RUN DATE 03/14/12 - SUP SUNNYSIDE CITYWIDE PAGE 1 - 1 SALES JRNL # 0272 LOC 001 SUNNYSIDE CITYWIDE REG NY NY SHP SENIOR HEALTH PARTNERS SALES REGISTER BILL WEEK ENDING 3/16/12 CUST NO CUSTOMER NAME REFERENCE HOURS TAX AMT INVOICE# DATE SENIOR HEALTH PARTNERS
HARIDIN, KHAMAT
4.00
SENIOR HEALTH PARTNERS
HARIDIN, KHAMAT
4.00
SENIOR HEALTH PARTNERS
HARIDIN, KHAMAT
33.00
SENIOR HEALTH PARTNERS
HARIDIN, RAMDIA
134.75
SENIOR HEALTH PARTNERS
HARIDIN, RAMDIA
134.75
SENIOR HEALTH PARTNERS
HERNANDEZ, FRAN
29.00
SENIOR HEALTH PARTNERS
HERNANDEZ, FRAN
29.00
SENIOR HEALTH PARTNERS
SENIOR HEALTH PARTNERS
SENIOR HEALTH PARTNERS
SIMON, LUDE
SENIOR HEALTH PARTNERS
SIERRA, MIRIAM
25.00
SENIOR HEALTH PARTNERS
VASQUEZ, CORNEL
8.00
SENIOR HEALTH PARTNERS
VASQUEZ, AMOUNT TYP SURPLUS 187229 2/24/12 000082 52.40 I 187230 3/09/12 000082 57.00 I 52.40 I 187231 2/24/12 000082 57.00 I 187232 3/09/12 000082 187233 3/09/12 000082 252.94 187234 491.63 3/09/12 000082 187235 3/09/12 000082 570.00 187236 3/09/12 000082 228.00 187237 3/09/12 000082 57.00 187238 3/09/12 000082 110.44 187239 3/09/12 000082 57.00 456.00 187240 3/09/12 000082 1,400.00 187241 3/09/12 000082 187242 3/09/12 000082 356.25 187243 2/24/12 000082 4.00 52.40 33.00 134.75 187244 3/09/12 470.25 000082 1,920.19 187245 3/09/12 000082 187246 3/09/12 000082 413.25 187247 3/09/12 000082 71.26 1,083.00 187248 3/09/12 000082

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_____ _____ 642.75 0.00 10,445.66 CUSTOMER CATEGORY 642.75 0.00 10,445.66

285.00

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114.00

570.00

114.00

570.00

171.00

57.00 I

| | | | YSIDE CITYWIDE SUNNYSIDE CITYWIDE | REG NY NY | | | PAGE 1 - ADU ADULT | 2 |
|-----------|------------|---------|-----------------------------------|----------------|-------|---------|-----------------------|------------|
| SALLS UKN | 111 # 02/2 | LOC 001 | | SALES REGISTER | | | BILL WEEK ENDI | NG 3/16/12 |
| INVOICE# | DATE | CUST NO | CUSTOMER NAME | REFERENCE | HOURS | TAX AMT | TY TOUNDA | YP SURPLUS |
| 187257 | 3/09/12 | 800000 | VISITING NURSE SERVICE | ABBOTT, FAY | 9.00 | | 131.22 | I |
| | | | | CATEGORY | 9.00 | 0.00 | 131.22 | |

| | | | YSIDE CITYWIDE | | | | PAGE 1 | . – | 3 |
|-----------|----------|---------|------------------------|-----------------|-------|---------|--------------|-------|---------|
| SALES JRN | L # 0272 | LOC 001 | SUNNYSIDE CITYWIDE | REG NY NY | | | VCP CHOICE L | | |
| | | | i | SALES REGISTER | | | BILL WEEK EN | IDING | 3/16/12 |
| INVOICE# | DATE | CUST NO | CUSTOMER NAME | REFERENCE | HOURS | TAX AMT | AMOUNT | TYP | SURPLUS |
| 187258 | 3/09/12 | 000008 | VISITING NURSE SERVICE | ABINANTI, IRENE | 56.00 | | 816.48 | I | |
| 187259 | 2/24/12 | 800000 | VISITING NURSE SERVICE | ABREU, ANA | 12.00 | | 174.96 | I | |
| 187260 | 3/09/12 | 800000 | VISITING NURSE SERVICE | ABREU, ANA | 12.00 | | 174.96 | I | |
| | | | | | | | | | |
| | | | | CUSTOMER | 80.00 | 0.00 | 1,166.40 | | |
| | | | | | | | | | |
| | | | | CATEGORY | 80.00 | 0.00 | 1,166.40 | | |

| RUN DATE SALES JRN | | | | REG NY NY ALES REGISTER | | | PAGE 1 - LTC NURSING HOM BILL WEEK ENDIN | |
|-----------------------|---------|---------|------------------------|----------------------------|-------|---------|--|-----------|
| INVOICE# | DATE | CUST NO | CUSTOMER NAME | REFERENCE | HOURS | TAX AMT | AMOUNT TY | P SURPLUS |
| 187261 | 3/09/12 | 800000 | VISITING NURSE SERVICE | ACUNA, JOSE | 34.50 | | 503.01 I | |
| | | | | CATEGORY | 34.50 | 0.00 | 503.01 | |

| RUN DATE SALES JRN | | - SUP SUNN | YSIDE CITYWIDE SUNNYSIDE CITYWIDE | REG NY NY | | | PAGE 1 VCP CHOICE L | - HCG7 | 5 |
|-----------------------|--------------------|------------------|-----------------------------------|----------------|----------------|---------|------------------------|-----------|---------|
| SALES ON | 11 # 0272 | 100 001 | SOUNTSIDE CITIWIDE | SALES REGISTI | E R | | BILL WEEK EN | | 3/16/12 |
| INVOICE# | DATE | CUST NO | CUSTOMER NAME | REFERENCE | HOURS | TAX AMT | AMOUNT | TYP | SURPLUS |
| 187262 | 3/09/12 | 000008 | VISITING NURSE SERVIC | E ADAMES, OLGA | 25.00 | | 364.50 | I | |
| 187263 187264 | 3/09/12 3/09/12 | 000008 000008 | VISITING NURSE SERVIC | , | 35.00 70.00 | | 510.30 1,020.60 | I | |
| 187265 | 3/09/12 | 000008 | VISITING NURSE SERVICE | • | 20.00 | | 291.60 | I | |
| 187266 | 3/09/12 | 800000 | VISITING NURSE SERVIC | E AFZAL, AMIR | 4.00 | | 58.32 | I | |
| | | | | CUSTOMER | 154.00 | 0.00 | 2,245.32 | | |
| | | | | CATEGORY | 154.00 | 0.00 | 2,245.32 | | |

| | | | JYSIDE CITYWIDE SUNNYSIDE CITYWIDE S A | REGNY NY ALES REGISTER | | | PAGE 1 - LTC NURSING HOME BILL WEEK ENDING | • |
|----------|---------|---------|--|---------------------------|-------|---------|--|---------|
| INVOICE# | DATE | CUST NO | CUSTOMER NAME | REFERENCE | HOURS | TAX AMT | AMOUNT TYP | SURPLUS |
| 187267 | 3/09/12 | 800000 | VISITING NURSE SERVICE | AGUILAR, ZORAID | 45.25 | | 659.75 I | |
| | | | | CATEGORY | 45.25 | 0.00 | 659.75 | |

| RUN DATE | 03/14/12 - | - SUP SUNN | YSIDE CITYWIDE | | | | PAGE | L – | 7 |
|-----------|------------|------------|------------------------|----------------|-------|---------|--------------|-------|---------|
| SALES JRN | ь # 0272 | LOC 001 | SUNNYSIDE CITYWIDE | REG NY NY | | | VCP CHOICE 1 | | |
| | | | \$ | SALES REGISTER | | | BILL WEEK E | 1DING | 3/16/12 |
| INVOICE# | DATE | CUST NO | CUSTOMER NAME | REFERENCE | HOURS | TAX AMT | AMOUNT | TYP | SURPLUS |
| 187268 | 3/09/12 | 800000 | VISITING NURSE SERVICE | AKBAR, NASEEM | 19.75 | | 287.96 | I | |
| | | | | CATEGORY | 19.75 | 0.00 | 287.96 | | |

| RUN DATE | 03/14/12 - | SUP SUNN | YSIDE CITYWIDE | | | | PAGE 1 - | 8 |
|-----------|------------|----------|------------------------|---------------|-------|---------|------------------|---------|
| SALES JRN | IL # 0272 | LOC 001 | | REG NY NY | | | ADU ADULT | |
| | | | S | ALES REGISTER | | | BILL WEEK ENDING | 3/16/12 |
| INVOICE# | DATE | CUST NO | CUSTOMER NAME | REFERENCE | HOURS | TAX AMT | AMOUNT TYP | SURPLUS |
| 187269 | 3/09/12 | 800000 | VISITING NURSE SERVICE | ALBANESE, IDA | 15.00 | | 218.70 I | |
| | | | | CATEGORY | 15.00 | 0.00 | 218.70 | |

| RUN DATE | 03/14/12 - | - SUP SUNN | YSIDE CITYWIDE | | | | PAGE 1 | - | 9 |
|-----------|------------|------------|------------------------|---|-------|---------|---------------|--------|-------------|
| SALES JRN | L # 0272 | LOC 001 | SUNNYSIDE CITYWIDE | REG NY NY | | | LTC NURSING H | HOMEW/ | O WALLS (LT |
| | | | | SALES REGISTER | | | BILL WEEK ENI | DING | 3/16/12 |
| | | | | | | | | | |
| INVOICE# | DATE | CUST NO | CUSTOMER NAME | REFERENCE | HOURS | TAX AMT | AMOUNT | TYP | SURPLUS |
| 187270 | 3/09/12 | 000008 | VISITING NURSE SERVICE | ALEKSANDORVA, S | 25.00 | | 364.50 | т | |
| 10/2/0 | 3/09/12 | 000006 | VISITING NURSE SERVICE | ALEKSANDORVA, S | 25.00 | | 304.30 | 1 | |
| | | | | | | | | | |
| | | | | CATEGORY | 25.00 | 0.00 | 364.50 | | |
| i | | | | *************************************** | | | | | |

