

**2023 FLORIDA PROFIT CORPORATION ANNUAL REPORT**

DOCUMENT# P22000069318

**Entity Name:** DENTAL PRISM INC

**Current Principal Place of Business:**

6537 W FLAGLER ST  
5  
MIAMI, FL 33144

**Current Mailing Address:**

6537 W FLAGLER ST  
5  
MIAMI, FL 33144 US

**FEI Number:** 92-0237466

**Certificate of Status Desired:** No

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

BERRIO REY, YUDIT  
6537 W FLAGLER ST  
5  
MIAMI, FL 33144 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:**

\_\_\_\_\_  
Electronic Signature of Registered Agent

\_\_\_\_\_  
Date

**Officer/Director Detail :**

Title P  
Name BERRIO REY, YUDIT  
Address 6537 W FLAGLER ST APT 5  
City-State-Zip: MIAMI FL 33144

*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 an officer or director of the corporation or the receiver or trustee empowered to execute this report as required by Chapter 607, Florida Statutes; and that my name appears above, or on an attachment with all other like empowered.*

**SIGNATURE:** BERRIO REY , YUDIT

P

02/18/2023

\_\_\_\_\_  
Electronic Signature of Signing Officer/Director Detail

\_\_\_\_\_  
Date