

2008 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# F97000002498

Entity Name: NETSMART OHIO, INC.

FILED
Aug 13, 2008
Secretary of State

Current Principal Place of Business:

570 METRO PLACE NORTH
DUBLIN, OH 43017

New Principal Place of Business:

Current Mailing Address:

570 METRO PLACE NORTH
DUBLIN, OH 43017

New Mailing Address:

FEI Number: 31-0941756

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

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

Title: D () Delete
Name: KOOP, GERALD
Address: 3500 SUNRISE HIGHWAY
City-St-Zip: GREAT RIVER, NY 11739

Title: D () Delete
Name: PHILLIPS, JOHN F
Address: 5 NEUSTADT LANE
City-St-Zip: CHAPPAQUA, NY 10514

Title: D () Delete
Name: CALCAGNO, FRANCIS J
Address: 150 E. 52ND STREET
City-St-Zip: NEW YORK, NY 10022

Title: D () Delete
Name: GALLAGHER, JOHN
Address: STONY BROOK UNIVERSITY HOSPITAL
City-St-Zip: STONY BROOK, NY 11794

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

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

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

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

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

Title: D (X) Change () Addition
Name: HANDEN, LAWRENCE
Address: 680 FIFTH AVENUE, 8TH FLOOR
City-St-Zip: NEW YORK, NY 10019

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

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: ALICE CRAWFORD MASTERS

CONT

08/13/2008

Electronic Signature of Signing Officer or Director

_____ Date