| RUN DATE | 03/14/12 - | | YSIDE CITYWIDE | | | | PAGE 1 | - 1 | LO |
|-----------|------------|---------|------------------------|-----------------|-------|---------|--------------|------|---------|
| SALES JRN | L # 0272 | LOC 001 | SUNNYSIDE CITYWIDE | REG NY NY | | | VCP CHOICE L | | |
| | | | | SALES REGISTER | | | BILL WEEK EN | DING | 3/16/12 |
| INVOICE# | DATE | CUST NO | CUSTOMER NAME | REFERENCE | HOURS | TAX AMT | AMOUNT | TYP | SURPLUS |
| 187271 | 3/09/12 | 000008 | VISITING NURSE SERVICE | ALESSIU, AGRIPI | 3.00 | | 43.74 | I | |
| 187272 | 3/09/12 | 800000 | VISITING NURSE SERVICE | ALFEREZ, GLORIA | 25.50 | | 371.79 | I | |
| | | | | CUSTOMER | 28.50 | 0.00 | 415.53 | | |
| | | | | CATEGORY | 28.50 | 0.00 | 415.53 | | |

| | | | YSIDE CITYWIDE | | | | PAGE 1 - | 11 |
|------------|----------|---------|------------------------|-----------------|-------|---------|------------------|---------|
| SALES JRNI | L # 0272 | LOC 001 | SUNNYSIDE CITYWIDE | REG NY NY | | | HOA HOSPICE ADUL | |
| | | | S | SALES REGISTER | | | BILL WEEK ENDING | 3/16/12 |
| INVOICE# | DATE | CUST NO | CUSTOMER NAME | REFERENCE | HOURS | TAX AMT | AMOUNT TYP | SURPLUS |
| 187273 | 3/09/12 | 800000 | VISITING NURSE SERVICE | ALVAREZ, NAZARE | 56.00 | | 816.48 I | |
| | | | | CATEGORY | 56.00 | 0.00 | | |

| | | | YSIDE CITYWIDE | | | | PAGE 1 - | 12 |
|-----------|----------|---------|------------------------|-----------------|--------|---------|-----------------|-----------|
| SALES JRN | L # 0272 | LOC 001 | SUNNYSIDE CITYWIDE | REG NY NY | | | VCP CHOICE LHCS | |
| | | | | SALES REGISTER | | | BILL WEEK ENDIN | G 3/16/12 |
| INVOICE# | DATE | CUST NO | CUSTOMER NAME | REFERENCE | HOURS | TAX AMT | AMOUNT TY | P SURPLUS |
| 187274 | 3/09/12 | 000008 | VISITING NURSE SERVICE | ANDRADE, LOLA | 56.00 | | 816.48 I | |
| 187275 | 3/09/12 | 800000 | VISITING NURSE SERVICE | ANDREWS, JOHNNI | 55.00 | | 801.90 I | |
| | | | | CUSTOMER | 111.00 | 0.00 | 1,618.38 | |
| | | | | | | | | |
| | | | | CATEGORY | 111.00 | 0.00 | 1,618.38 | |

| RUN DATE SALES JRN | | | | REGNY NY SALES REGISTER | | | PAGE 1 - ADU ADULT BILL WEEK ENDING | 3/16/12 |
|-----------------------|---------|---------|------------------------|----------------------------|-------|---------|---|---------|
| INVOICE# | DATE | CUST NO | CUSTOMER NAME | REFERENCE | HOURS | TAX AMT | AMOUNT TYP | SURPLUS |
| 187276 | 3/09/12 | 800000 | VISITING NURSE SERVICE | ANGRISANO, RUTH | 15.00 | | 218.70 I | |
| | | | | CATEGORY | 15.00 | 0.00 | 218.70 | |

| RUN DATE | 03/14/12 - | - SUP SUNN | YSIDE CITYWIDE | | | | PAGE 1 | - 14 | |
|-----------|------------|------------|------------------------|----------------|-------|---------|---------------|-------------------|---|
| SALES JRN | L # 0272 | LOC 001 | SUNNYSIDE CITYWIDE | REG NY NY | | | LTC NURSING F | HOMEW/O WALLS (LT | 2 |
| | | | S | SALES REGISTER | | | BILL WEEK ENI | OING 3/16/12 | |
| INVOICE# | DATE | CUST NO | CUSTOMER NAME | REFERENCE | HOURS | TAX AMT | AMOUNT | TYP SURPLUS | |
| 187277 | 3/09/12 | 000008 | VISITING NURSE SERVICE | ANGULO, ELCY | 20.00 | | 291.60 | I | |
| 187278 | 3/09/12 | 800000 | VISITING NURSE SERVICE | ANUT, ALICE | 61.00 | | 889.38 | I | |
| | | | | CUSTOMER | 81.00 | 0.00 | 1,180.98 | | |
| | | | | GA EELGODY. | 01 00 | | 1 100 00 | | |
| | | | | CATEGORY | 81.00 | 0.00 | 1,180.98 | | |

| RUN DATE | 03/14/12 - | SUP SUNN | YSIDE CITYWIDE | | | | PAGE 1 | - 1 | L5 |
|-----------|------------|----------|------------------------|-----------------|-----------|---------|--------------|------|---------|
| SALES JRN | IL # 0272 | LOC 001 | SUNNYSIDE CITYWIDE | REG NY NY | | | VCP CHOICE L | HCSA | |
| | | | i | SALES REGISTER | | | BILL WEEK EN | DING | 3/16/12 |
| INVOICE# | DATE | CUST NO | CUSTOMER NAME | REFERENCE | HOURS | TAX AMT | AMOUNT | TYP | SURPLUS |
| 187279 | 3/09/12 | 000008 | VISITING NURSE SERVICE | AOUN, ODETTE | 8.00 | | 116.64 | I | |
| 187280 | 3/09/12 | 800000 | VISITING NURSE SERVICE | ARIAS, MAGDALEN | 46.00 | | 670.68 | I | |
| | | | | CUSTOMER | 54.00 | 0.00 | 787.32 | | |
| | | | | CATEGORY | 54.00 | 0.00 | 787.32 | | |

| RUN DATE 0 | | SUP SUNN | YSIDE CITYWIDE SUNNYSIDE CITYWIDE | REG NY NY | | | PAGE 1 ADU ADULT | - 16 |
|------------|--------------------|------------------|---|----------------|----------------|---------|---------------------|--------------|
| SALES ORNE | 1 # 02/2 | 100 001 | | SALES REGISTER | | | BILL WEEK ENI | OING 3/16/12 |
| INVOICE# | DATE | CUST NO | CUSTOMER NAME | REFERENCE | HOURS | TAX AMT | AMOUNT | TYP SURPLUS |
| | 3/09/12 3/09/12 | 000008 000008 | VISITING NURSE SERVICE VISITING NURSE SERVICE | | 23.00 12.00 | | 335.34 174.96 | I I |
| | | | | CUSTOMER | 35.00 | 0.00 | 510.30 | |
| | | | | CATEGORY | 35.00 | 0.00 | 510.30 | |

| RUN DATE (| 03/14/12 - | SUP SUNN | YSIDE CITYWIDE | | | | PAGE 1 - | 17 |
|------------|------------|----------|------------------------|---------------|-------|---------|----------------|-----------------|
| SALES JRNI | և # 0272 | LOC 001 | SUNNYSIDE CITYWIDE | REG NY NY | | | | MEW/O WALLS (LT |
| | | | S A | LES REGISTER | | | BILL WEEK ENDI | NG 3/16/12 |
| INVOICE# | DATE | CUST NO | CUSTOMER NAME | REFERENCE | HOURS | TAX AMT | AMOUNT T | YP SURPLUS |
| 187283 | 3/09/12 | 800000 | VISITING NURSE SERVICE | ASHLEY, CLYDE | 49.00 | | 714.42 | I |
| | | | | CATEGORY | 49.00 | 0.00 | 714.42 | |

| | | | YSIDE CITYWIDE | | | | PAGE 1 - | 18 |
|-----------|----------|---------|------------------------|---------------|-------|---------|------------------|-----------|
| SALES JRN | L # 0272 | LOC 001 | SUNNYSIDE CITYWIDE | REG NY NY | | | VCP CHOICE LHCS | |
| | | | S A | ALES REGISTER | | | BILL WEEK ENDING | G 3/16/12 |
| INVOICE# | DATE | CUST NO | CUSTOMER NAME | REFERENCE | HOURS | TAX AMT | AMOUNT TYPE | P SURPLUS |
| 187284 | 3/09/12 | 800000 | VISITING NURSE SERVICE | AVILA, ENIDIA | 20.00 | | 291.60 I | |
| | | | | | | | | |
| | | | | CATEGORY | 20.00 | 0.00 | 291.60 | |

| RUN DATE | 03/14/12 - | - SUP SUNN | YSIDE CITYWIDE | | | | | PAGE 1 | - 1 | .9 |
|-----------|------------|------------|------------------------|----------|----------|-------|---------|--------------|--------|-------------|
| SALES JRN | L # 0272 | LOC 001 | SUNNYSIDE CITYWIDE | REG NY | ΝY | | | LTC NURSING | HOMEW/ | O WALLS (LT |
| | | | i | SALES RI | EGISTI | E R | | BILL WEEK EN | DING | 3/16/12 |
| INVOICE# | DATE | CUST NO | CUSTOMER NAME | סקקק | RENCE | HOURS | TAX AMT | AMOUNT | TYP | SURPLUS |
| INVOICE# | DAIE | COSI NO | COSTOMER NAME | KEFEI | KENCE | поока | IAA AMI | AMOUNT | IIP | SURPLUS |
| 187285 | 3/02/12 | 000008 | VISITING NURSE SERVICE | AZAD, | ABUL | 14.00 | | 204.12 | I | |
| 187286 | 3/02/12 | 000008 | VISITING NURSE SERVICE | AZAD, | ABUL | 4.00 | | 58.32 | I | |
| 187287 | 3/09/12 | 800000 | VISITING NURSE SERVICE | AZAD, | ABUL | 23.00 | | 335.34 | I | |
| | | | | | - | | | | | |
| | | | | | CUSTOMER | 41.00 | 0.00 | 597.78 | | |
| | | | | | _ | | | | | |
| | | | | | CATEGORY | 41.00 | 0.00 | 597.78 | | |

