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Apr 28 1998 8:00am
Secretary of State

NONPROFIT CORPORATION ANNUAL REPORT 1998		FLORIDA DEPARTMENT OF STATE Sandra B. Morton Secretary of State DIVISION OF CORPORATIONS
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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

3. Date Incorporated or Qualified

06/25/1990

4. FEI Number

48-1036688

Applied For

Not Applicable

2. Principal Place of Business

21 5800 SW 6 Avenue

2a. Mailing Address

26 PO Box 829

Suite, Apt. #, etc.

Suite, Apt. #, etc.

22 City & State

23 Topeka, KS

27 City & State

28 Topeka, KS

Zip Country

24 66606-9604

Zip Country

29 66601-0829

30

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. Is this nonprofit corporation a homeowners association?

☐ Yes ☒ No

8. This corporation owes or has paid the current year intangible
Personal Property Tax due June 30.

☐ Yes ☒ No N/A

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)

000002503770

83 -04/28/98-01103-031

***61.25

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

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

(NOTE: Registered Agent signature required when reinstating)

DATE

12. OFFICERS AND DIRECTORS

TITLE ☐ DELETE

NAME \$
STREET ADDRESS BURNAU ER, PATRICK M
CITY-ST-ZIP 410 SW DANBURY LN
TOPEKA KS

TITLE ☒ DELETE

NAME D
STREET ADDRESS ADAMS, THOMAS B
CITY-ST-ZIP 4783 W WICKFORD
BLOOMFIELD HILLS MI 48302

TITLE ☐ DELETE

NAME P
STREET ADDRESS BLEIBERG, EFRAN
CITY-ST-ZIP 4736 W HILLS DR
TOPEKA KS

TITLE ☐ DELETE

NAME C
STREET ADDRESS HOLTZMAN, WAYNE P
CITY-ST-ZIP PO BOX 7998 N/A
AUSTIN TX

TITLE ☐ DELETE

NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ DELETE

NAME
STREET ADDRESS
CITY-ST-ZIP

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE Director (D) ☒ Change ☐ Addition

1.2 NAME Fricke, Howard R.
1.3 STREET ADDRESS 700 SW Harrison Street
1.4 CITY-ST-ZIP Topeka, KS 66636-0001

2.1 TITLE T ☒ Change ☐ Addition

2.2 NAME J. Mark Wittenburg (T)
2.3 STREET ADDRESS 4534 SW Auburn Road
2.4 CITY-ST-ZIP Topeka, KS 66610

3.1 TITLE P ☒ Change ☐ Addition

3.2 NAME Bleiberg, Efrain
3.3 STREET ADDRESS 4736 West Hills Drive
3.4 CITY-ST-ZIP Topeka, KS 66606

4.1 TITLE S ☒ Change ☐ Addition

4.2 NAME Burnau, Patrick M.
4.3 STREET ADDRESS 410 SW Danbury Lane
4.4 CITY-ST-ZIP Topeka, KS 66606

5.1 TITLE D ☐ Change ☒ Addition

5.2 NAME Hayes, John E.
5.3 STREET ADDRESS PO Box 889 N/A
5.4 CITY-ST-ZIP Topeka, KS 66601-0889

6.1 TITLE D ☐ Change ☒ Addition

6.2 NAME Deacy, Jean H.
6.3 STREET ADDRESS 2724 Verona Circle
6.4 CITY-ST-ZIP Shawnee Mission, KS 66208

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.

SIGNATURE

J. Mark Wittenburg

4/28/98

785-350-5696

CR2E037 (10/97)