FILE NOW: FILING FEE AFTER MAY 1 IS $155.00

CORPORATION ANNUAL REPORT **1995**

FLORIDA DEPARTMENT OF STATE
Sandra B. Mortham
Secretary of State
DIVISION OF CORPORATIONS

FILED
SECRETARY OF STATE
DIVISION OF CORPORATIONS
95 MAR 22 PM 3:30

DOCUMENT # P29909 (9)

1. Corporation Name
THE MENNINGER CLINIC INCORPORATED

Principal Place of Business	Mailing Address
5800 WEST 6TH P. O. BOX 829 TOPEKA KS 66601-7829	5800 WEST 6TH P. O. BOX 829 TOPEKA KS 66601-7829

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified: 06/25/1990
3a. Date of Last Report: 03/21/1994
4. FEI Number: 48-1036688 ☐ Applied For ☐ Not Applicable
5. Certificate of Status Desired ☐ $8.75 Additional Fee Required
6. Election Campaign Financing Trust Fund Contribution ☐ $5.00 May Be Added to Fees
7. Nonprofit with IRS 501(c)(3) Tax Exempt Status ☒ $68.75 Supplemental Fee Not Required
8. This corporation has liability for intangible tax under S. 199.032, Florida Statutes ☐ Yes ☒ No

2. Principal Place of Business (21) | 2a. Mailing Address (26)
Suite, Apt. #, etc. (22) | Suite, Apt. #, etc. (27)
City & State (23) | City & State (28)
Zip (24) Country (25) | Zip (29) Country (30)

9. Name and Address of Current Registered Agent

CT CORPORATION SYSTEM
1200 S. PINE ISLAND ROAD
PLANTATION FL 33324

10. Name and Address of New Registered Agent

61 Name
62 Street Address (P.O. Box Number is Not Acceptable)
63
64 City FL 65 Zip Code

11. Pursuant to the provisions of Sections 607.0502 and 607.1508, 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 607.0505, Florida Statutes.

SIGNATURE _____ DATE
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	CD	1.1 TITLE	☐ Change ☐ Addition
NAME	MCKELVEY, JOHN	1.2 NAME	
STREET ADDRESS	425 VOLKER BLVD	1.3 STREET ADDRESS	
CITY-ST-ZIP	KANSAS CITY MO	1.4 CITY-ST-ZIP	
TITLE	P	2.1 TITLE	P ☐ Change ☒ Addition
NAME	MENNINGER, WALTER W	2.2 NAME	MENNINGER, W WALTER
STREET ADDRESS	5800 WEST 6TH	2.3 STREET ADDRESS	5800 West 6th
CITY-ST-ZIP	TOPEKA KS	2.4 CITY-ST-ZIP	Topeka, KS.
TITLE	S	3.1 TITLE	☐ Change ☐ Addition
NAME	BURNAU, PATRICK M	3.2 NAME	
STREET ADDRESS	410 SW DANBURY LN	3.3 STREET ADDRESS	
CITY-ST-ZIP	TOPEKA KS	3.4 CITY-ST-ZIP	
TITLE	VD	4.1 TITLE	☐ Change ☐ Addition
NAME	BLIEBERG, EFRAIN	4.2 NAME	
STREET ADDRESS	4736 W HILLS DR	4.3 STREET ADDRESS	
CITY-ST-ZIP	TOPEKA KN	4.4 CITY-ST-ZIP	
TITLE	D	5.1 TITLE	☐ Change ☐ Addition
NAME	HOLTZMAN, WAYNE H	5.2 NAME	
STREET ADDRESS	UNIVERSITY OF TEXAS	5.3 STREET ADDRESS	
CITY-ST-ZIP	AUSTIN TX	5.4 CITY-ST-ZIP	
TITLE	VP	6.1 TITLE	☐ Change ☐ Addition
NAME	LELAND KOON	6.2 NAME	
STREET ADDRESS	4130 TANTARA	6.3 STREET ADDRESS	
CITY-ST-ZIP	TOPEKA KS	6.4 CITY-ST-ZIP	

14. I do hereby certify that the information supplied with this filing is voluntarily furnished and 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.

SIGNATURE: W. Walter Menninger 3/15/95 273-7500
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #

0074078