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(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

PICK-UP     WAIT     MAIL

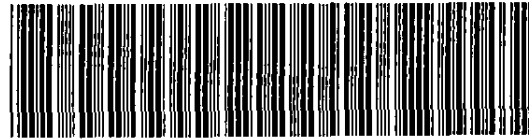
(Business Entity Name)

(Document Number)

Certified Copies \_\_\_\_\_ Certificates of Status \_\_\_\_\_

Special Instructions to Filing Officer:  
  
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SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

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# Polsinelli Shughart<sup>PC</sup>

Jeannine R. Campbell  
(816) 374-0506  
JRCampbell@polsinelli.com

700 West 47th Street, Suite 1000  
Kansas City, MO 64112  
(816) 753-1000  
Facsimile: (816) 753-1536  
www.polsinelli.com

June 21, 2011

## VIA FEDERAL EXPRESS

Florida Secretary of State  
Division of Corporations  
Registration Section  
Clifton Building  
2661 Executive Center Circle  
Tallahassee, FL 32301

**Re: New Directions Behavioral Health, L.L.C.**

Dear Sir/Madam:

Enclosed herein please find the original and one copy of an Application By Foreign Limited Liability Company for authorization to transact business with respect to the above referenced entity, with attached Certificate of Good Standing from the Missouri Secretary of State. Also enclosed please find the corporation's check in the amount of \$130 to cover the filing fee. Please file the enclosed and return a file stamped copy to my attention in the envelope provided.

Should you have any questions with respect to the enclosed, please contact the undersigned at the above telephone number.

Thank you for your assistance in this matter.

Sincerely,



Jeannine R. Campbell  
Paralegal

JRC:bas  
Enclosures

## COVER LETTER

**TO:** Registration Section  
Division of Corporations

**SUBJECT:** New Directions Behavioral Health, L.L.C.  
Name of Foreign Limited Liability Company

Dear Sir or Madam:

The enclosed application, certificate and fee(s) are submitted for filing.

Please return all correspondence concerning this matter to the following:

Jeannine R. Campbell

Name of Person

Polsinelli Shughart PC

Firm/Company

700 West 47th Street, Suite 900

Address

Kansas City, Missouri 64112

City/State and Zip Code

jrcampbell@polsinelli.com

E-mail address: (to be used for future annual report notification)

For further information concerning this matter, please call:

Jeannine R. Campbell

Name of Person

at ( 816 )

374-0506

Area Code & Daytime Telephone Number

**STREET/COURIER ADDRESS:**

Registration Section  
Division of Corporations  
Clifton Building  
2661 Executive Center Circle  
Tallahassee, Florida 32301

**MAILING ADDRESS:**

Registration Section  
Division of Corporations  
P.O. Box 6327  
Tallahassee, Florida 32314

**Enclosed is a check for the following amount:**

\$25 Filing Fee

\$30 Filing Fee &  
Certificate of Status

\$55 Filing Fee &  
Certified Copy

\$60 Filing Fee,  
Certificate of Status &  
Certified Copy

APPLICATION BY FOREIGN LIMITED LIABILITY COMPANY FOR AUTHORIZATION TO TRANACT BUSINESS IN FLORIDA

IN COMPLIANCE WITH SECTION 608.503, FLORIDA STATUTES, THE FOLLOWING IS SUBMITTED TO REGISTER A FOREIGN LIMITED LIABILITY COMPANY TO TRANACT BUSINESS IN THE STATE OF FLORIDA:

1. New Directions Behavioral Health, L.L.C.  
(Name of Foreign Limited Liability Company; must include "Limited Liability Company," "L.L.C.," or "LLC.")

(If name unavailable, enter alternate name adopted for the purpose of transacting business in Florida and attach a copy of the written consent of the managers or managing members adopting the alternate name. The alternate name must include "Limited Liability Company," "L.L.C.," "LLC.")

