

FILE NOW: FILING FEE IS \$61.25

FILED

Feb 13 1997 8:00am
Secretary of StateNONPROFIT
CORPORATION
ANNUAL REPORT
1997FLORIDA DEPARTMENT OF STATE
Sandra B. Mortham
Secretary of State
DIVISION OF CORPORATIONS

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 66601-78295800 WEST 6TH
P. O. BOX 829
TOPEKA KS 66601-08293. Date Incorporated or Qualified
06/25/19903a. Date of Last Report
03/22/1996

2. Principal Place of Business

2a. Mailing Address

21 Suite, Apt. #, etc.

26 Suite, Apt. #, etc.

22 City & State

27 City & State

23 Zip

Country

28 Zip

Country

24

25

29

30

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 Contribution5.00 May Be
Added to Fees8. This corporation has liability for intangible tax under s. 199.032,
Florida StatutesYes ☐ No ☒

9. Name and Address of Current Registered Agent

10. Name and Address of New Registered Agent

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

81 Name

N/A

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 N/A

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

(NOTE: Registered Agent signature required when reinstating)

DATE

12. OFFICERS AND DIRECTORS

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

TITLE P ☒ DELETE
NAME MENNINGER, W. WALTER
STREET ADDRESS 1505 SW PLASS
CITY-ST-ZIP TOPEKA KS 666041.1 TITLE President ☒ Change ☐ Addition
1.2 NAME Bleiberg, Efrain
1.3 STREET ADDRESS 4736 West Hills Drive
1.4 CITY-ST-ZIP Topeka, KS 66606TITLE S ☐ DELETE
NAME BURNAU ER, PATRICK M
STREET ADDRESS 410 SW DANBURY LN
CITY-ST-ZIP TOPEKA KS2.1 TITLE ☐ Change ☐ Addition
2.2 NAME
2.3 STREET ADDRESS
2.4 CITY-ST-ZIPTITLE D ☐ DELETE
NAME ADAMS, THOMAS B
STREET ADDRESS 4783 W WICKFORD
CITY-ST-ZIP BLOOMFIELD HILLS MI 483023.1 TITLE ☐ Change ☐ Addition
3.2 NAME
3.3 STREET ADDRESS
3.4 CITY-ST-ZIPTITLE VD ☒ DELETE
NAME BLIEBERG, EFRAIN
STREET ADDRESS 4736 W HILLS DR
CITY-ST-ZIP TOPEKA KS4.1 TITLE Chairman ☒ Change ☐ Addition
4.2 NAME Wayne Holtzman, Ph.D.
4.3 STREET ADDRESS PO Box 7998 (N/A)
4.4 CITY-ST-ZIP Austin, TX 78713-7998TITLE D ☐ DELETE
NAME HOLTZMAN, WAYNE H
STREET ADDRESS UNIVERSITY OF TEXAS (N/A)
CITY-ST-ZIP AUSTIN TX5.1 TITLE ☐ Change ☐ Addition
5.2 NAME
5.3 STREET ADDRESS
5.4 CITY-ST-ZIPTITLE VP ☒ DELETE
NAME LELAND, KOON
STREET ADDRESS 4130 TANTARA
CITY-ST-ZIP TOPEKA KS6.1 TITLE Treasurer ☒ Change ☐ Addition
6.2 NAME J. Mark Wittenburg
6.3 STREET ADDRESS 2633 SW Arvonla Place
6.4 CITY-ST-ZIP Topeka, KS 66614

14. I do 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.

SIGNATURE:

J. Mark Wittenburg Sr. VP-COO/CFO
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

1/7/97 913-350-5696

Date Daytime Phone # 0078062

CR2E037 (9/96)