| | | | YSIDE CITYWIDE | | | | 11102 | - 20 |
|-----------|----------|---------|------------------------|-----------------|-------|---------|---------------|-------------|
| SALES JRN | L # 0272 | LOC 001 | SUNNYSIDE CITYWIDE | REG NY NY | | | VCP CHOICE LH | |
| | | | i | SALES REGISTER | | | BILL WEEK END | ING 3/16/12 |
| INVOICE# | DATE | CUST NO | CUSTOMER NAME | REFERENCE | HOURS | TAX AMT | AMOUNT ' | TYP SURPLUS |
| 187288 | 3/09/12 | 000008 | VISITING NURSE SERVICE | BADILLO, JOVITA | 8.00 | | 116.64 | I |
| 187289 | 3/09/12 | 800000 | VISITING NURSE SERVICE | BAEZ, JUAN | 35.00 | | 510.30 | I |
| | | | | CUSTOMER | 43.00 | 0.00 | 626.94 | |
| | | | | CATEGORY | 43.00 | 0.00 | 626.94 | |
| | | | | CAILGORI | 43.00 | 0.00 | 020.94 | |

| RUN DATE | 03/14/12 - | - SUP SUNN | YSIDE CITYWIDE | | | | PAGE 1 | - 2 | 21 |
|-----------|------------|------------|------------------------|-----------------|--------|---------|---------------|--------|-------------|
| SALES JRN | L # 0272 | LOC 001 | SUNNYSIDE CITYWIDE | REG NY NY | | | LTC NURSING H | HOMEW/ | O WALLS (LT |
| | | | S | ALES REGISTER | | | BILL WEEK END | DING | 3/16/12 |
| INVOICE# | DATE | CUST NO | CUSTOMER NAME | REFERENCE | HOURS | TAX AMT | AMOUNT | TYP | SURPLUS |
| 187290 | 3/09/12 | 000008 | VISITING NURSE SERVICE | BALLAS, VIOLA | 30.00 | | 437.40 | I | |
| 187291 | 3/09/12 | 800000 | VISITING NURSE SERVICE | BAQUERIZO, ANNA | 48.00 | | 699.85 | I | |
| 187292 | 3/09/12 | 800000 | VISITING NURSE SERVICE | BARDEANU, VICTO | 45.00 | | 656.10 | I | |
| 187293 | 3/09/12 | 800000 | VISITING NURSE SERVICE | BATTLE, JEANETT | 42.00 | | 612.36 | I | |
| | | | | | | | | | |
| | | | | CUSTOMER | 165.00 | 0.00 | 2,405.71 | | |
| | | | | | | | | | |
| | | | | CATEGORY | 165.00 | 0.00 | 2,405.71 | | |

| | | | YSIDE CITYWIDE SUNNYSIDE CITYWIDE | REG NY NY SALES REGISTER | | | PAGE 1 - VCP CHOICE LHC BILL WEEK ENDI | SA |
|----------|---------|---------|-----------------------------------|-----------------------------|--------|---------|--|------------|
| INVOICE# | DATE | CUST NO | CUSTOMER NAME | REFERENCE | HOURS | TAX AMT | AMOUNT T | YP SURPLUS |
| 187294 | 3/09/12 | 800000 | VISITING NURSE SERVICE | BELLOROFONTE, M | 151.00 | | 2,201.58 | I |
| | | | | CATEGORY | 151.00 | 0.00 | 2,201.58 | |

| | ATE 03/14/12 JRNL # 0272 | | YSIDE CITYWIDE SUNNYSIDE CITYWIDE | DEG NY NY | | | PAGE 1 - | 23 | |
|-------|-----------------------------|---------|--------------------------------------|----------------------------|-------|---------|-----------------------------|------------|--|
| SALES | JRNL # 02/2 | LOC UUI | | REGNY NY SALES REGISTER | | | ADU ADULT BILL WEEK ENDI | NG 3/16/12 | |
| INVOI | CE# DATE | CUST NO | CUSTOMER NAME | REFERENCE | HOURS | TAX AMT | AMOUNT T | YP SURPLUS | |
| 18729 | 5 3/09/12 | 800000 | VISITING NURSE SERVICE | BERENBLIT, SARA | 6.00 | | 87.48 | I | |
| | | | | CATEGORY | 6.00 | 0.00 | 87.48 | | |

| | | | YSIDE CITYWIDE | | | | PAGE 1 - | |
|------------|----------|---------|------------------------|-----------------|-------|---------|----------------|-----------------|
| SALES JRNI | և # 0272 | LOC 001 | SUNNYSIDE CITYWIDE | REG NY NY | | | | MEW/O WALLS (LT |
| | | | : | SALES REGISTER | | | BILL WEEK ENDI | NG 3/16/12 |
| INVOICE# | DATE | CUST NO | CUSTOMER NAME | REFERENCE | HOURS | TAX AMT | AMOUNT T | YP SURPLUS |
| 187296 | 3/09/12 | 800000 | VISITING NURSE SERVICE | BETHUNE, HARRYD | 25.00 | | 364.50 | I |
| 187297 | 3/09/12 | 800000 | VISITING NURSE SERVICE | BHAWNANI, BISHU | 30.00 | | 437.40 | I |
| | | | | CUSTOMER | 55.00 | 0.00 | 801.90 | |
| | | | | | | | | |
| | | | | CATEGORY | 55.00 | 0.00 | 801.90 | |

| RUN DATE | 03/14/12 - | - SUP SUNN | YSIDE CITYWIDE | | | | PAGE 1 - | 25 |
|-----------|------------|------------|------------------------|----------------|-------|---------|-----------------|-----------|
| SALES JRN | L # 0272 | LOC 001 | | REG NY NY | | | VCP CHOICE LHCS | |
| | | | 2 | SALES REGISTER | | | BILL WEEK ENDIN | G 3/16/12 |
| INVOICE# | DATE | CUST NO | CUSTOMER NAME | REFERENCE | HOURS | TAX AMT | AMOUNT TY | P SURPLUS |
| 187298 | 3/09/12 | 800000 | VISITING NURSE SERVICE | BHULLA, JIWAN | 19.00 | | 277.02 I | |
| | | | | | | | | |
| | | | | CATEGORY | 19.00 | 0.00 | 277.02 | |

| | | | YSIDE CITYWIDE SUNNYSIDE CITYWIDE | REG NY NY | | | PAGE 1 - ADU ADULT | 26 |
|----------|---------|---------|--------------------------------------|-----------------|-------|---------|-----------------------|-----------|
| | _ " | | | ALES REGISTER | | | BILL WEEK ENDING | G 3/16/12 |
| INVOICE# | DATE | CUST NO | CUSTOMER NAME | REFERENCE | HOURS | TAX AMT | AMOUNT TY | P SURPLUS |
| 187299 | 3/09/12 | 800000 | VISITING NURSE SERVICE | BIANCO HOPKINS, | 16.00 | | 233.28 I | |
| | | | | | | | | |
| | | | | CATEGORY | 16.00 | 0.00 | 233.28 | |

| | | | YSIDE CITYWIDE | | | | | 27 |
|-----------|-----------|---------|------------------------|-----------------|-------|---------|------------------|---------|
| SALES JRN | NL # 0272 | LOC 001 | SUNNYSIDE CITYWIDE | REG NY NY | | | LTC NURSING HOME | |
| | | | | SALES REGISTER | | | BILL WEEK ENDING | 3/16/12 |
| INVOICE# | DATE | CUST NO | CUSTOMER NAME | REFERENCE | HOURS | TAX AMT | AMOUNT TYP | SURPLUS |
| 187300 | 3/09/12 | 800000 | VISITING NURSE SERVICE | BLANCAFLOR, PUR | 40.00 | | 583.20 I | |
| | | | | CATEGORY | 40.00 | 0.00 | 583.20 | |

| RUN DATE SALES JRN | | | YSIDE CITYWIDE SUNNYSIDE CITYWIDE | REG NY NY | | | PAGE 1 - ADU ADULT | 28 |
|-----------------------|-----------|---------|-----------------------------------|-----------------|-------|---------|-----------------------|---------|
| SALES URN | IL # 0272 | LOC 001 | | SALES REGISTER | | | BILL WEEK ENDING | 3/16/12 |
| INVOICE# | DATE | CUST NO | CUSTOMER NAME | REFERENCE | HOURS | TAX AMT | AMOUNT TYP | SURPLUS |
| 187301 | 3/09/12 | 800000 | VISITING NURSE SERVICE | BLUMENTHAL, EST | 9.00 | | 131.22 I | |
| | | | | CATEGORY | 9.00 | 0.00 | 131.22 | |

| RUN DATE | 03/14/12 - | - SUP SUNN | YSIDE CITYWIDE | | | | PAGE 1 - | 29 | |
|-----------|------------|------------|------------------------|-----------------|-------|---------|------------------|-----------|--|
| SALES JRN | L # 0272 | LOC 001 | SUNNYSIDE CITYWIDE | REG NY NY | | | VCP CHOICE LHCSA | A | |
| | | | 5 | SALES REGISTER | | | BILL WEEK ENDING | G 3/16/12 | |
| INVOICE# | DATE | CUST NO | CUSTOMER NAME | REFERENCE | HOURS | TAX AMT | AMOUNT TYPE | P SURPLUS | |
| 187302 | 3/09/12 | 800000 | VISITING NURSE SERVICE | BLUNNIE, ELIZAB | 24.25 | | 353.57 I | | |
| | | | | CATEGORY | 24.25 | 0.00 | 353.57 | | |

