



2007 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Apr 16, 2007 08:00 A
Secretary of State

DOCUMENT # F97000002498	
1. Entity Name NETSMART OHIO, INC.	

Principal Place of Business 570 METRO PLACE NORTH DUBLIN, OH 43017	Mailing Address 570 METRO PLACE NORTH DUBLIN, OH 43017
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DO NOT WRITE IN THIS SPACE



04052007 No Chg-P CR2E034 (11/05)

4. FEI Number 31-0941756	Applied For <input type="checkbox"/> Not Applicable
5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required	

6. Name and Address of Current Registered Agent

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

**DO NOT WRITE
IN THIS SPACE**

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 _____ (NOTE: Registered Agent signature required when reinstating) DATE _____

FILE NOW!!! FEE IS \$150.00 After May 1, 2007 Fee will be \$550.00	9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> \$5.00 May Be Added to Fees
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10. OFFICERS AND DIRECTORS

TITLE P	CONWAY, JAMES
NAME	3500 SUNRISE HIGHWAY
STREET ADDRESS	GREAT RIVER, NY 11739
CITY - ST - ZIP	
TITLE V/TS	GRISANTI, ANTHONY
NAME	3500 SUNRISE HIGHWAY
STREET ADDRESS	GREAT RIVER, NY 11739
CITY - ST - ZIP	
TITLE D	KOOP, GERALD
NAME	3500 SUNRISE HIGHWAY
STREET ADDRESS	GREAT RIVER, NY 11739
CITY - ST - ZIP	
TITLE D	PHILLIPS, JOHN F
NAME	5 NEUSTADT LANE
STREET ADDRESS	CHAPPAQUA, NY 10514
CITY - ST - ZIP	
TITLE D	CALCAGNO, FRANCIS J
NAME	150 E. 52ND STREET
STREET ADDRESS	NEW YORK, NY 10022
CITY - ST - ZIP	
TITLE D	GALLAGHER, JOHN
NAME	STONY BROOK UNIVERSITY HOSPITAL
STREET ADDRESS	STONY BROOK, NY 11794
CITY - ST - ZIP	

**DO NOT WRITE
IN THIS SPACE**

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04/24/07-80100-011 150.00

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 report 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 Block 11 if changed, or on an attachment with an address with all other like empowered.

SIGNATURE:  **CFO** **4/10/07** **(U31) 968-2006**

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