



THE UNITED STATES CORPORATION COMPANY

F98000006642

ACCOUNT NO. : 072100000032

REFERENCE : 054674 9104A

AUTHORIZATION :

Patricia Pijoto

COST LIMIT : \$ 87.50

ORDER DATE : December 7, 1998

ORDER TIME : 1:17 PM

ORDER NO. : 054674-005

CUSTOMER NO: 9104A

500002705065--2

CUSTOMER: Ms. Lori L. Ammons
Holland & Knight
Suite 1600
200 Central Avenue
Saint Petersburg, FL 33701

RECEIVED
98 DEC -7 PM 2:07
DIVISION OF CORPORATION

FOREIGN FILINGS

NAME: THE INSTITUTE OF PROFESSIONAL PRACTICE, INCORPORATED

98 DEC -7 PM 3:45
SECRETARY OF STATE
TALLAHASSEE FLORIDA

FILED
12/7

XXXX QUALIFICATION (TYPE: CO)

PLEASE RETURN THE FOLLOWING AS PROOF OF FILING:

- XX CERTIFIED COPY
- PLAIN STAMPED COPY
- XX CERTIFICATE OF GOOD STANDING

CONTACT PERSON: Christopher Smith

APPLICATION BY FOREIGN NOT FOR PROFIT CORPORATION FOR AUTHORIZATION TO CONDUCT ITS AFFAIRS IN FLORIDA

IN COMPLIANCE WITH SECTION 617.1503, FLORIDA STATUTES, THE FOLLOWING IS SUBMITTED TO REGISTER A FOREIGN NOT FOR PROFIT CORPORATION FOR AUTHORIZATION TO CONDUCT ITS AFFAIRS IN THE STATE OF FLORIDA:

1. THE INSTITUTE OF PROFESSIONAL PRACTICE, INC.
(Name of corporation: must include the word "INCORPORATED" or "CORPORATION" or words or abbreviations of like import in language as will clearly indicate that it is a corporation instead of a natural person or partnership if not so contained in the name at present. "Company" or "Co." may not be used as a corporate suffix by a nonprofit corporation.)

2. VERMONT
(State or country under the law of which it is incorporated)

3. EIN # 03-0284103
(FEI number, if applicable)

4. 12/81
(Date of Incorporation)

5. PERPETUAL
(Duration: Year corp. will cease to exist "perpetual")

6. upon filing
(Date corporation first conducted Affairs in Florida - See sections 617.1501, 617.1502, and 817.155, F.S.)

7. AIRPORT RD P.O. Box 1249
MONTPELIER VT 05602
(Current mailing address)

8. PROVIDE SPECIALIZED SERVICES TO PEOPLE WITH DISABILITIES/OR
(Purpose(s) of corporation authorized in home state or country to be carried out in the state of Florida) **MENTAL HEALTH ISSUES**

9. Name and street address of Florida registered agent:

Corporation Service Company

(Name)

1201 HAYS STREET

(Office address)

TALLAHASSEE

(City)

Florida,

32301

(Zip Code)

10. Registered agent's acceptance:

Having been named as registered agent and to accept service of process for the above stated corporation at the place designated in this application, I hereby accept the appointment as registered agent and agree to act in this capacity. I further agree to comply with the provisions of all statutes relative to the proper and complete performance of my duties, and I am familiar with and accept the obligations of my position as registered agent.

Laura R. Duple

(Registered agent's signature)

11. Attached is a certificate of existence duly authenticated, not more than 90 days prior to delivery of this application to the Department of State, by the Secretary of State or other

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official having custody of corporate records in the jurisdiction under the law of which it is incorporated.

12. Names and addresses of officers and/or directors: (Street address only- P. O. Box NOT acceptable)

A. DIRECTORS (Street address only- P. O. Box NOT acceptable)

Chairman: _____

Address: See ATTACHED

Vice Chairman: _____

Address: _____

Director: _____

Address: _____

Director: _____

Address: _____

B. OFFICERS (Street address only- P. O. Box NOT acceptable)

President: ROGER STEAUSS, Ph.D.

Address: RT 100

MORETOWN VT 05660

Vice President: ELAINE J. LUSSIER

Address: 153 VINE ST / BERLIN

BARRE VT 05641

Secretary: KIM Kelly

Address: 20 TATER ST MONT VERNON NH. 03057

Treasurer: GEORGE DURHAM

Address: 20 TATER ST MONT VERNON NH. 03057

NOTE: If necessary, you may attach an addendum to the application listing additional officers and/or directors.

13. Elaine J. Lussier
(Signature of Chairman, Vice Chairman, or any officer listed in number 12 of the application)

ELAINE J. LUSSIER EXECUTIVE PRESIDENT
(Typed or printed name and capacity of person signing application)

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The Institute of Professional Practice, Inc.

P.O. BOX 1249 • MONTPELIER, VERMONT 05601 • 1249 • 802-229-9515 • FAX 802-229-6191

BOARD OF DIRECTORS
FEBRUARY 1998

Mari Schaarschmidt, President
Towne Hill Road
Montpelier VT 05602
H: 229-9800
W: 229-5066

~~Marianne Parker
RR #1 Box 3547
Montpelier VT 05602
H: 229-0199~~

*Resigned
5/98*

James Rivers, Vice President
Towne Hill Road
Montpelier VT 05602
H: 223-7004

Herbert Tilley, Ed.D.
Gallup Road
RD #3 Box 4510
Morrisville VT 05661
H: 888-5636
W: 635-1306

Roger Strauss, Ph.D., Secretary/
Treasurer
P.O. Box 464
Moretown VT 05660
H: 496-3895
W: 223-2088

RT.100

Lawrence Dodge
~~P.O. Box 304~~

East Montpelier VT 05651
H: 223-7769
W: 479-4220

Ann Fortier
41 Wildersburg Common
Barre VT 05641
H: 476-4895
W: 828-4775

Lindel James
9 Derby Drive
Montpelier VT 05602
H: 229-5050
W: 223-6131

Elaine Lussier
153 Vine Street
Berlin VT 05641
H: 479-2108
W: 223-2088

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STATE OF VERMONT

OFFICE OF SECRETARY OF STATE

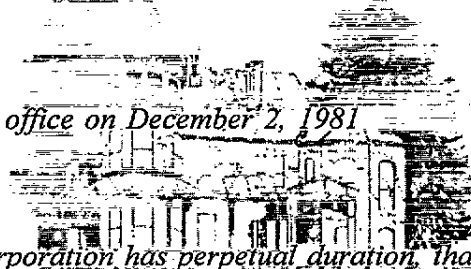
Certificate of Good Standing

I, James F. Milne, Secretary of State of the State of Vermont, do hereby certify that according to the records of this office

THE INSTITUTE OF PROFESSIONAL PRACTICE, INC.

a corporation formed under the laws of the State of Vermont

was filed for record in this office on December 2, 1981



I further certify that the corporation has perpetual duration, that its most recent annual report is on file, and that articles of dissolution have not been filed.

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SECRETARY OF STATE
TALLAHASSEE FLORIDA

November 23, 1998

Given under my hand and the seal of the State of Vermont, at Montpelier, the State Capital

James F. Milne

James F. Milne
Secretary of State

