO: VIRGINIA BEACH, VA 23464		

I AFFIRM THAT THE INFORMATION CONTAINED IN THIS ELECTRONIC REPORT IS ACCURATE AND COMPLETE AS OF THE DATE BELOW AND THAT I AM LEGALLY AUTHORIZED TO SIGN THIS REPORT.

/s/ KEVIN ROY TAM	KEVIN ROY TAM, PRESIDENT	12/18/2014
SIGNATURE OF DIRECTOR/OFFICER LISTED IN THIS REPORT	PRINTED NAME AND CORPORATE TITLE	DATE

It is a Class 1 misdemeanor for any person to sign a document, which includes this electronic record, that is false in any material respect with the intent that the document be delivered to the Commission for filing.