

SCC eFile	2016 ANNUAL REPORT COMMONWEALTH OF VIRGINIA STATE CORPORATION COMMISSION	216506462
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1.) CORPORATION NAME: MSR's Therapy Connection, PC	DUE DATE: 1/31/2016				
2.) VA REGISTERED AGENT NAME AND OFFICE ADDRESS: LEAH D FRAZIER 592 LEONARD LANE NEWPORT NEWS, VA	SCC ID NO: 06883995				
3.) CITY OR COUNTY OF VA REGISTERED OFFICE: NEWPORT NEWS CITY	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				
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.

	<input checked="" type="checkbox"/> OFFICER	<input checked="" type="checkbox"/> DIRECTOR
NAME: LEAH D FRAZIER		
TITLE: P/PRIN OFF/OWNR		
ADDRESS: PO BOX 14154		
CITY/ST/ZIP/CO: NEWPORT NEWS, VA 23608		

	<input type="checkbox"/> OFFICER	<input checked="" type="checkbox"/> DIRECTOR
NAME: LEAH D FRAZIER		
TITLE: DIRECTOR		
ADDRESS: 734 MIDDLE GROUND BLVD, STE B		
CITY/ST/ZIP/CO: NEWPORT NEWS, VA 23606		

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	LEAH D FRAZIER, P/PRIN OFF/OWNR	2/22/2016
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.