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**FILED**  
**Mar 02, 1999 8:00 am**  
**Secretary of State**

03-02-1999 90124 050 \*\*\*\*61.25

0061991

NONPROFIT  
CORPORATION  
ANNUAL REPORT  
**1999**



FLORIDA DEPARTMENT OF STATE  
**Katherine Harris**  
Secretary of State  
DIVISION OF CORPORATIONS

**DOCUMENT # P29909**

1. Corporation Name

**THE MENNINGER CLINIC INCORPORATED**

Principal Place of Business

5800 S.W. 6 AVENUE  
TOPEKA KS 66606-9604

Mailing Address

P.O. BOX 829  
TOPEKA KS 66601-0829



2. Principal Place of Business

2a. Mailing Address

3. Date Incorporated or Qualified

06/25/1990

21

26

Suite, Apt. #, etc.

Suite, Apt. #, etc.

4. FEI Number

48-1036688

Applied For

Not Applicable

22

27

City & State

City & State

5. Certificate of Status Desired

☐ \$8.75 Additional  
Fee Required

23

28

Zip Country

Zip Country

6. Election Campaign Financing  
Trust Fund Contribution

☐ \$5.00 May Be  
Added to Fees

24

25

29

30

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

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

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 D  
NAME FRICKE, HOWARD R  
STREET ADDRESS 700 S.W. HARRISON STREET  
CITY-ST-ZIP TOPEKA KS 66636-0001

☐ DELETE

1.1 TITLE  
1.2 NAME  
1.3 STREET ADDRESS  
1.4 CITY-ST-ZIP

☐ Change ☐ Addition

TITLE T  
NAME WITTNBURG, J. MARK  
STREET ADDRESS 4534 S.W. AUBURN ROAD  
CITY-ST-ZIP TOPEKA KS 66610

☐ DELETE

2.1 TITLE  
2.2 NAME  
2.3 STREET ADDRESS  
2.4 CITY-ST-ZIP

☐ Change ☐ Addition

TITLE P  
NAME BLUEBERG, EFRAIN  
STREET ADDRESS 4736 W HILLS DR  
CITY-ST-ZIP TOPEKA KS 66606

☒ DELETE

3.1 TITLE  
3.2 NAME  
3.3 STREET ADDRESS  
3.4 CITY-ST-ZIP

President  
Bleiberg, Efrain  
516 SW Danbury Lane  
Topeka, KS 66606

☒ Change ☐ Addition

TITLE S  
NAME BURNAU, PATRICK M  
STREET ADDRESS 410 S.W. DANBURY LANE  
CITY-ST-ZIP TOPEKA KS 66606

☐ DELETE

4.1 TITLE  
4.2 NAME  
4.3 STREET ADDRESS  
4.4 CITY-ST-ZIP

☐ Change ☐ Addition

TITLE D  
NAME HAYES, JOHN E  
STREET ADDRESS P.O. BOX 889 N/A  
CITY-ST-ZIP TOPEKA KS 66601-0889

☐ DELETE

5.1 TITLE  
5.2 NAME  
5.3 STREET ADDRESS  
5.4 CITY-ST-ZIP

☐ Change ☐ Addition

TITLE D  
NAME DEACHY, JEAN H  
STREET ADDRESS 2724 VERONA CIRCLE  
CITY-ST-ZIP SHAWNEE MISSION KS 66208

☒ DELETE

6.1 TITLE  
6.2 NAME  
6.3 STREET ADDRESS  
6.4 CITY-ST-ZIP

Director  
Savage, Thomas J.  
1100 Rockhurst Road  
Kansas City, MO 64110-2561

☐ Change ☒ Addition

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, with all other like empowered.

SIGNATURE:

**SIGNATURE REQUIRED**  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

2/2/99

785-350-5696  
Daytime Phone #

CR2E037 (1/98)