

6/1/2021

Division of Corporations

Florida Department of State
Division of Corporations
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To: Division of Corporations
Fax Number : (850)617-6383

From: Account Name : LEGALINC CORPORATE SERVICES INC.
Account Number : 120180000011
Phone : (844)386-0178
Fax Number : (214)317-4754

Enter the email address for this business entity to be used for future annual report mailings. Enter only one email address please.

Email Address: _____

FOREIGN PROFIT/NONPROFIT CORPORATION

Regional West Physicians Clinic, Corporation

Certificate of Status	0
Certified Copy	0
Page Count	01
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REGISTRATION DIVISION

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APPLICATION BY FOREIGN NOT FOR PROFIT CORPORATION FOR AUTHORIZATION TO CONDUCT ITS AFFAIRS IN FLORIDA

IN COMPLIANCE WITH SECTION 617.1503, FLORIDA STATUTES, THE FOLLOWING IS SUBMITTED TO REGISTER A FOREIGN NOT FOR PROFIT CORPORATION FOR AUTHORIZATION TO CONDUCT ITS AFFAIRS IN THE STATE OF FLORIDA:

1. Regional West Physicians Clinic, Corporation

(Name of corporation: must include the word "INCORPORATED" or "CORPORATION" or words or abbreviations of like import in language as will clearly indicate that it is a corporation instead of a natural person or partnership if not so contained in the name at present. "Company" or "Co." may not be used as a corporate suffix by a nonprofit corporation.)

(If name unavailable in Florida, enter alternate corporate name adopted for the purpose of transacting business in Florida)

2. NEBRASKA (State or country under the law of which it is incorporated) 3. (FEI number, if applicable)

4. 06/04/1984 (Date of Incorporation) 5. (Date of duration, if other than perpetual)

6. (Date first conducted affairs in Florida if prior to registration. See sections 617.1501 & 617.1502, F.S. to determine penalty liability.)

7. TWO WEST 42ND STREET, SUITE 2600, SCOTTBLUFF, NE. 69361 (Principal office street address)

(Current mailing address, if different)

8. ANCILLARY HEALTH CARE ACTIVITIES (Purpose(s) of corporation authorized in home state or country to be carried out in the state of Florida)

9. Name and street address of Florida registered agent: (P.O. Box NOT acceptable)

Name: LEGALINC CORPORATE SERVICES INC.

Office Address: 5237 SUMMERLIN COMMONS BLVD, SUITE 400

FORT MYERS, Florida 33907 (City) (Zip Code)

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10. Registered agent's acceptance:

Having been named as registered agent and to accept service of process for the above stated corporation at the place designated in this application, 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 relative to the proper and complete performance of my duties, and I am familiar with and accept the obligations of my position as registered agent.

(Registered agent's signature)

11. Attached is a certificate of existence duly authenticated, not more than 90 days prior to delivery of this application to the Department of State, by the Secretary of State or other official having custody of corporate records in the jurisdiction under the law of which it is incorporated.

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12. For initial indexing purposes, list names, titles and addresses of the primary officers and/or directors [up to six (6) total]:

A. DIRECTORS

Chairman Name: Ray Davis

Vice Chairman Address: TWO WEST 42ND STREET

Director SUITE 2600

President SCOTTBLUFF, NE, 69361

Vice President _____

Secretary Treasurer

Other: CEO Other: _____

Chairnan Name: Kayla Barge

Vice Chairman Address: TWO WEST 42ND STREET

Director SUITE 2600

President SCOTTBLUFF, NE, 69361

Vice President _____

Secretary Treasurer

Other: _____ Other: _____

Chairman Name: Michael Ickowski

Vice Chairman Address: TWO WEST 42ND STREET

Director SUITE 2600

President SCOTTBLUFF, NE, 69361

Vice President _____

Secretary Treasurer

Other: CFO Other: _____

Chairman Name: Jeffrey Holloway

Vice Chairman Address: TWO WEST 42ND STREET

Director SUITE 2600

President SCOTTBLUFF, NE, 69361

Vice President _____

Secretary Treasurer

Other: _____ Other: _____

Chairman Name: Mary Adams

Vice Chairman Address: TWO WEST 42ND STREET

Director SUITE 2600

President SCOTTBLUFF, NE, 69361

Vice President _____

Secretary Treasurer

Other: _____ Other: _____

Chairman Name: Serozan Amroliwalla

Vice Chairman Address: TWO WEST 42ND STREET

Director SUITE 2600

President SCOTTBLUFF, NE, 69361

Vice President _____

Secretary Treasurer

Other: _____ Other: _____

NOTE: Important Notice: Use an attachment to report more than six (6). The attachment will be imaged for reporting purposes only. Non-indexed individuals may be added to the index when filing your Florida Department of State Annual Report form.

13. Kayla Barge
(Signature of Chairman, Vice Chairman, or any officer listed in number 12 of the application)

14. Kayla Barge, Secretary
(Typed or printed name and capacity of person signing application)

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ATTACHMENT TO
APPLICATION BY FOREIGN NOT FOR PROFIT CORPORATION
FOR AUTHORIZATION TO CONDUCT ITS AFFAIRS IN FLORIDA
OF
REGIONAL WEST PHYSICIANS CLINIC

Article 12. (Continued) For initial indexing purposes, list names, titles and addresses of the primary officers and/or directors

DIRECTOR
Vincent Bjorling
Two West 42nd Street Suite 2600
Scottbluff, NE, 69361

DIRECTOR
Armando Magana
Two West 42nd Street Suite 2600
Scottbluff, NE, 69361

DIRECTOR
Elizabeth Clemens
Two West 42nd Street Suite 2600
Scottbluff, NE, 69361

DIRECTOR
Joseph Margheim
Two West 42nd Street Suite 2600
Scottbluff, NE, 69361

DIRECTOR
Mark Hartman
Two West 42nd Street Suite 2600
Scottbluff, NE, 69361

DIRECTOR
John Mentgen
Two West 42nd Street Suite 2600
Scottbluff, NE, 69361

DIRECTOR
Kent Lacey
Two West 42nd Street Suite 2600
Scottbluff, NE, 69361

DIRECTOR
Dorisa Polk
Two West 42nd Street Suite 2600
Scottbluff, NE, 69361

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STATE OF NEBRASKA

United States of America, } ss.
State of Nebraska } }

Secretary of State
State Capitol
Lincoln, Nebraska

I, Robert B. Evnen, Secretary of State of the
State of Nebraska, do hereby certify that

REGIONAL WEST PHYSICIANS CLINIC

incorporated on June 4, 1984 and is duly incorporated under the law of
Nebraska;

that all fees, taxes, and penalties owed to Nebraska wherein payment is
reflected in the records of the Secretary of State and to which nonpayment
affects the good standing of the corporation have been paid;

that its most recent biennial report required by section 21-19,172 has been
delivered to the Secretary of State;

that Articles of Dissolution have not been filed.

*This certificate is not to be construed as an endorsement,
recommendation, or notice of approval of the entity's financial
condition or business activities and practices.*

In Testimony Whereof,

I have hereunto set my hand and
affixed the Great Seal of the
State of Nebraska on this date of

May 26, 2021



Secretary of State

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