| RUN DATE SALES JRN | | SUP SUNN | YSIDE CITYWIDE SUNNYSIDE CITYWIDE | REG NY NY | | | PAGE 1 - ADU ADULT | 30 |
|-----------------------|--------------------|------------------|---|----------------|----------------|---------|-----------------------|------------|
| | _ " | | | SALES REGISTER | | | BILL WEEK ENDI | NG 3/16/12 |
| INVOICE# | DATE | CUST NO | CUSTOMER NAME | REFERENCE | HOURS | TAX AMT | AMOUNT T | YP SURPLUS |
| 187303 187304 | 3/09/12 3/09/12 | 000008 000008 | VISITING NURSE SERVICE VISITING NURSE SERVICE | • | 16.00 42.00 | | 233.28 612.36 | I T |
| 107501 | 3, 33, 12 | | VIDITING NONDE DERVIOE | CUSTOMER | 58.00 | 0.00 | 845.64 | |
| | | | | CODIONER | | | | |
| | | | | CATEGORY | 58.00 | 0.00 | 845.64 | |

| RUN DATE | 03/14/12 - | - SUP SUNN | YSIDE CITYWIDE | | | | PAGE 1 - | 31 |
|-----------|------------|------------|------------------------|----------------|-------|---------|------------------|---------|
| SALES JRN | L # 0272 | LOC 001 | | REG NY NY | | | VCP CHOICE LHCSA | |
| | | | S | ALES REGISTER | | | BILL WEEK ENDING | 3/16/12 |
| INVOICE# | DATE | CUST NO | CUSTOMER NAME | REFERENCE | HOURS | TAX AMT | AMOUNT TYP | SURPLUS |
| 187305 | 3/09/12 | 000008 | VISITING NURSE SERVICE | BONILLA, LYDIA | 20.00 | | 291.60 I | |
| | | | | | | | | |
| | | | | CATEGORY | 20.00 | 0.00 | 291.60 | |

| RUN DATE SALES JRN | | | YSIDE CITYWIDE SUNNYSIDE CITYWIDE | REG NY NY | | | PAGE 1 - LTC NURSING HOME | |
|-----------------------|---------|-----------|--------------------------------------|-----------------|-------|---------|------------------------------|---------|
| | D | G11GE 110 | | SALES REGISTER | | | BILL WEEK ENDING | -, -, |
| INVOICE# | DATE | CUST NO | CUSTOMER NAME | REFERENCE | HOURS | TAX AMT | AMOUNT TYP | SURPLUS |
| 187306 | 3/09/12 | 800000 | VISITING NURSE SERVICE | BONSIGNORE, GAE | 25.00 | | 364.50 I | |
| | | | | CATEGORY | 25.00 | 0.00 | 364.50 | |

| RUN DATE | 03/14/12 - | - SUP SUNN | YSIDE CITYWIDE | | | | PAGE 1 - | - | 33 | |
|-----------|------------|------------|------------------------|-----------------|-------|---------|----------------|-----|---------|--|
| SALES JRN | L # 0272 | LOC 001 | SUNNYSIDE CITYWIDE | REG NY NY | | | VCP CHOICE LHO | CSA | | |
| | | | S | SALES REGISTER | | | BILL WEEK END | ING | 3/16/12 | |
| INVOICE# | DATE | CUST NO | CUSTOMER NAME | REFERENCE | HOURS | TAX AMT | AMOUNT 7 | ГҮР | SURPLUS | |
| 187307 | 3/09/12 | 800000 | VISITING NURSE SERVICE | BORYSEWICZ, MAR | 12.00 | | 174.96 | I | | |
| | | | | CATEGORY | 12.00 | 0.00 | 174.96 | | | |

| RUN DATE | 03/14/12 - | - SUP SUNN | YSIDE CITYWIDE | | | | PAGE 1 - | 34 |
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| SALES JRN | L # 0272 | LOC 001 | SUNNYSIDE CITYWIDE | REG NY NY | | | LTC NURSING HOM | |
| | | | : | SALES REGISTER | | | BILL WEEK ENDIN | TG 3/16/12 |
| INVOICE# | DATE | CUST NO | CUSTOMER NAME | REFERENCE | HOURS | TAX AMT | AMOUNT TY | P SURPLUS |
| 187308 | 3/09/12 | 000008 | VISITING NURSE SERVICE | BOYADJIAN, ZARO | 29.00 | | 422.82 | <u>.</u> - |
| | | | | | | | | |
| | | | | CATEGORY | 29.00 | 0.00 | 422.82 | |

| | | | YSIDE CITYWIDE | | | | 11102 | | 35 |
|-----------|---------------|---------|------------------------|----------------------------|--------|---------|---------------|-------|---------|
| SALES JRN | IL # 0272 | LOC 001 | | REGNY NY SALES REGISTER | | | VCP CHOICE LE | | 3/16/12 |
| | | | | | | | 2122 ((221) | 221.0 | 3,13,12 |
| INVOICE# | DATE | CUST NO | CUSTOMER NAME | REFERENCE | HOURS | TAX AMT | AMOUNT | TYP | SURPLUS |
| 105200 | 2 / 0 0 / 1 0 | 000000 | | DOVE 114 | 62.00 | | 010 54 | _ | |
| 187309 | 3/09/12 | 000008 | VISITING NURSE SERVICE | BOYLAN, FRANK | 63.00 | | 918.54 | Τ. | |
| 187310 | 3/09/12 | 000008 | VISITING NURSE SERVICE | BURGOS, RAFAELA | 6.00 | | 87.48 | Τ | |
| 187311 | 3/09/12 | 000008 | VISITING NURSE SERVICE | BURNS, MARGARET | 56.00 | | 816.48 | I | |
| | | | | ==== | | | | | |
| | | | | CUSTOMER | 125.00 | 0.00 | 1,822.50 | | |
| | | | | | | | | | |
| | | | | | | | | | |
| | | | | CATEGORY | 125.00 | 0.00 | 1,822.50 | | |

| RUN DATE | 03/14/12 - | SUP SUNN | YSIDE CITYWIDE | | | | PAGE 1 - | 36 |
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| SALES JRN | L # 0272 | LOC 001 | SUNNYSIDE CITYWIDE | REG NY NY | | | LAD NURSING HOME | |
| | | | | SALES REGISTER | | | BILL WEEK ENDING | 3/16/12 |
| INVOICE# | DATE | CUST NO | CUSTOMER NAME | REFERENCE | HOURS | TAX AMT | AMOUNT TYP | SURPLUS |
| 187312 | 3/09/12 | 800000 | VISITING NURSE SERVICE | BUSCARELLO, JOH | 56.00 | | 816.48 I | |
| | | | | | | | | |
| | | | | CATEGORY | 56.00 | 0.00 | 816.48 | |

| RUN DATE 03 | 3/14/12 - SUP ST | SUNNYSIDE CITYWIDE | | | | PAGE 1 - | 37 |
|-------------|------------------|---------------------------|-----------------|--------|---------|-----------------|------------|
| SALES JRNL | # 0272 LOC 0 | 001 SUNNYSIDE CITYWIDE | REG NY NY | | | VCP CHOICE LHCS | SA |
| | | S | ALES REGISTER | | | BILL WEEK ENDIN | NG 3/16/12 |
| INVOICE# | DATE CUST | NO CUSTOMER NAME | REFERENCE | HOURS | TAX AMT | AMOUNT TY | P SURPLUS |
| 187313 3 | 3/09/12 00000 | 08 VISITING NURSE SERVICE | CABA, PURA | 10.00 | | 145.80 I | I |
| 187314 3 | 3/09/12 00000 | 08 VISITING NURSE SERVICE | CALABRO, JOSEPH | 15.50 | | 225.99 | <u> </u> |
| 187315 3 | 3/09/12 00000 | 08 VISITING NURSE SERVICE | CALDERON, FRANC | 43.50 | | 634.23 | <u> </u> |
| 187316 3 | 3/09/12 00000 | 08 VISITING NURSE SERVICE | CALDERON, VIRGI | 42.00 | | 612.36 | I |
| | | | CUSTOMER | 111.00 | 0.00 | 1,618.38 | |
| | | | CATEGORY | 111.00 | 0.00 | 1,618.38 | |

| ı | RUN DATE | 03/14/12 - | - SUP SUNN | YSIDE CITYWIDE | | | | PAGE 1 - | 38 | |
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| ı | SALES JRN | L # 0272 | LOC 001 | | REG NY NY | | | HOA HOSPICE ADULT | | |
| ı | | | | S | SALES REGISTER | | | BILL WEEK ENDING | 3/16/12 | |
| | INVOICE# | DATE | CUST NO | CUSTOMER NAME | REFERENCE | HOURS | TAX AMT | AMOUNT TYP | SURPLUS | |
| | 187317 | 3/09/12 | 800000 | VISITING NURSE SERVICE | CALKOSZ, JOSEFI | 63.00 | | 918.54 I | | |
| | | | | | | | | 010 54 | | |
| ı | | | | | CATEGORY | 63.00 | 0.00 | 918.54 | | |

| | | | YSIDE CITYWIDE | 556 191 | | | PAGE 1 - | 39 |
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| SALES JRN. | ∟ # 02/2 | TOG 001 | SUNNYSIDE CITYWIDE | REG NY NY SALES REGISTER | | | VCP CHOICE LHCSA BILL WEEK ENDING | |
| INVOICE# | DATE | CUST NO | CUSTOMER NAME | REFERENCE | HOURS | TAX AMT | AMOUNT TYP | SURPLUS |
| 187318 | 3/09/12 | 000008 | VISITING NURSE SERVICE | CAMBARA, JOSEFA | 48.00 | | 699.84 I | |
| | | | | , | | | | |
| | | | | CATEGORY | 48.00 | 0.00 | 699.84 | |

| | | | YSIDE CITYWIDE SUNNYSIDE CITYWIDE S | REGNY NY SALES REGISTER | | | PAGE 1 - ADU ADULT BILL WEEK ENDING | 40 3/16/12 |
|----------|---------|---------|---|----------------------------|-------|---------|---|------------|
| INVOICE# | DATE | CUST NO | CUSTOMER NAME | REFERENCE | HOURS | TAX AMT | AMOUNT TYP | SURPLUS |
| 187319 | 3/09/12 | 800000 | VISITING NURSE SERVICE | CANDIDO, ELENA | 9.00 | | 131.22 I | |
| | | | | CATEGORY | 9.00 | 0.00 | 131.22 | |

