FOR PROFIT CORPORATION
2012 ANNUAL REPORT

For Office Use Only

DO NOT WRITE IN THIS SPACE

FILED
12 MAY 24 PM 1:19
SECRETARY OF STATE
TALLAHASSEE FLORIDA

DOCUMENT # P10000002730

1. Entity Name

Dental Assisting Educational And Training Centers INC.

DO NOT WRITE IN THIS SPACE

CR2E034B (11/08)

2. Principal Place of Business - No P.O. Box #	3. Mailing Address
15127 - 500 Rd	Same
Suite, Apt. #, etc. 100	Suite, Apt. #, etc.
City & State Delray Bch FL	City & State
Zip 33446 County PB	Zip / Country

4. FEI Number 27-1657886 — Applied For / Not Applicable

5. Certificate of Status Desired ☐ $8.75 Additional Fee Required

DO NOT WRITE IN THIS SPACE

7. Name and Address of Current Registered Agent

Name: American Safety Council, Inc.

Street Address (P.O. Box Number is Not Acceptable): 5125 Adanson St. Ste 500

City: Orlando FL Zip Code: 32804

8. 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. I am familiar with, and accept the obligations of registered agent.

SIGNATURE _____ DATE

Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when changing)

January 1 - May 1, Fee Is $150.00
After May 1, Fee Is $550.00
Amended AR Is $61.25
Make Check Payable to Florida Department of State

9. Election Campaign Financing Trust Fund Contribution. ☐ $5.00 May Be Added to Fees

10. OFFICERS AND DIRECTORS

TITLE	President
NAME	Barbara Blumstein
STREET ADDRESS	3604 S. Ocean Blvd #102
CITY-ST-ZIP	Highland Bch FL 33487
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

000234655510
05/24/12--01020--010 **150.00

DO NOT WRITE IN THIS SPACE

12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Chapter 119, Florida Statutes. I further certify that the information indicated on this report or supplemental reports is true and accurate and that my 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 in Block 10 or on an attachment with an address, with all other like empowered.

SIGNATURE: Barbara Blumstein 3/22/2012

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #