

1.) CORPORATION NAME: MSR's Therapy Connection, PC 2.) VA REGISTERED AGENT NAME AND OFFICE ADDRESS: LEAH D FRAZIER 1145 N GREEN DR NEWPORT NEWS, VA 23602	DUE DATE: 1/31/2013 SCC ID NO: 06883995 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>100</td> </tr> </table>	CLASS	AUTHORIZED	COMMON	100
CLASS	AUTHORIZED				
COMMON	100				
3.) CITY OR COUNTY OF VA REGISTERED OFFICE: NEWPORT NEWS CITY					
4.) STATE OR COUNTRY OF INCORPORATION: VA					

6.) PRINCIPAL OFFICE ADDRESS: ADDRESS: P.O. Box 14154 CITY/ST/ZIP: NEWPORT NEWS, VA 23608

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: LEAH D FRAZIER TITLE: P/PRIN OFF/OWNR ADDRESS: 1145 N GREEN DRIVE CITY/ST/ZIP/CO: NEWPORT NEWS, VA 23602	<input checked="" type="checkbox"/> OFFICER <input checked="" type="checkbox"/> DIRECTOR
NAME: LEAH D FRAZIER, PT, DPT TITLE: DIRECTOR ADDRESS: 734 Middle Ground Blvd, Ste B CITY/ST/ZIP/CO: NEWPORT NEWS, VA 23606	<input 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/ LEAH D FRAZIER SIGNATURE OF DIRECTOR/OFFICER LISTED IN THIS REPORT	LEAH D FRAZIER, P/PRIN OFF/OWNR PRINTED NAME AND CORPORATE TITLE	11/13/2012 DATE
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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.