

**2021 FOREIGN LIMITED LIABILITY COMPANY ANNUAL REPORT**

DOCUMENT# M11000003966

**FILED**  
**Mar 24, 2021**  
**Secretary of State**  
**1295806732CC**

**Entity Name:** NEW DIRECTIONS BEHAVIORAL HEALTH, L.L.C.

**Current Principal Place of Business:**

6100 SPRINT PARKWAY  
SUITE 200  
OVERLAND PARK, KS 66211

**Current Mailing Address:**

P.O. BOX 6729  
LEAWOOD, KS 66206

**FEI Number:** 43-1698690

**Certificate of Status Desired:** No

**Name and Address of Current Registered Agent:**

NORTHWEST REGISTERED AGENT LLC  
7901 4TH STREET N,  
SUITE 300,  
ST. PETERSBURG,, FL 33702 US

*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:**

\_\_\_\_\_  
Electronic Signature of Registered Agent

\_\_\_\_\_  
Date

**Authorized Person(s) Detail :**

Title           MANAGER  
Name           BAILEY, JAMES (JIM) R  
Address        BCBS OF ARKANSAS  
                  PO BOX 2181  
City-State-Zip: LITTLE ROCK AR 72201

Title           MANAGER  
Name           SHELTON, ANN  
Address        BCBS OF KANSAS  
                  1133 SW TOPEKA BLVD.  
City-State-Zip: TOPEKA KS 66629-0001

Title           MANAGER  
Name           CAMERLINCK, BRYAN  
Address        BLUE CROSS AND BLUE SHIELD OF  
                  LOUISIANA  
                  5525 REITZ AVENUE  
City-State-Zip: BATON ROUGE LA 70809

Title           MANAGER  
Name           BRIGGS, DICK (DOW) DOWLING III  
Address        BLUE CROSS AND BLUE SHIELD OF  
                  ALABAMA  
                  450 RIVERCHASE PARKWAY EAST  
City-State-Zip: BIRMINGHAM AL 35244

Title           MANAGER  
Name           JUSTICE, THURMAN  
Address        GUIDEWELL MUTUAL HOLDING  
                  CORPORATION  
                  4800 DEERWOOD CAMPUS PARKWAY  
                  DEERWOOD CAMPUS - BLDG 900  
City-State-Zip: JACKSONVILLE FL 32246

Title           CEO  
Name           HOFFMAN, SHANA  
Address        P.O. BOX 6729  
City-State-Zip: LEAWOOD KS 66206

Title           CFO  
Name           CALOIA, DAVID  
Address        P.O. BOX 6729  
City-State-Zip: LEAWOOD KS 66206

Title           MANAGER  
Name           SCHRADER, ELANA  
Address        GUIDEWELL MUTUAL HOLDING  
                  CORPORATION  
                  4800 DEERWOOD CAMPUS PARKWAY  
                  DEERWOOD CAMPUS - BLDG 900  
City-State-Zip: JACKSONVILLE FL 32246

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*I hereby certify that the information indicated on this report or supplemental report is true and accurate and that my electronic signature shall have the same legal effect as if made under oath; that I am a managing member or manager of the limited liability company or the receiver or trustee empowered to execute this report as required by Chapter 605, Florida Statutes; and that my name appears above, or on an attachment with all other like empowered.*

**SIGNATURE:** CARLOS LINDO

VP, SR COUNSEL

03/24/2021

\_\_\_\_\_  
Electronic Signature of Signing Authorized Person(s) Detail

\_\_\_\_\_  
Date

**Authorized Person(s) Detail Continued :**

Title           MANAGER  
Name           DEWAN, NEEKASH  
Address        GUIDEWELL MUTUAL HOLDING CORPORATION  
                  4800 DEERWOOD CAMPUS PARKWAY  
                  DEERWOOD CAMPUS - BLDG 900  
City-State-Zip: JACKSONVILLE FL 32246

Title           AUTHORIZED MEMBER  
Name           LINDO, CARLOS  
Address        P.O. BOX 6729  
City-State-Zip: LEAWOOD KS 66206

Title           MANAGER  
Name           SCHREIBER, ALINA  
Address        GUIDEWELL MUTUAL HOLDING CORPORATION  
                  4800 DEERWOOD CAMPUS PARKWAY  
                  BLDG 100 – FLOOR 8  
City-State-Zip: JACKSONVILLE FL 32246