

**Company Name**

Logan Eye Care

**City**

Lake Mary

**State**

FL

**Contact Name (First and Last)**

Carol Logan

**Email**

[loganeyecare040@gmail.com](mailto:loganeyecare040@gmail.com)

**Phone**

(407) 333-7333

**Website**

<https://www.loganeyecare.com/>

**Do you have a UF Supplier ID?**

Unknown

**Is the owner a UF alum?**

Unknown

**General Description of Services**

- Healthcare or Medical Research Experimentation Services