| ı | RUN DATE | 03/14/12 - | SUP SUNN | YSIDE CITYWIDE | | | | PAGE 1 - | 41 |
|---|-----------|------------|----------|------------------------|----------------|-------|---------|-------------------|---------|
| ١ | SALES JRN | L # 0272 | LOC 001 | | REG NY NY | | | LTC NURSING HOMEW | • |
| ı | | | | \$ | SALES REGISTER | | | BILL WEEK ENDING | 3/16/12 |
| | INVOICE# | DATE | CUST NO | CUSTOMER NAME | REFERENCE | HOURS | TAX AMT | AMOUNT TYP | SURPLUS |
| | 187320 | 3/09/12 | 800000 | VISITING NURSE SERVICE | CANO, ADELINA | 42.00 | | 612.36 I | |
| | | | | | CATEGORY | 42.00 | 0.00 | 612.36 | |
| 1 | | | | | CALEGORI | 74.00 | 0.00 | 012.30 | |

| RUN DATE | 03/14/12 - | - SUP SUNN | YSIDE CITYWIDE | | | | PAGE 1 - | 42 |
|-----------|------------|------------|------------------------|-----------------|-------|---------|------------------|---------|
| SALES JRN | L # 0272 | LOC 001 | SUNNYSIDE CITYWIDE | REG NY NY | | | VCP CHOICE LHCSA | |
| | | | 5 | SALES REGISTER | | | BILL WEEK ENDING | 3/16/12 |
| INVOICE# | DATE | CUST NO | CUSTOMER NAME | REFERENCE | HOURS | TAX AMT | AMOUNT TYP | SURPLUS |
| 187321 | 3/09/12 | 800000 | VISITING NURSE SERVICE | CAPORASO, VINCE | 84.00 | | 1,224.72 I | |
| | | | | CATEGORY | 84.00 | 0.00 | 1,224.72 | |

| RUN DATE | 03/14/12 - | - SUP SUNN | YSIDE CITYWIDE | | | | PAGE 1 - | 43 |
|-----------|------------|------------|------------------------|-----------------|-------|---------|------------------|---------------|
| SALES JRN | ъ # 0272 | LOC 001 | SUNNYSIDE CITYWIDE | REG NY NY | | | LTC NURSING HOME | N/O WALLS (LT |
| | | | S | SALES REGISTER | | | BILL WEEK ENDING | 3/16/12 |
| TATTOTOTI | D3.000 | GIIGE NO | CHOMOMED NAME | DEFEDENCE | HOHDA | max anm | AMOUNIE EUR | GIIDDI IIG |
| INVOICE# | DATE | CUST NO | CUSTOMER NAME | REFERENCE | HOURS | TAX AMT | AMOUNT TYP | SURPLUS |
| 187322 | 3/09/12 | 000008 | VISITING NURSE SERVICE | CARBAJAL, MERCE | 35.00 | | 510.30 I | |
| 107322 | 3/05/12 | 000000 | VISITING NORSE SERVICE | CARDAGAL, MERCE | 33.00 | | 310.30 | |
| | | | | | | | | |
| | | | | CATEGORY | 35.00 | 0.00 | 510.30 | |

| RUN DATE | 03/14/12 - | SUP SUNN | YSIDE CITYWIDE | | | | PAGE 1 - | 44 |
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| SALES JRI | NL # 0272 | LOC 001 | SUNNYSIDE CITYWIDE | REG NY NY | | | ADU ADULT | |
| | | | S | SALES REGISTER | | | BILL WEEK ENDING | 3/16/12 |
| | | | | | | | | |
| INVOICE# | DATE | CUST NO | CUSTOMER NAME | REFERENCE | HOURS | TAX AMT | AMOUNT TYP | SURPLUS |
| | | | | | | | | |
| 187323 | 3/09/12 | 800000 | VISITING NURSE SERVICE | CARDONA, MARIA | 26.00 | | 379.08 I | |
| | | | | | | | | |
| | | | | | | | | |
| | | | | CATEGORY | 26.00 | 0.00 | 379.08 | |

| RUN DATE | 03/14/12 | - SUP SUNN | YSIDE CITYWIDE | | | | PAGE 1 | - 4 | 15 |
|-----------|-----------|------------|------------------------|-----------------|--------|---------|---------------|------|---------|
| SALES JRN | IL # 0272 | LOC 001 | SUNNYSIDE CITYWIDE | REG NY NY | | | VCP CHOICE LE | | |
| | | | : | SALES REGISTER | | | BILL WEEK ENI | DING | 3/16/12 |
| INVOICE# | DATE | CUST NO | CUSTOMER NAME | REFERENCE | HOURS | TAX AMT | AMOUNT | TYP | SURPLUS |
| 187324 | 3/09/12 | 000008 | VISITING NURSE SERVICE | CARDOSO, ORLAND | 56.00 | | 816.48 | I | |
| 187325 | 3/09/12 | 800000 | VISITING NURSE SERVICE | CARELA-REYES, M | 19.50 | | 284.31 | I | |
| 187326 | 3/09/12 | 000008 | VISITING NURSE SERVICE | CARRALERO, ROSA | 30.00 | | 437.40 | I | |
| | | | | CUSTOMER | 105.50 | 0.00 | 1,538.19 | | |
| | | | | CATEGORY | 105.50 | 0.00 | 1,538.19 | | |

| RUN DATE SALES JRN | | | | REG NY NY A L E S R E G I S T E R | | | PAGE 1 - LTC NURSING HOMI BILL WEEK ENDING | |
|-----------------------|---------|---------|------------------------|--------------------------------------|-------|---------|--|-----------|
| INVOICE# | DATE | CUST NO | CUSTOMER NAME | REFERENCE | HOURS | TAX AMT | AMOUNT TY | P SURPLUS |
| 187327 | 3/09/12 | 800000 | VISITING NURSE SERVICE | CARTAGENA, FRAN | 54.25 | | 790.97 I | |
| | | | | CATEGORY | 54.25 | 0.00 | 790.97 | |

| RUN DATE SALES JRN | | - SUP SUNN LOC 001 | YSIDE CITYWIDE SUNNYSIDE CITYWIDE | REG NY NY | | | PAGE 1 - ADU ADULT | - 47 |
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| | _ " •= | | | SALES REGISTER | | | BILL WEEK END | ING 3/16/12 |
| INVOICE# | DATE | CUST NO | CUSTOMER NAME | REFERENCE | HOURS | TAX AMT | AMOUNT 7 | TYP SURPLUS |
| 187328 | 3/09/12 | 000008 | VISITING NURSE SERVICE | CARUSO, GIUSEPP | 15.00 | | 218.70 | Ī |
| 187329 187330 | 3/09/12 3/09/12 | 000008 000008 | VISITING NURSE SERVICE VISITING NURSE SERVICE | CARUSO, MARIANN CASEY, JUDITH | 6.00 15.00 | | 87.48 218.70 | I I |
| | | | | GLIGHOMED | 26.00 | | | |
| | | | | CUSTOMER | 36.00 | 0.00 | 524.88 | |
| | | | | CATEGORY | 36.00 | 0.00 | 524.88 | |

| RUN DATE | 03/14/12 - | - SUP SUNN | YSIDE CITYWIDE | | | | PAGE | 1 - | 48 | |
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| SALES JRN | L # 0272 | LOC 001 | SUNNYSIDE CITYWIDE | REG NY NY | | | VCP CHOICE | LHCSA | | |
| | | | 5 | SALES REGISTER | | | BILL WEEK E | NDING | 3/16/12 | |
| INVOICE# | DATE | CUST NO | CUSTOMER NAME | REFERENCE | HOURS | TAX AMT | AMOUNT | TYP | SURPLUS | |
| 187331 | 3/09/12 | 800000 | VISITING NURSE SERVICE | CEBALLOS, CLEME | 19.75 | | 287.96 | I | | |
| | | | | CATEGORY | 19.75 | 0.00 | 287.96 | - | | |

| | | | YSIDE CITYWIDE SUNNYSIDE CITYWIDE | REG NY NY | | | PAGE 1 - ADU ADULT | |
|----------|---------|---------|--------------------------------------|----------------|-------|---------|-----------------------|------------|
| | | | | SALES REGISTER | | | BILL WEEK ENDI | NG 3/16/12 |
| INVOICE# | DATE | CUST NO | CUSTOMER NAME | REFERENCE | HOURS | TAX AMT | AMOUNT T | YP SURPLUS |
| 187332 | 3/09/12 | 000008 | VISITING NURSE SERVICE | CELIO, MARION | 4.00 | | 58.32 | I |
| | | | | CATEGORY | 4.00 | 0.00 | 58.32 | |

| RUN DATE | 03/14/12 - | SUP SUNN | YSIDE CITYWIDE | | | | PAGE 1 - | 50 |
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| SALES JRN | L # 0272 | LOC 001 | SUNNYSIDE CITYWIDE | REG NY NY | | | VCP CHOICE LHCS | A |
| | | | 5 | SALES REGISTER | | | BILL WEEK ENDING | G 3/16/12 |
| INVOICE# | DATE | CUST NO | CUSTOMER NAME | REFERENCE | HOURS | TAX AMT | AMOUNT TY | P SURPLUS |
| 187333 | 3/09/12 | 800000 | VISITING NURSE SERVICE | CERNILLI, MARIA | 24.00 | | 349.92 I | |
| | | | | | | | | |
| | | | | CATEGORY | 24.00 | 0.00 | 349.92 | |

| RUN DATE | 03/14/12 - | - SUP SUNN | YSIDE CITYWIDE | | | | PAGE 1 - | 51 |
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| SALES JRN | L # 0272 | LOC 001 | SUNNYSIDE CITYWIDE | REG NY NY | | | LTC NURSING HOME | W/O WALLS (LT |
| | | | Ş | SALES REGISTER | | | BILL WEEK ENDING | 3/16/12 |
| | | | | | | | | |
| INVOICE# | DATE | CUST NO | CUSTOMER NAME | REFERENCE | HOURS | TAX AMT | AMOUNT TYP | SURPLUS |
| | | | | | | | | |
| 187334 | 2/24/12 | 800000 | VISITING NURSE SERVICE | CHAPPLE, VICKIE | 4.00 | | 58.32 I | |
| 187335 | 3/02/12 | 800000 | VISITING NURSE SERVICE | CHAPPLE, VICKIE | 6.00 | | 87.48 I | |
| 187336 | 3/02/12 | 800000 | VISITING NURSE SERVICE | CHAPPLE, VICKIE | 4.00 | | 58.32 I | |
| 187337 | 3/09/12 | 000008 | VISITING NURSE SERVICE | CHAPPLE, VICKIE | 20.00 | | 291.60 I | |
| | -,, | | | | | | | |
| | | | | CUSTOMER | 34.00 | 0.00 | 495.72 | |
| | | | | | | | | |
| | | | | | | | | |
| | | | | CATEGORY | 34.00 | 0.00 | 495.72 | |