2. Missouri 3. \_\_\_\_\_  
(Jurisdiction under the law of which foreign limited liability company is organized) (FEI number, if applicable)

4. 12/23/1994 5. Perpetual  
(Date of Organization) (Duration: Year limited liability company will cease to exist or "perpetual")

6. \_\_\_\_\_  
(Date first transacted business in Florida, if prior to registration.)  
(See sections 608.501 & 608.502 F.S. to determine penalty liability)

7. 2020 West 89th Street, Suite 200  
Leawood, Kansas 66206  
(Street Address of Principal Office)

8. If limited liability company is a manager-managed company, check here

9. The name and usual business addresses of the managing members or managers are as follows:  
NDBH Holding Company, LLC  
2020 West 89th Street, Suite 210  
Leawood, Kansas 66206

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STATE OF FLORIDA  
TALLAHASSEE

10. Attached is an original certificate of existence, no more than 90 days old, duly authenticated by the official having custody of records in the jurisdiction under the law of which it is organized. (A photocopy is not acceptable. If the certificate is in a foreign language, a translation of the certificate under oath of the translator must be submitted.)

11. Nature of business or purposes to be conducted or promoted in Florida: Operate a managed behavioral health organization and employee assistance program

Salvatore S. Nigro, Jr.  
Signature of a member or an authorized representative of a member.

(In accordance with section 608.408(3), F.S., the execution of this document constitutes an affirmation under the penalties of perjury that the facts stated herein are true. I am aware that any false information submitted in a document to the Department of State constitutes a third degree felony as provided for in s.817.155, F.S.)

Salvatore S. Nigro, Jr.  
Typed or printed name of signee

**CERTIFICATE OF DESIGNATION OF  
REGISTERED AGENT/REGISTERED OFFICE**

PURSUANT TO THE PROVISIONS OF SECTION 608.415 or 608.507, FLORIDA STATUTES, THE UNDERSIGNED LIMITED LIABILITY COMPANY SUBMITS THE FOLLOWING STATEMENT TO DESIGNATE A REGISTERED OFFICE AND REGISTERED AGENT IN THE STATE OF FLORIDA.

1. The name of the Limited Liability Company is:

New Directions Behavioral Health, L.L.C.

If unavailable, the alternate to be used in the state of Florida is:

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2. The name and the Florida street address of the registered agent and office are:

NRAI SERVICES, INC.

(Name)

515 E. PARK AVENUE

Florida Street Address (P.O. Box **NOT** ACCEPTABLE)

TALLAHASSEE

FL 32301

City/State/Zip

*Having been named as registered agent and to accept service of process for the above stated limited liability company at the place designated in this certificate, I hereby accept the appointment as registered agent and agree to act in this capacity. I further agree to comply with the provisions of all statutes relating to the proper and complete performance of my duties, and I am familiar with and accept the obligations of my position as registered agent as provided for in Chapter 608, Florida Statutes.*

Attached

(Signature)

**\$ 100.00 Filing Fee for Application**  
**\$ 25.00 Designation of Registered Agent**  
**\$ 30.00 Certified Copy (optional)**  
**\$ 5.00 Certificate of Status (optional)**


CONSENT OF REGISTERED AGENT

RE: New Directions Behavioral Health, LLC

National Registered Agents, Inc. hereby consents to serve as registered agent  
for the above-named entity in the state of Florida.

Dated: May 24, 2011

NATIONAL REGISTERED AGENTS, INC.

By:   
Sean L. Emerick, Assistant Secretary

**FILED**  
11 AUG -5 PM 4:20  
SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

# STATE OF MISSOURI



Robin Carnahan  
Secretary of State

**CORPORATION DIVISION  
CERTIFICATE OF GOOD STANDING**

I, ROBIN CARNAHAN, Secretary of the State of Missouri, do hereby certify that the records in my office and in my care and custody reveal that

**NEW DIRECTIONS BEHAVIORAL HEALTH, L.L.C.  
LC0002303**

was created under the laws of this State on the 23rd day of December, 1994, and is in good standing, having fully complied with all requirements of this office.

IN TESTIMONY WHEREOF, I have set my hand and imprinted the GREAT SEAL of the State of Missouri, on this, the 24th day of May, 2011

A handwritten signature in cursive script that reads "Robin Carnahan".

Secretary of State

