

**2023 FLORIDA LIMITED LIABILITY COMPANY ANNUAL REPORT**

DOCUMENT# L12000064780

**Entity Name:** DELAND EYE, LLC

**Current Principal Place of Business:**

1592 S. STATE ROAD 15A  
DELAND, FL 32720

**Current Mailing Address:**

16 BROADRIVER RD  
ORMOND BEACH, FL 32174 US

**FEI Number:** 37-1695927

**Certificate of Status Desired:** No

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

BARBER, KEVIN M MD  
6410 S. SYLVAN LAKE DR  
SANFORD, FL 32771 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

03/17/2023

Electronic Signature of Registered Agent

Date

**Authorized Person(s) Detail :**

Title	MGRM	Title	MGRM
Name	BARBER, KEVIN M MD	Name	SCRUGGS, RYAN T. MD
Address	6410 S. SYLVAN LAKE DR	Address	16 BROADRIVER RD
City-State-Zip:	SANFORD FL 32771	City-State-Zip:	ORMOND BEACH FL 32174

*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 M BARBER

MGR

03/17/2023

Electronic Signature of Signing Authorized Person(s) Detail

Date