

2022 FOREIGN NOT FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# F21000002971

Entity Name: REGIONAL WEST PHYSICIANS CLINIC, CORPORATION

Current Principal Place of Business:

TWO WEST 42ND ST., STE. 2600
SCOTTBLUFF, NE 69361

Current Mailing Address:

TWO WEST 42ND ST., STE. 2600
SCOTTBLUFF, NE 69361

FEI Number: 36-3314159

Certificate of Status Desired: No

Name and Address of Current Registered Agent:

LEGALINC CORPORATE SERVICES INC.
5237 SUMMERLIN COMMONS BLVD., STE. 400
FORT MYERS, FL 33907 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

Officer/Director Detail :

Title COO, VP
Name STRICKER, MARTHA
Address TWO WEST 42ND ST., STE. 2600
City-State-Zip: SCOTTBLUFF NE 69361

Title CFOT
Name ICKOWSKI, MICHAEL
Address TWO WEST 42ND ST., STE. 2600
City-State-Zip: SCOTTBLUFF NE 69361

Title D
Name ADAMS, MARY
Address TWO WEST 42ND ST., STE. 2600
City-State-Zip: SCOTTBLUFF NE 69361

Title S
Name BARGE, KAYLA
Address TWO WEST 42ND ST., STE. 2600
City-State-Zip: SCOTTBLUFF NE 69361

Title P
Name HOLLOWAY, JEFFREY
Address TWO WEST 42ND ST., STE. 2600
City-State-Zip: SCOTTBLUFF NE 69361

Title D
Name AMROLIWALLA, SEROZAN
Address TWO WEST 42ND ST., STE. 2600
City-State-Zip: SCOTTBLUFF NE 69361

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 an officer or director of the corporation or the receiver or trustee empowered to execute this report as required by Chapter 617, Florida Statutes; and that my name appears above, or on an attachment with all other like empowered.

SIGNATURE: MICHAEL ICKOWSKI

CFO

04/22/2022

Electronic Signature of Signing Officer/Director Detail

Date