

**2022 FLORIDA LIMITED LIABILITY COMPANY ANNUAL REPORT**

DOCUMENT# L99000001293

**Entity Name:** CENTRAL FLORIDA EYE SPECIALISTS, P.L.

**Current Principal Place of Business:**

1592 S. STATE ROAD 15A  
DELAND, FL 32720

**Current Mailing Address:**

1592 S. STATE ROAD 15A  
DELAND, FL 32720 US

**FEI Number:** 59-2841109

**Certificate of Status Desired:** No

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

BARBER, KEVIN M MD  
1592 S. STATE ROAD 15A  
DELAND, FL 32720 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:** KEVIN M BARBER MD

02/27/2022

Electronic Signature of Registered Agent

Date

**Authorized Person(s) Detail :**

|                 |                        |                 |                        |
|-----------------|------------------------|-----------------|------------------------|
| Title           | MANAGER MEMBER         | Title           | MANAGER MEMBER         |
| Name            | BARBER, KEVIN M M.D.   | Name            | SCRUGGS, RYAN T M.D.   |
| Address         | 1592 S. STATE ROAD 15A | Address         | 1592 S. STATE ROAD 15A |
| City-State-Zip: | DELAND FL 32720        | City-State-Zip: | DELAND FL 32720        |

*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:** KEVIN BARBER

MANAGER

02/27/2022

Electronic Signature of Signing Authorized Person(s) Detail

Date