


2006 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Feb 09, 2006 8:00 am
Secretary of State

02-09-2006 90028 046 ****61.25

DOCUMENT # F98000006642			
1. Entity Name THE INSTITUTE OF PROFESSIONAL PRACTICE, INC.			
Principal Place of Business 2096 AIRPORT RD-BERLIN PO BOX 1249 BARRE, VT 05641		Mailing Address 2096 AIRPORT RD PO BOX 1249 MONTPELIER, VT 05601-1249	
2. Principal Place of Business <i>2096 Airport Rd - Berlin</i>		3. Mailing Address	
Suite, Apt. #, etc.		Suite, Apt. #, etc.	
City & State <i>Barre VT</i>		City & State	
Zip <i>05641</i>		Country <i>USA</i>	
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. I am familiar with, and accept the obligations of registered agent.			
SIGNATURE _____ DATE _____ <small>Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)</small>			
Filing Fee is \$61.25 Due by May 1, 2006		9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> \$5.00 May Be Added to Fees	
Make check payable to Florida Department of State			
10. OFFICERS AND DIRECTORS		11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	STEP STRAUSS, ROGER PHD RT 100 MORTOWN, VT 05660 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	DEV LUSSIER, ELAINE J 153 VINE ST / BERLIN BARRE, VT 05641 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition → 278 Vine Street - Berlin
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VP KELLY, KIM 20 TATER ST MONT VERNON, NH 03057 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VP DURHAM, GEORGE 20 TATER ST MONT VERNON, NH 03057 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	P SCHAARSCHMIDT, MARI 130 WEST SHORE DRIVE MONTPELIER, VT 05602 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition → Groton VT 05046
TITLE NAME STREET ADDRESS CITY-ST-ZIP	V RIVERS, JAMES TOWNE HILL ROAD MONTPELIER, VT 05602 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Chapter 119, 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: <i>Edna J. Brown</i>		Date: <i>2/6/06</i>	
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR		Date Daytime Phone #	

ATTACHMENT

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**THE INSTITUTE OF
PROFESSIONAL PRACTICE, INC.**
Individual Lives. Individual Solutions.

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The Institute of Professional Practice, Inc.

Supplemental List of Board of Directors:

Director

Michael Curtis
83 Davy Road
Montpelier VT 05602

Director

Donald Mandelkorn
3 Cobble Hill Meadows Road
Barre, VT 05641

Director

Danice Trimble
1005 Bosley Road
Cockeysville MD 21030

Director

Kathleen Wilson
35 Barnes Road
Montpelier VT 05602