

2009 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# F08000000688

FILED
Jan 15, 2009
Secretary of State

Entity Name: NETSMART PUBLIC HEALTH, INC.

Current Principal Place of Business:

PIEDMONT CENTER EAST
37 VILLA ROAD, SUITE 508
GREENVILLE, SC 29615

New Principal Place of Business:

Current Mailing Address:

PIEDMONT CENTER EAST
37 VILLA ROAD, SUITE 508
GREENVILLE, SC 29615

New Mailing Address:

FEI Number: 20-5289534

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

C T CORPORATION SYSTEM
1200 SOUTH PINE ISLAND ROAD
PLANTATION, FL 33324 US

Name and Address of New Registered Agent:

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

Election Campaign Financing Trust Fund Contribution ().

OFFICERS AND DIRECTORS:

Title: D () Delete
Name: CONWAY, JAMES L CEO
Address: 3500 SUNRISE HIGHWAY
City-St-Zip: GREAT RIVER, NY 11739

Title: D () Delete
Name: GOODMAN, ROBERT
Address: 1865 PALMER AVENUE, SUITE 104
City-St-Zip: LARCHMONT, NY 10538

Title: D () Delete
Name: SOBILOFF, PETER
Address: 680 FIFTH AVENUE, 8TH FLOOR
City-St-Zip: NEW YORK, NY 10019

Title: VPTS () Delete
Name: GRISANTI, ANTHONY F CFO
Address: 3500 SUNRISE HIGHWAY
City-St-Zip: GREAT RIVER, NY 11739

Title: D () Delete
Name: HANDEN, LAWRENCE
Address: 680 FIFTH AVEUE, 8TH FLOOR
City-St-Zip: NEW YORK, NY 10019

Title: D () Delete
Name: WELLS, RICHARD
Address: 680 FIFTH AVENUE, 8TH FLOOR
City-St-Zip: NEW YORK, NY 10019

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Chapter 119, Florida Statutes. I further 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 an address, with all other like empowered.

SIGNATURE: ANTHONY F. GRISANTI

CFO

01/15/2009

Electronic Signature of Signing Officer or Director

Date