

# 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: V/TS ( ) 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