

2001 UNIFORM BUSINESS REPORT (UBR)

FILED
Feb 06, 2001 8:00 am
Secretary of State

02-06-2001 90338 050 ****61.25

DOCUMENT # F98000006642

1. Entity Name

THE INSTITUTE OF PROFESSIONAL PRACTICE, INC.

Principal Place of Business

Mailing Address

2096 AIRPORT RD
 PO BOX 1249
 MONTELIER VT 05601-1249

2096 AIRPORT RD
 PO BOX 1249
 MONTELIER VT 05601-1249

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

4. FEI Number

03-0284103

Applied For

Not Applicable

5. Certificate of Status Desired

\$8.75 Additional Fee Required

DO NOT WRITE IN THIS SPACE



6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

CORPORATION SERVICE COMPANY
1201 HAYS STREET
TALLAHASSEE FL 32301-2525

Name

Street Address (P.O. Box Number is Not Acceptable)

City

FL

Zip Code

8. The above named entity submits this statement for the purpose of changing its registered office or registered agent, or both, in the state of Florida.

SIGNATURE _____

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE _____

FILE NOW:
FEE IS \$61.25

9. Election Campaign Financing Trust Fund Contribution.

\$5.00 May Be Added to Fees

Make Check Payable to Department of State

10. OFFICERS AND DIRECTORS

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE Delete
 NAME **STEP STRAUSS, ROGER PHD**
 STREET ADDRESS **RT 100**
 CITY-ST-ZIP **MORETOWN VT 05660**

TITLE Change Addition
 NAME **D ANN FORTIER**
 STREET ADDRESS **41 WILDERSBURG Common**
 CITY-ST-ZIP **BARRE VT 05641**

TITLE Delete
 NAME **DEV LUSSIER, ELAINE J**
 STREET ADDRESS **153 VINE ST. BERLIN**
 CITY-ST-ZIP **BARRE VT 05641**

TITLE Change Addition
 NAME **D LAWRENCE DODGE**
 STREET ADDRESS **P.O. BOX 247**
 CITY-ST-ZIP **EAST MONTEPELIER VT 05651**

TITLE Delete
 NAME **VP KELLY, KIM**
 STREET ADDRESS **20 TATER ST**
 CITY-ST-ZIP **MONT VERNON NH 03057**

TITLE Change Addition
 NAME **D LUCY PATTI, MD**
 STREET ADDRESS **GALLISON HILL ROAD**
 CITY-ST-ZIP **EAST MONTEPELIER, VT 05651**

TITLE Delete
 NAME **VP DURHAM, GEORGE**
 STREET ADDRESS **20 TATER ST**
 CITY-ST-ZIP **MONT VERNON NH 03057**

TITLE Change Addition
 NAME **D LINDEL JAMES**
 STREET ADDRESS **9 DERBY DRIVE**
 CITY-ST-ZIP **MONTEPELIER VT 05602**

TITLE Delete
 NAME **P SCHAARSCHMIDT, MARI**
 STREET ADDRESS **TOWNE HILL ROAD**
 CITY-ST-ZIP **MONTEPELIER VT 05602**

TITLE Change Addition
 NAME **D ALVEAN CAPLE**
 STREET ADDRESS **5502 WINNER AVENUE**
 CITY-ST-ZIP **BALTIMORE MD 21117**

TITLE Delete
 NAME **V RIVERS, JAMES**
 STREET ADDRESS **TOWNE HILL ROAD**
 CITY-ST-ZIP **MONTEPELIER VT 05602**

TITLE Change Addition
 NAME **D ROSEMARIE WHITE**
 STREET ADDRESS **64 WILDFIRE DRIVE**
 CITY-ST-ZIP **WARREN VT 05674**

12. 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 report or supplemental 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 10 or Block 11 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE: _____

Signature Required
 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR **ELAINE J. LUSSIER 2/2/01**

802-229-9515

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E037 (10/00)