

SCC eFile
(6/10)

2011 ANNUAL REPORT
COMMONWEALTH OF VIRGINIA
STATE CORPORATION COMMISSION

211509055

1.) CORPORATION NAME:

**NATIONAL ASSOCIATION OF MYOFASCIAL TRIGGER
POINTTHERAPISTS, INC.**

DUE DATE: **4/30/2011**

SCC ID NO: **02556355**

2.) VA REGISTERED AGENT NAME AND OFFICE ADDRESS: **B.E.**

**AUTH IN VI
ROSENBLUM & ROSENBLUM
526 KING STREET, SUITE 211
ALEXANDRIA, VA 22314**

5.) STOCK INFORMATION

CLASS	AUTHORIZED
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3.) CITY OR COUNTY OF VA REGISTERED OFFICE:

ALEXANDRIA CITY

4.) STATE OR COUNTRY OF INCORPORATION:

VA

6.) PRINCIPAL OFFICE ADDRESS:

ADDRESS: 526 KING ST SE 211

CITY/ST/ZIP: ALEXANDRIA, VA 22314-

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: ERICA WALY BOURNE
TITLE: PRESIDENT
ADDRESS: 1275 MAIN STREET
CITY/ST/ZIP/CO: WALTHAM, MA 02451-

OFFICER

DIRECTOR

NAME: CAROL FINN
TITLE: SECRETARY
ADDRESS: 420 BILLY DR
CITY/ST/ZIP/CO: PITTSBURGH, PA 15235-

OFFICER

DIRECTOR

NAME: LOIS MELISSA MORFORD
TITLE: TREASURER
ADDRESS: 88 UNION AVENUE
CITY/ST/ZIP/CO: PITTSBURGH, PA 15205-

OFFICER

DIRECTOR

NAME: MARY ST JOHN LARSON
TITLE: VICE PRESIDENT
ADDRESS: 414 OLD HARD ROAD
#105
CITY/ST/ZIP/CO: ORANGE PARK, FL 32003-

OFFICER

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/ LOIS MELISSA MORFORD
SIGNATURE OF DIRECTOR/OFFICER
LISTED IN THIS REPORT

LOIS MELISSA MORFORD,
TREASURER
PRINTED NAME AND CORPORATE
TITLE

5/2/2011
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.