

**2022 FOREIGN LIMITED LIABILITY COMPANY ANNUAL REPORT**

DOCUMENT# M11000003966

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

**FILED**  
**Apr 20, 2022**  
**Secretary of State**  
**5589874761CC**

**Current Principal Place of Business:**

6100 SPRINT PARKWAY  
SUITE 200  
OVERLAND PARK, KS 66211

**Current Mailing Address:**

6100 SPRINT PARKWAY  
SUITE 200  
OVERLAND PARK, KS 66211 US

**FEI Number:** 43-1698690

**Certificate of Status Desired:** No

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

CORPORATION SERVICE COMPANY  
1201 HAYS STREET  
TALLAHASSEE, FL 32301 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 MEMBER  
Name DEWAN, NAAKESH  
Address 6100 SPRINT PARKWAY  
SUITE 200  
City-State-Zip: OVERLAND PARK KS 66211

Title MEMBER  
Name JUSTICE, THURMAN  
Address 6100 SPRINT PARKWAY  
SUITE 200  
City-State-Zip: OVERLAND PARK KS 66211

Title MEMBER  
Name SCHRADER, ELANA  
Address 6100 SPRINT PARKWAY  
SUITE 200  
City-State-Zip: OVERLAND PARK KS 66211

Title MEMBER  
Name CAMERLINCK, BRYAN  
Address 6100 SPRINT PARKWAY  
SUITE 200  
City-State-Zip: OVERLAND PARK KS 66211

Title MEMBER  
Name SCHREIBER, ALINA  
Address 6100 SPRINT PARKWAY  
SUITE 200  
City-State-Zip: OVERLAND PARK KS 66211

Title MEMBER  
Name BRIGGS, DOW MD  
Address 6100 SPRINT PARKWAY  
SUITE 200  
City-State-Zip: OVERLAND PARK KS 66211

Title MEMBER  
Name SHELTON, ANN  
Address 6100 SPRINT PARKWAY  
SUITE 200  
City-State-Zip: OVERLAND PARK KS 66211

Title MEMBER  
Name THOMAS, JOANNA DR.  
Address 6100 SPRINT PARKWAY  
SUITE 200  
City-State-Zip: OVERLAND PARK KS 66211

**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:** CARLOS LINDO

**SECRETARY**

**04/20/2022**

Electronic Signature of Signing Authorized Person(s) Detail

Date

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

Title            SECRETARY  
Name            LINDO, CARLOS  
Address        6100 SPRINT PARKWAY  
                 SUITE 200  
City-State-Zip: OVERLAND PARK KS 66211