

**2020 FOREIGN LIMITED LIABILITY COMPANY AMENDED ANNUAL REPORT**

DOCUMENT# M11000003966

**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 SVP, GENERAL COUNSEL, CHIEF HR EXECUTIVE  
Name VERGARA, NOREEN K  
Address P.O. BOX 6729  
City-State-Zip: LEAWOOD KS 66206

Title SENIOR VICE PRESIDENT AND CHIEF FINANCIAL OFFICER  
Name JACKSON, ROBIN R  
Address P.O. BOX 6729  
City-State-Zip: LEAWOOD KS 66206

Title SENIOR VICE PRESIDENT AND CHIEF MEDICAL OFFICER  
Name HALFIN, ARON DR.  
Address P.O. BOX 6729  
City-State-Zip: LEAWOOD KS 66206

Title SENIOR VICE PRESIDENT AND CHIEF CLINICAL OFFICER  
Name O'GRADY, ANN CHRISTINE  
Address P.O. BOX 6729  
City-State-Zip: LEAWOOD KS 66206

Title CHIEF STRATEGY OFFICER  
Name SCRAPER, ERIN  
Address P.O. BOX 6729  
City-State-Zip: LEAWOOD KS 66206

Title CHIEF COMMERCIAL OFFICER  
Name AUXIER, ANDREA  
Address P.O. BOX 6729  
City-State-Zip: LEAWOOD KS 66206

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

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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:** NOREEN K VERGARA

**SVP, GENERAL COUNSEL 03/18/2020  
CHIEF HR EXEC**

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

\_\_\_\_\_  
Date

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

Title           MANAGER  
Name           BARKELL, SUE  
Address        BLUE CROSS AND BLUE SHIELD OF MICHIGAN  
                  600 LAFAYETTE EAST, MAIL CODE 513A  
City-State-Zip: DETROIT MI 48226-2998

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        4800 DEERWOOD CAMPUS PARKWAY  
City-State-Zip: JACKSONVILLE FL 32246

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

Title           CHAIRMAN  
Name           OETTMEIER, BRET WILLIAM  
Address        COBALT VENTURES, LLC  
                  4900 MAIN STREET STE 620  
City-State-Zip: KANSAS CITY MO 64114