

<b>SCC eFile</b>	<b>2015 ANNUAL REPORT COMMONWEALTH OF VIRGINIA STATE CORPORATION COMMISSION</b>	215525331				
1.) CORPORATION NAME: <b>STAT MEDICAL SERVICES, INC.</b>		DUE DATE: <b>7/31/2015</b>				
2.) VA REGISTERED AGENT NAME AND OFFICE ADDRESS: <b>CORPORATION SERVICE COMPANY          1111 E MAIN ST 16TH FL          RICHMOND, VA</b>		SCC ID NO: <b>F1936170</b>				
3.) CITY OR COUNTY OF VA REGISTERED OFFICE: <b>RICHMOND CITY</b>		5.) STOCK INFORMATION				
4.) STATE OR COUNTRY OF INCORPORATION: <b>MD</b>		<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					
6.) PRINCIPAL OFFICE ADDRESS:  <div style="text-align: center;">ADDRESS: 401 CARROLL ST SUITE 104</div> <div style="text-align: center;">CITY/ST/ZIP: LAPLATA, MD 20646</div>						
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.						
NAME: BOLA KUTI TITLE: PRESIDENT ADDRESS: P.O. BOX 1396 CITY/ST/ZIP/CO: UPPER MARLBORO, MD 20773-1396		<input checked="" type="checkbox"/> OFFICER <input checked="" type="checkbox"/> DIRECTOR				
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/ BOLA KUTI SIGNATURE OF DIRECTOR/OFFICER LISTED IN THIS REPORT	BOLA KUTI, PRESIDENT PRINTED NAME AND CORPORATE TITLE	7/1/2015 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.						