

**2020 FLORIDA LIMITED LIABILITY COMPANY ANNUAL REPORT**

DOCUMENT# L19000295296

**Entity Name:** VIPER SURGERY CENTER JTBK, LLC

**Current Principal Place of Business:**

10475 CENTURION PKWY N STE 201  
JACKSONVILLE, FL 32256

**Current Mailing Address:**

10475 CENTURION PKWY N STE 201  
JACKSONVILLE, FL 32256 US

**FEI Number:** 84-3958857

**Certificate of Status Desired:** No

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

PATRICK, MARK R  
4029 ATLANTIC BLVD  
JACKSONVILLE, FL 32207 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 MGR  
Name ROBERTS, CHRISTOPHER MD  
Address 10475 CENTURION PKWY N STE 201  
City-State-Zip: JACKSONVILLE FL 32256

*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:** CHRISTOPHER ROBERTS

MGR

06/29/2020

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

\_\_\_\_\_ Date