| RUN DATE SALES JRI | | - SUP SUNN LOC 001 | | REGNY NY SALES REGISTER | | | PAGE 1 - VCP CHOICE LHCSZ BILL WEEK ENDING | |
|-----------------------|---------|-----------------------|------------------------|----------------------------|-------|---------|--|-----------|
| INVOICE# | DATE | CUST NO | CUSTOMER NAME | REFERENCE | HOURS | TAX AMT | AMOUNT TY | P SURPLUS |
| 187338 | 3/09/12 | 800000 | VISITING NURSE SERVICE | CHARLES PIERRE, | 12.00 | | 174.96 I | |
| | | | | CATEGORY | 12.00 | 0.00 | 174.96 | |

| RUN DATE | 03/14/12 - | SUP SUNN | YSIDE CITYWIDE | | | | PAGE 1 - | 53 |
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| SALES JRN | L # 0272 | LOC 001 | SUNNYSIDE CITYWIDE | REG NY NY | | | LAD NURSING HOME | |
| | | | : | SALES REGISTER | | | BILL WEEK ENDING | 3/16/12 |
| INVOICE# | DATE | CUST NO | CUSTOMER NAME | REFERENCE | HOURS | TAX AMT | AMOUNT TYP | SURPLUS |
| 187339 | 3/09/12 | 800000 | VISITING NURSE SERVICE | CHARLES, JOSE | 20.00 | | 291.60 I | |
| | | | | CATEGORY | 20.00 | 0.00 | | |

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| SALES JRN | ⊔ # UZ/Z | LOC 001 | SUNNYSIDE CITYWIDE S | REGNY NY SALES REGISTER | | | VCP CHOICE LHCSA BILL WEEK ENDING | |
| INVOICE# | DATE | CUST NO | CUSTOMER NAME | REFERENCE | HOURS | TAX AMT | AMOUNT TYPE | SURPLUS |
| 187340 | 3/09/12 | 800000 | VISITING NURSE SERVICE | CHINGA, ALBA | 36.00 | | 524.88 I | |
| | | | | CATEGORY | 36.00 | 0.00 | 524.88 | |

| RUN DATE | 03/14/12 - | SUP SUNN | YSIDE CITYWIDE | | | | PAGE 1 - | 55 |
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| SALES JRN | L # 0272 | LOC 001 | SUNNYSIDE CITYWIDE | REG NY NY | | | LTC NURSING HOMEW | /O WALLS (LT |
| | | | Ş | SALES REGISTER | | | BILL WEEK ENDING | 3/16/12 |
| INVOICE# | DATE | CUST NO | CUSTOMER NAME | REFERENCE | HOURS | TAX AMT | AMOUNT TYP | SURPLUS |
| 187341 | 3/09/12 | 800000 | VISITING NURSE SERVICE | CHO, MOGEE | 29.75 | | 433.76 I | |
| | | | | CATEGORY | 29.75 | 0.00 | 433.76 | |

| RUN DATE | 03/14/12 - | - SUP SUNN | YSIDE CITYWIDE | | | | PAGE 1 | - 56 |
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| SALES JRN | L # 0272 | LOC 001 | SUNNYSIDE CITYWIDE | REG NY NY | | | VCP CHOICE LH | CSA |
| | | | | SALES REGISTER | | | BILL WEEK END | ING 3/16/12 |
| INVOICE# | DATE | CUST NO | CUSTOMER NAME | REFERENCE | HOURS | TAX AMT | AMOUNT | TYP SURPLUS |
| 187342 | 3/09/12 | 000008 | VISITING NURSE SERVICE | CHOUDHURY, SHAM | 48.75 | | 710.78 | I |
| 187343 | 3/09/12 | 000008 | VISITING NURSE SERVICE | CHU, MOLLY | 37.75 | | 550.40 | I |
| 187344 | 3/09/12 | 000008 | VISITING NURSE SERVICE | CHUCK, ENA | 27.75 | | 404.60 | I |
| | | | | CUSTOMER | 114.25 | 0.00 | 1,665.78 | |
| | | | | COBTONER | 111.23 | 0.00 | 1,005.70 | |
| | | | | | | | | |
| | | | | CATEGORY | 114.25 | 0.00 | 1,665.78 | |

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|---------|------------|---------|-------------------------|-----------------|-------|---------|------------------|---------|
| SALES J | RNL # 0272 | LOC 001 | SUNNYSIDE CITYWIDE | REG NY NY | | | LTC NURSING HOME | • |
| | | | 2 | SALES REGISTER | | | BILL WEEK ENDING | 3/16/12 |
| INVOICE | # DATE | CUST NO | CUSTOMER NAME | REFERENCE | HOURS | TAX AMT | AMOUNT TYP | SURPLUS |
| 107245 | 2 /00 /10 | 000000 | MIGITALING NURSE GERMAN | GIDDIAN EDEDEN | F4 00 | | 707 20 + | |
| 187345 | 3/09/12 | 800000 | VISITING NURSE SERVICE | CIPRIAN, FREDEV | 54.00 | | 787.32 I | |
| | | | | | | | | |
| | | | | CATEGORY | 54.00 | 0.00 | 787.32 | |

| | | | NYSIDE CITYWIDE SUNNYSIDE CITYWIDE S | REGNY NY SALES REGISTER | | | PAGE 1 - ADU ADULT BILL WEEK ENDIN | 58 G 3/16/12 |
|--------|----------|---------|--|----------------------------|-------|---------|--|-----------------|
| INVOIC | CE# DATE | CUST NO | CUSTOMER NAME | REFERENCE | HOURS | TAX AMT | AMOUNT TY | P SURPLUS |
| 187346 | 3/09/12 | 800000 | VISITING NURSE SERVICE | COLEMAN, JAMES | 6.00 | | 87.48 I | |
| | | | | CATEGORY | 6.00 | 0.00 | 87.48 | |

| | | | YSIDE CITYWIDE | | | | 11102 1 | | 59 |
|------------|----------|---------|------------------------|----------------|-------|---------|---------------|-----|---------|
| SALES JRNL | J # 0272 | LOC 001 | SUNNYSIDE CITYWIDE | REG NY NY | | | LTC NURSING H | | |
| | | | 2 | SALES REGISTER | | | BILL WEEK END | ING | 3/16/12 |
| INVOICE# | DATE | CUST NO | CUSTOMER NAME | REFERENCE | HOURS | TAX AMT | AMOUNT | TYP | SURPLUS |
| 187347 | 3/09/12 | 000008 | VISITING NURSE SERVICE | COLLER, FELISA | 16.00 | | 233.28 | I | |
| 187348 | 3/09/12 | 800000 | VISITING NURSE SERVICE | COLLER, JOSE | 12.00 | | 174.96 | I | |
| 187349 | 3/09/12 | 800000 | VISITING NURSE SERVICE | COLON, ANTONIA | 42.00 | | 612.36 | I | |
| 187350 | 3/09/12 | 800000 | VISITING NURSE SERVICE | COLON, ISABEL | 18.00 | | 262.44 | I | |
| | | | | | | | | | |
| | | | | CUSTOMER | 88.00 | 0.00 | 1,283.04 | | |
| | | | | | | | | | |
| | | | | CATEGORY | 88.00 | 0.00 | 1,283.04 | | |

| RUN DATE | 03/14/12 - | - SUP SUNN | YSIDE CITYWIDE | | | | PAGE 1 - 60 | |
|-----------|------------|------------|------------------------|----------------|--------|---------|---------------------|---------|
| SALES JRN | L # 0272 | LOC 001 | SUNNYSIDE CITYWIDE | REG NY NY | | | CCL CONGREGATE CARE | PROGRAM |
| | | | S | SALES REGISTER | | | BILL WEEK ENDING | 3/16/12 |
| INVOICE# | DATE | CUST NO | CUSTOMER NAME | REFERENCE | HOURS | TAX AMT | AMOUNT TYP | SURPLUS |
| 187351 | 3/09/12 | 800000 | VISITING NURSE SERVICE | CORDERO, NELLY | 168.00 | | 2,449.44 I | |
| | | | | CATEGORY | 168.00 | 0.00 | 2,449.44 | |

| RUN DATE SALES JRN | | | | REG NY NY A L E S R E G I S T E R | | | PAGE 1 - LTC NURSING HOME BILL WEEK ENDING | • |
|-----------------------|---------|---------|------------------------|--------------------------------------|-------|---------|--|---------|
| INVOICE# | DATE | CUST NO | CUSTOMER NAME | REFERENCE | HOURS | TAX AMT | AMOUNT TYP | SURPLUS |
| 187352 | 3/09/12 | 800000 | VISITING NURSE SERVICE | CORREA, MARGARI | 24.00 | | 349.92 I | |
| | | | | CATEGORY | 24.00 | 0.00 | 349.92 | |

| RUN DATE | 03/14/12 - | - SUP SUNN | YSIDE CITYWIDE | | | | PAGE 1 - | 62 |
|-----------|------------|------------|------------------------|-----------------|-------|---------|------------------|---------|
| SALES JRN | NL # 0272 | LOC 001 | SUNNYSIDE CITYWIDE | REG NY NY | | | VCP CHOICE LHCSA | |
| | | | S | SALES REGISTER | | | BILL WEEK ENDING | 3/16/12 |
| INVOICE# | DATE | CUST NO | CUSTOMER NAME | REFERENCE | HOURS | TAX AMT | AMOUNT TYP | SURPLUS |
| 187353 | 3/09/12 | 800000 | VISITING NURSE SERVICE | COSTA, ANTOINET | 20.00 | | 291.60 I | |
| | | | | CATEGORY | 20.00 | 0.00 | 291.60 | |

