

**2020 FOREIGN LIMITED LIABILITY COMPANY 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 PRESIDENT AND CHIEF EXECUTIVE OFFICER

Name TUVESON, LEE W

Address P.O. BOX 6729

City-State-Zip: LEAWOOD KS 66206

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 INFORMATION OFFICER

Name HOFFMAN, TIMOTHY SCOTT

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

**Continues on page 2**

*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 01/16/2020  
CHIEF HR EXEC

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

\_\_\_\_\_  
Date

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

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

Title MANAGER  
Name TUCKER, SONDR  
Address NAVIGY HOLDINGS, INC. D/B/A FLORIDA BLUE,  
INC.  
4800 DEERWOOD CAMPUS PARKWAY  
DEERWOOD CAMPUS - BLDG 900  
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

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

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