

**2024 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  
130 N SPRING LAKE DR  
ALTAMONTE SPRINGS, FL 32714 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

03/08/2024

Electronic Signature of Registered Agent

Date

**Authorized Person(s) Detail :**

Title MGRM  
Name BARBER, KEVIN M MD  
Address 130 N SPRING LAKE DR  
City-State-Zip: ALTAMONTE SPRINGS FL 32714

Title MGRM  
Name SCRUGGS, RYAN T. MD  
Address 16 BROADRIVER RD  
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

MANAGING MEMBER

03/08/2024

Electronic Signature of Signing Authorized Person(s) Detail

Date