| RUN DATE SALES JRN | | | | REG NY NY SALES REGISTER | | | PAGE 1 - LTC NURSING HOME BILL WEEK ENDING | • |
|-----------------------|---------|---------|------------------------|-----------------------------|-------|---------|--|---------|
| INVOICE# | DATE | CUST NO | CUSTOMER NAME | REFERENCE | HOURS | TAX AMT | AMOUNT TYP | SURPLUS |
| 187354 | 3/09/12 | 800000 | VISITING NURSE SERVICE | COSTA, ARSENE | 18.00 | | 262.44 I | |
| | | | | CATEGORY | 18.00 | 0.00 | 262.44 | |

| RUN DATE SALES JRN | | SUP SUNN | YSIDE CITYWIDE SUNNYSIDE CITYWIDE | REG NY NY | | | PAGE 1 - 64 ADU ADULT | 1 |
|-----------------------|---------|----------|--------------------------------------|-------------------|-------|---------|--------------------------|---------|
| | | | | SALES REGISTER | | | | 3/16/12 |
| INVOICE# | DATE | CUST NO | CUSTOMER NAME | REFERENCE | HOURS | TAX AMT | AMOUNT TYP | SURPLUS |
| 187355 | 3/09/12 | 800000 | VISITING NURSE SERVICE | E COVALIU, SIMION | 21.25 | | 309.83 I | |
| | | | | CATEGORY | 21.25 | 0.00 | 309.83 | |

| | | | YSIDE CITYWIDE | | | | | 11102 | - 6 | 55 | |
|------------|----------|---------|------------------------|--------|---------------|-------|---------|---------------|------|---------|--|
| SALES JRNI | L # 0272 | LOC 001 | SUNNYSIDE CITYWIDE | | NY EGISTER | | | HOA HOSPICE A | - | 3/16/12 | |
| | | | | | | | | DIDD WEEK EM | JING | 3/10/12 | |
| INVOICE# | DATE | CUST NO | CUSTOMER NAME | REFE | RENCE | HOURS | TAX AMT | AMOUNT | TYP | SURPLUS | |
| 187356 | 3/09/12 | 800000 | VISITING NURSE SERVICE | COX, I | PETRA | 19.00 | | 277.02 | I | | |
| | | | | | CATEGORY | 19.00 | 0.00 | 277.02 | | | |

| | | | YSIDE CITYWIDE | | | | PAGE 1 - | 66 | |
|-----------|----------|---------|------------------------|----------------|-------|---------|------------------|---------|--|
| SALES JRN | և # 0272 | LOC 001 | | REG NY NY | | | LAD NURSING HOME | | |
| | | | • | SALES REGISTER | | | BILL WEEK ENDING | 3/16/12 | |
| INVOICE# | DATE | CUST NO | CUSTOMER NAME | REFERENCE | HOURS | TAX AMT | AMOUNT TYP | SURPLUS | |
| 187357 | 3/09/12 | 000008 | VISITING NURSE SERVICE | CRUZ, HECTOR | 37.00 | | 539.46 I | | |
| | | | | CATEGORY | 37.00 | 0.00 | 539.46 | | |

| | | | YSIDE CITYWIDE SUNNYSIDE CITYWIDE | REG NY NY | | | PAGE 1 - VCP CHOICE LHCSA | 67 |
|----------|---------|---------|--------------------------------------|----------------|-------|---------|------------------------------|---------|
| | | | | SALES REGISTER | | | BILL WEEK ENDING | 3/16/12 |
| INVOICE# | DATE | CUST NO | CUSTOMER NAME | REFERENCE | HOURS | TAX AMT | AMOUNT TYP | SURPLUS |
| 187358 | 3/09/12 | 000008 | VISITING NURSE SERVICE | CRUZ, JUANA | 20.00 | | 291.60 I | |
| | | | | CATEGORY | 20.00 | 0.00 | | |

| - 1 | | | | YSIDE CITYWIDE SUNNYSIDE CITYWIDE | REG NY NY | | | PAGE 1 - ADU ADULT | 68 |
|-----|---------------|---------|---------|-----------------------------------|----------------|-------|---------|-----------------------|---------|
| | 5111110 01411 | _ | 200 001 | | SALES REGISTER | | | BILL WEEK ENDING | 3/16/12 |
| | INVOICE# | DATE | CUST NO | CUSTOMER NAME | REFERENCE | HOURS | TAX AMT | AMOUNT TYP | SURPLUS |
| | 187359 | 3/09/12 | 800000 | VISITING NURSE SERVICE | DALTON, MIMI | 6.00 | | 87.48 I | |
| | | | | | | | | | |
| ı | | | | | CATEGORY | 6.00 | 0.00 | 87.48 | |

| | | | YSIDE CITYWIDE | | | | PAGE 1 - 69 | |
|-----------|----------|---------|------------------------|----------------|-------|---------|---------------------|--------|
| SALES JRN | L # 0272 | LOC 001 | | REG NY NY | | | LTC NURSING HOMEW/O | , |
| | | | 2 | SALES REGISTER | | | BILL WEEK ENDING 3 | /16/12 |
| INVOICE# | DATE | CUST NO | CUSTOMER NAME | REFERENCE | HOURS | TAX AMT | AMOUNT TYP S | URPLUS |
| 187360 | 3/09/12 | 800000 | VISITING NURSE SERVICE | DAMICO, ANGELA | 25.00 | | 364.50 I | |
| | | | | | | | | |
| | | | | CATEGORY | 25.00 | 0.00 | 364.50 | |

| RUN DATE SALES JRN | | | YSIDE CITYWIDE SUNNYSIDE CITYWIDE | REG NY NY SALES REGISTER | | | PAGE 1 - ADU ADULT BILL WEEK ENDING | 70 3/16/12 |
|-----------------------|---------|---------|--------------------------------------|-----------------------------|-------|---------|---|---------------|
| INVOICE# | DATE | CUST NO | CUSTOMER NAME | REFERENCE | HOURS | TAX AMT | AMOUNT TYP | SURPLUS |
| 187361 | 3/09/12 | 800000 | VISITING NURSE SERVICE | DANIELS, DEIRDR | 15.00 | | 218.70 I | |
| | | | | CATEGORY | 15.00 | 0.00 | 218.70 | |

| RUN DATE SALES JRN | | | | REG NY NY SALES REGISTER | | | PAGE 1 - LTC NURSING HOM BILL WEEK ENDING | • |
|-----------------------|---------|---------|------------------------|-----------------------------|-------|---------|---|-----------|
| INVOICE# | DATE | CUST NO | CUSTOMER NAME | REFERENCE | HOURS | TAX AMT | AMOUNT TY | P SURPLUS |
| 187362 | 3/09/12 | 800000 | VISITING NURSE SERVICE | DANNY, RAMDULAR | 56.00 | | 816.48 I | |
| | | | | CATEGORY | 56.00 | 0.00 | 816.48 | |

| RUN DATE SALES JRN | | | YSIDE CITYWIDE SUNNYSIDE CITYWIDE | REG NY NY | | | PAGE 1 - VCP CHOICE LHCSA | 72 |
|-----------------------|---------|---------|--------------------------------------|-----------------|-------|---------|------------------------------|---------|
| | | | | SALES REGISTER | | | BILL WEEK ENDING | 3/16/12 |
| INVOICE# | DATE | CUST NO | CUSTOMER NAME | REFERENCE | HOURS | TAX AMT | AMOUNT TYP | SURPLUS |
| 187363 | 3/09/12 | 800000 | VISITING NURSE SERVICE | DAVIS, LOUELLEN | 42.50 | | 619.65 I | |
| | | | | | | | | |
| | | | | CATEGORY | 42.50 | 0.00 | 619.65 | |

| RUN DATE SALES JRN | | | YSIDE CITYWIDE SUNNYSIDE CITYWIDE | REG NY NY | | | PAGE 1 - 73 ADU ADULT | |
|-----------------------|---------|---------|--------------------------------------|----------------|-------|---------|--------------------------|-----|
| | - " | | | SALES REGISTER | | | BILL WEEK ENDING 3/16 | /12 |
| INVOICE# | DATE | CUST NO | CUSTOMER NAME | REFERENCE | HOURS | TAX AMT | AMOUNT TYP SURP | LUS |
| 187364 | 3/09/12 | 000008 | VISITING NURSE SERVICE | DEJESUS, FELIX | 15.00 | | 218.70 I | |
| | | | | | 15.00 | | 010 70 | |
| | | | | CATEGORY | 15.00 | 0.00 | 218.70 | |

| RUN DATE | 03/14/12 - | - SUP SUNN | YSIDE CITYWIDE | | | | PAGE 1 - | 74 | |
|-----------|------------|------------|------------------------|-----------------|-------|---------|----------------|--------------|----|
| SALES JRN | L # 0272 | LOC 001 | SUNNYSIDE CITYWIDE | REG NY NY | | | LAD NURSING HO | ME W/O WALLS | LT |
| | | | S | SALES REGISTER | | | BILL WEEK ENDI | NG 3/16/12 | |
| INVOICE# | DATE | CUST NO | CUSTOMER NAME | REFERENCE | HOURS | TAX AMT | AMOUNT T | YP SURPLUS | i |
| 187365 | 3/09/12 | 800000 | VISITING NURSE SERVICE | DEL CARPIO, FEL | 40.00 | | 583.20 | I | |
| | | | | | | | | | |
| | | | | CATEGORY | 40.00 | 0.00 | 583.20 | | |

| RUN DATE 03/14/1 SALES JRNL # 027 | | SUNNYSIDE CITYWIDE | REG NY NY SALES REGISTER | | | PAGE 1 - 75 LTC NURSING HOMEW/C BILL WEEK ENDING | |
|--------------------------------------|---------|--|-----------------------------|----------------|---------|--|---------|
| INVOICE# DATE | CUST NO | CUSTOMER NAME | REFERENCE | HOURS | TAX AMT | AMOUNT TYP | SURPLUS |
| 187366 3/09/1 187367 3/09/1 | | VISITING NURSE SERVICE VISITING NURSE SERVICE | | 36.75 16.25 | | 535.82 I 236.93 I | |
| | | | CUSTOMER | 53.00 | 0.00 | 772.75 | |
| | | | CATEGORY | 53.00 | 0.00 | 772.75 | |

