



**Company Name**

DeLand Treatment Solutions

**City**

Deland

**State**

FL

**Contact Name (First and Last)**

Felicia Parris

**Email**

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

**Phone**

(386) 866-8689

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

No

**Is the owner a UF alum?**

No