

SCC eFile

2015 ANNUAL REPORT  
COMMONWEALTH OF VIRGINIA  
STATE CORPORATION COMMISSION

215542438

1.) CORPORATION NAME:

**ALEXANDRIA MYOTHERAPY, INC.**

DUE DATE: **12/31/2015**

2.) VA REGISTERED AGENT NAME AND OFFICE ADDRESS:

**DINA CLEVENSON  
333 N FAIRFAX ST #303  
ARLINGTON, VA**

SCC ID NO: **04573994**

5.) STOCK INFORMATION

CLASS	AUTHORIZED
COMMON	5,000

3.) CITY OR COUNTY OF VA REGISTERED OFFICE:

**ALEXANDRIA CITY**

4.) STATE OR COUNTRY OF INCORPORATION:

**VA**

6.) PRINCIPAL OFFICE ADDRESS:

ADDRESS: 333 N FAIRFAX STE 303

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: DINA CLEVENSON KATZ  
 TITLE: P/D  
 ADDRESS: 333 N FAIRFAX ST STE 303  
 CITY/ST/ZIP/CO: ALEXANDRIA, VA 22314

OFFICER

DIRECTOR

NAME: SANDRA LEVY  
 TITLE: DIRECTOR  
 ADDRESS: 333 N FAIRFAX ST STE 303  
 CITY/ST/ZIP/CO: ALEXANDRIA, VA 22314

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/ DINA CLEVENSON KATZ

DINA CLEVENSON KATZ, P/D

11/22/2015

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.