

2009 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# F08000000690

Entity Name: NETSMART NEW YORK, INC.

FILED
Jan 21, 2009
Secretary of State

Current Principal Place of Business:

3500 SUNRISE HIGHWAY
SUITE D-122
GREAT RIVER, NY 11739

New Principal Place of Business:

Current Mailing Address:

3500 SUNRISE HIGHWAY
SUITE D-122
GREAT RIVER, NY 11739

New Mailing Address:

FEI Number: 11-3215536

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

CT 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: VPTS () Delete
Name: GRISANTI, ANTHONY F CFO
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: D () Delete
Name: HANDEN, LAWRENCE
Address: 680 FIFTH AVENUE, 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

01/21/2009

Electronic Signature of Signing Officer or Director

Date