

2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # P29909

1. Entity Name

THE MENNINGER CLINIC INCORPORATED

Principal Place of Business

Mailing Address

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

P.O. BOX 829
TOPEKA KS 66601-0829

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

4. FEI Number

48-1036688

Applied For

Not Applied For

5. Certificate of Status Desired ☐

\$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

Name

Street Address (P.O. Box Number is Not Acceptable)

City

FL

Zip Code

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

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.

SIGNATURE

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

(NOTE: Registered Agent signature required when reinstating)

DATE

**FILE NOW:
FEE IS \$61.25**

9. Election Campaign Financing
Trust Fund Contribution. ☐

\$5.00 May Be
Added to Fees

**Make Check Payable to
Department of State**

10. OFFICERS AND DIRECTORS

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

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

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

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

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☒ Delete
NAME **P BLIEBERG, EFRAIN**
STREET ADDRESS **516 S.W. DANBURY LANE**
CITY-ST-ZIP **TOPEKA KS 66606**

TITLE ☐ Change ☒ Addition
NAME **President**
STREET ADDRESS **W. Walter Menninger, M.D.**
CITY-ST-ZIP **1505 SW Plass
Topeka, KS 66604**

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

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

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

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Delete
NAME **D SAVAGE, THOMAS J**
STREET ADDRESS **1100 ROCKHURST ROAD**
CITY-ST-ZIP **KANSAS CITY MO 64110-2561**

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

12. 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 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:

Mark Wittenburg
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

785-350-5696
Daytime Phone #

FILED
Jan 26, 2000 8:00 am
Secretary of State

01-26-2000 90034 013 ****61.25



DO NOT WRITE IN THIS SPACE