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Secretary of State

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NONPROFIT CORPORATION ANNUAL REPORT 1999				FLORIDA DEPARTMENT OF STATE Katherine Harris Secretary of State DIVISION OF CORPORATIONS	
DOCUMENT # F98000006642					
1. Corporation Name THE INSTITUTE OF PROFESSIONAL PRACTICE, INC.					
Principal Place of Business AIRPORT RD PO BOX 1249 MONTELIER VT 05602			Mailing Address AIRPORT RD PO BOX 1249 MONTELIER VT 05602		



2. Principal Place of Business 21 1204 DODGE RD - BERLIN		2a. Mailing Address 26 1204 DODGE RD - BERLIN		3. Date Incorporated or Qualified 12/07/1998	
Suite, Apt. #, etc. 22 PO Box 1249		Suite, Apt. #, etc. 27 P.O. Box 1249		4. FEI Number 03-0284103	
City & State 23 MONTELIER VT		City & State 28 MONTELIER VT		5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required	
Zip 24 05601		Country 25 USA		6. Election Campaign Financing <input type="checkbox"/> \$5.00 May Be Added to Fees	

9. Name and Address of Current Registered Agent CORPORATION SERVICE COMPANY 1201 HAYS STREET TALLAHASSEE FL 32301-2525				10. Name and Address of New Registered Agent	
81 Name				82 Street Address (P.O. Box Number is Not Acceptable)	
83				84 City	
				FL 85 Zip Code	

11. Pursuant to the provisions of Sections 617.0502 and 617.1508, Florida Statutes, the above-named corporation submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. Such change was authorized by the corporation's board of directors. I hereby accept the appointment as registered agent. I am familiar with, and accept the obligations of, Section 617.0503, Florida Statutes.

SIGNATURE _____ (NOTE: Registered Agent signature required when reinstating) DATE _____

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	P <input type="checkbox"/> DELETE	1.1 TITLE	SECRETARY / TREASURER ; <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	STRAUSS, ROGER PHD	1.2 NAME	EXEC. PRESIDENT
STREET ADDRESS	RT 100	1.3 STREET ADDRESS	
CITY-ST-ZIP	MORETOWN VT 05660	1.4 CITY-ST-ZIP	
TITLE	V <input type="checkbox"/> DELETE	2.1 TITLE	DIRECTOR ; EXEC. VICE <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	LUSSIER, ELAINE J	2.2 NAME	PRESIDENT
STREET ADDRESS	153 VINE ST / BERLIN	2.3 STREET ADDRESS	
CITY-ST-ZIP	BARRE VT 05641	2.4 CITY-ST-ZIP	
TITLE	S <input type="checkbox"/> DELETE	3.1 TITLE	VICE PRESIDENT <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	KELLY, KIM	3.2 NAME	
STREET ADDRESS	20 TATER ST	3.3 STREET ADDRESS	
CITY-ST-ZIP	MONT VERNON NH 03057	3.4 CITY-ST-ZIP	
TITLE	T <input type="checkbox"/> DELETE	4.1 TITLE	VICE PRESIDENT <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	DURHAM, GEORGE	4.2 NAME	
STREET ADDRESS	20 TATER ST	4.3 STREET ADDRESS	
CITY-ST-ZIP	MONT VERNON NH 03057	4.4 CITY-ST-ZIP	
TITLE	P <input type="checkbox"/> DELETE	5.1 TITLE	
NAME	SCHAARSCHMIDT, MARI	5.2 NAME	
STREET ADDRESS	TOWNE HILL ROAD	5.3 STREET ADDRESS	
CITY-ST-ZIP	MONTELIER VT 05602	5.4 CITY-ST-ZIP	
TITLE	V <input type="checkbox"/> DELETE	6.1 TITLE	
NAME	RIVERS, JAMES	6.2 NAME	
STREET ADDRESS	TOWNE HILL ROAD	6.3 STREET ADDRESS	
CITY-ST-ZIP	MONTELIER VT 05602	6.4 CITY-ST-ZIP	

14. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(i), Florida Statutes; I further certify that the information indicated on this annual report or supplemental annual report is true and accurate and that my signature shall have the same legal effect as if made under oath; that I am an officer or director of the corporation or the receiver or trustee empowered to execute this report as required by Chapter 617, Florida Statutes; and that my name appears in Block 12 or Block 13 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE: ELAINE J. LUSSIER 11/20/98 802-229-9515
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

CR2E037 (1/98)