2006 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# F97000002498

Entity Name: NETSMART OHIO, INC.

FILED Apr 27, 2006 Secretary of State

Current Principal Place of Business: New Principal Place of Business: 570 METRO PLACE NORTH **DUBLIN, OH 43017 Current Mailing Address: New Mailing Address:** 570 METRO PLACE NORTH DUBLIN, OH 43017 FEI Number: 31-0941756 FEI Number Applied For () FEI Number Not Applicable () Certificate of Status Desired () Name and Address of Current Registered Agent: Name and Address of New Registered Agent: C T CORPORATION SYSTEM 1200 SOUTH PINE ISLAND ROAD PLANTATION, FL 33324 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:** ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS: Title: () Delete Title: (X) Change () Addition DEAKIN, ALISAIR CONWAY, JAMES Name: Name: 570 METRO PLACE NORTH 3500 SUNRISE HIGHWAY Address: Address: **DUBLIN, OH 43017** City-St-Zip: City-St-Zip: GREAT RIVER, NY 11739 Title: V/TS Title: () Delete (X) Change () Addition Name: PATON, JOHN Name: GRISANTI, ANTHONY 570 METRO PLACE NORTH 3500 SUNRISE HIGHWAY Address: Address: **DUBLIN, OH 43017** GREAT RIVER, NY 11739 City-St-Zip: City-St-Zip: Title: Title: () Delete D (X) Change () Addition TREWHITT, JOHN KOOP, GERALD Name: Name: 14 SMITHS YARD SUMMER STREET 3500 SUNRISE HIGHWAY Address: Address: City-St-Zip: LONDON, SW 18 AHR City-St-Zip: GREAT RIVER, NY 11739 Title: () Delete Title: (X) Change () Addition YORK, JONATHAN PHILLIPS, JOHN F Name: Name: Address: 7607 S. GOODRICH SQUARE Address: 5 NEUSTADT LANE City-St-Zip: NEW ALBANY, OH 43054 City-St-Zip: CHAPPAQUA, NY 10514 Title: Title: (X) Change () Addition () Delete PATON, DOUGLAS R CALCAGNO, FRANCIS J Name: Name: 1062 PALISADES RD. Address: 150 E. 52ND STREET Address: City-St-Zip: BRANT LAKE, NY 12815 City-St-Zip: NEW YORK, NY 10022 Title: () Delete Title: (X) Change () Addition ALEXDER, TREVEOR Name: Name: GALLAGHER, JOHN STONY BROOK UNIVERSITY HOSPITAL Address: 910 CLAYTON DR. Address: City-St-Zip: WORTHINGTON, OH 43085 City-St-Zip: STONY BROOK, NY 11794

I hereby certify that the information supplied with this filing does not qualify for the 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: JOSEPH ROSENTHAL T 04/27/2006