

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

4. 06/04/1984 5. \_\_\_\_\_  
(Date of Incorporation) (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)

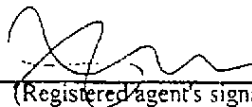
Name: LEGALINC CORPORATE SERVICES INC.

Office Address: 5237 SUMMERLIN COMMONS BLVD, SUITE 400

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

**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: \_\_\_\_\_

☐ Chairman 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  
**Elizabeth Clemens**  
Two West 42nd Street Suite 2600  
Scottbluff, NE, 69361

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

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

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

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

DIRECTOR  
**John Mentgen**  
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



*Robert B. Evnen*

Secretary of State

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