| RUN DATE | 03/14/12 - | - SUP SUNN | YSIDE CITYWIDE | | | | PAGE 1 | - 7 | '6 |
|-----------|------------|------------|------------------------|-----------------|-------|---------|--------------|------|---------|
| SALES JRN | IL # 0272 | LOC 001 | | REG NY NY | | | VCP CHOICE L | | |
| | | | S | SALES REGISTER | | | BILL WEEK EN | DING | 3/16/12 |
| INVOICE# | DATE | CUST NO | CUSTOMER NAME | REFERENCE | HOURS | TAX AMT | AMOUNT | TYP | SURPLUS |
| 187368 | 3/09/12 | 000008 | VISITING NURSE SERVICE | DELOSSANTOS, MA | 30.00 | | 437.40 | I | |
| 187369 | 3/09/12 | 800000 | VISITING NURSE SERVICE | DELPOZO, MIGUEL | 24.00 | | 349.92 | I | |
| | | | | CUSTOMER | 54.00 | 0.00 | 787.32 | | |
| | | | | CATEGORY | 54.00 | 0.00 | 787.32 | | |

| RUN DATE SALES JRN | | | YSIDE CITYWIDE SUNNYSIDE CITYWIDE | REG NY NY | | | PAGE 1 - ADU ADULT | 77 |
|-----------------------|-----------|---------|--------------------------------------|-----------------|-------|---------|-----------------------|---------|
| SALES UKI | NL # U2/2 | TOC 001 | | SALES REGISTER | | | BILL WEEK ENDING | 3/16/12 |
| INVOICE# | DATE | CUST NO | CUSTOMER NAME | REFERENCE | HOURS | TAX AMT | AMOUNT TYP | SURPLUS |
| 187370 | 3/09/12 | 800000 | VISITING NURSE SERVICE | DELUCA, ANTIONE | 25.50 | | 371.79 I | |
| | | | | CATEGORY | 25.50 | 0.00 | | |

| - 1 | | | | IYSIDE CITYWIDE | | | | | 78 |
|-----|-----------|----------|---------|------------------------|-----------------------------|-------|---------|--------------------------------------|---------|
| | SALES JRN | L # 0272 | LOC 001 | SUNNYSIDE CITYWIDE | REG NY NY SALES REGISTER | | | LTC NURSING HOME BILL WEEK ENDING | • |
| | INVOICE# | DATE | CUST NO | CUSTOMER NAME | REFERENCE | HOURS | TAX AMT | AMOUNT TYP | SURPLUS |
| | 187371 | 3/09/12 | 800000 | VISITING NURSE SERVICE | DELVALLE, JESUS | 35.00 | | 510.30 I | |
| | | | | | CATEGORY | 35.00 | 0.00 | 510.30 | |

| | | | YSIDE CITYWIDE | | | | | 79 |
|-----------|----------|---------|------------------------|----------------------------|-------|---------|-------------------------------|---------|
| SALES JRN | L # 0272 | LOC 001 | SUNNYSIDE CITYWIDE | REGNY NY SALES REGISTER | | | ADU ADULT BILL WEEK ENDING | 3/16/12 |
| | | | | | | | DILL WEEK ENDING | 5/10/12 |
| INVOICE# | DATE | CUST NO | CUSTOMER NAME | REFERENCE | HOURS | TAX AMT | AMOUNT TYP | SURPLUS |
| 187372 | 3/09/12 | 800000 | VISITING NURSE SERVICE | DERISE, JEROME | 4.00 | | 58.32 I | |
| | | | | CATEGORY | 4.00 | 0.00 | 58.32 | |

| RUN DATE SALES JRN | | - SUP SUNN | YSIDE CITYWIDE SUNNYSIDE CITYWIDE | REG NY NY | | | PAGE 1 VCP CHOICE LH | | 80 |
|-----------------------|-----------|------------|--------------------------------------|-----------------|--------|---------|-------------------------|-----|---------|
| | _ 02/2 | 200 001 | | SALES REGISTER | | | BILL WEEK END | | 3/16/12 |
| INVOICE# | DATE | CUST NO | CUSTOMER NAME | REFERENCE | HOURS | TAX AMT | AMOUNT | TYP | SURPLUS |
| 187373 | 3/09/12 | 000008 | VISITING NURSE SERVICE | DEY, KRISHNA | 1.00 | | 14.58 | I | |
| 187374 | 3/09/12 | 800000 | VISITING NURSE SERVICE | DEZUMARAN, REBE | 44.00 | | 641.53 | I | |
| 187375 | 3/09/12 | 800000 | VISITING NURSE SERVICE | DIAZ, MARIA | 35.00 | | 510.30 | I | |
| 187376 | 3/09/12 | 800000 | VISITING NURSE SERVICE | DIAZ, OLGA | 36.00 | | 524.88 | I | |
| 187377 | 3/09/12 | 800000 | VISITING NURSE SERVICE | DIAZ, ROSA | 36.00 | | 524.88 | I | |
| | | | | CUSTOMER | 152.00 | 0.00 | 2,216.17 | | |
| | | | | CATEGORY | 152.00 | 0.00 | 2,216.17 | | |

| | | | YSIDE CITYWIDE | | | | | 81 |
|-----------|----------|---------|------------------------|-----------------|-------|---------|-----------------|------------|
| SALES JRN | L # 0272 | LOC 001 | | REG NY NY | | | ADU ADULT | |
| | | | 5 | SALES REGISTER | | | BILL WEEK ENDIN | IG 3/16/12 |
| INVOICE# | DATE | CUST NO | CUSTOMER NAME | REFERENCE | HOURS | TAX AMT | AMOUNT TY | P SURPLUS |
| 187378 | 3/09/12 | 800000 | VISITING NURSE SERVICE | DIFABIO, FLOREN | 2.75 | | 40.10 | - |
| | | | | | | | | |
| | | | | CATEGORY | 2.75 | 0.00 | 40.10 | |

| RUN DATE 03/14/12 | | | | | | PAGE 1 - 82 | |
|----------------------------------|---------|---|------------------------------------|-------|---------|---|--|
| SALES JRNL # 0272 | LOC 001 | SUNNYSIDE CITYWIDE | REGNY NY SALES REGISTER | | | VCP CHOICE LHCSA BILL WEEK ENDING 3/16/12 | |
| INVOICE# DATE | CUST NO | CUSTOMER NAME | REFERENCE | HOURS | TAX AMT | AMOUNT TYP SURPLUS | |
| 187379 3/02/12 187380 3/09/12 | | VISITING NURSE SERVICE VISITING NURSE SERVICE | DILLUVIO, MATTI DILLUVIO, MATTI | 10.00 | | 145.80 I 145.80 I | |
| | | | CUSTOMER | 20.00 | 0.00 | 291.60 | |
| | | | CATEGORY | 20.00 | 0.00 | 291.60 | |

| RUN DATE | | | YSIDE CITYWIDE SUNNYSIDE CITYWIDE | REG NY NY | | | PAGE 1 - ADU ADULT | 83 |
|------------|----------|---------|--------------------------------------|-----------------|-------|---------|-----------------------|-----------|
| SALES OWN. | L # 02/2 | 100 001 | | SALES REGISTER | | | BILL WEEK ENDIN | G 3/16/12 |
| INVOICE# | DATE | CUST NO | CUSTOMER NAME | REFERENCE | HOURS | TAX AMT | AMOUNT TY | P SURPLUS |
| 187381 | 3/09/12 | 800000 | VISITING NURSE SERVICE | DIMARIA, FRANCE | 5.00 | | 72.90 I | |
| | | | | | | | | |
| | | | | CATEGORY | 5.00 | 0.00 | 72.90 | |

| RUN DATE (| | | YSIDE CITYWIDE SUNNYSIDE CITYWIDE | REG NY NY | | | PAGE 1 - VCP CHOICE LHCS | 84 A |
|------------------|--------------------|---------|--|----------------|-------|---------|-----------------------------|-----------|
| | | | | SALES REGISTER | | | BILL WEEK ENDIN | G 3/16/12 |
| INVOICE# | DATE | CUST NO | CUSTOMER NAME | REFERENCE | HOURS | TAX AMT | AMOUNT TY | P SURPLUS |
| 187382 187383 | 3/09/12 3/09/12 | 000008 | VISITING NURSE SERVICE VISITING NURSE SERVICE | | 40.00 | | 583.20 I 291.60 I | |
| 107303 | 3/09/12 | 000008 | VISITING NORSE SERVICE | , | | | | |
| | | | | CUSTOMER | 60.00 | 0.00 | 874.80 | |
| | | | | | | | | |
| | | | | CATEGORY | 60.00 | 0.00 | 874.80 | |

| | | | YSIDE CITYWIDE | | | | | 85 |
|-----------|----------|---------|------------------------|----------------------------|-------|---------|-------------------|---------|
| SALES JRN | L # 0272 | LOC 001 | SUNNYSIDE CITYWIDE | REGNY NY SALES REGISTER | | | LTC NURSING HOMEV | • |
| | | | • | SALES REGISIER | | | BILL MEEK ENDING | 3/10/12 |
| INVOICE# | DATE | CUST NO | CUSTOMER NAME | REFERENCE | HOURS | TAX AMT | AMOUNT TYP | SURPLUS |
| 187384 | 3/09/12 | 800000 | VISITING NURSE SERVICE | DOMINICK, GINA | 43.00 | | 626.94 I | |
| | | | | CATEGORY | 43.00 | 0.00 | 626.94 | |

| RUN DATE SALES JRN | | | YSIDE CITYWIDE SUNNYSIDE CITYWIDE | REG NY NY SALES REGISTER | | | PAGE 1 - 8 ADU ADULT BILL WEEK ENDING | 3/16/12 |
|-----------------------|---------|---------|--------------------------------------|-----------------------------|-------|---------|---|---------|
| INVOICE# | DATE | CUST NO | CUSTOMER NAME | REFERENCE | HOURS | TAX AMT | AMOUNT TYP | SURPLUS |
| 187385 | 3/09/12 | 800000 | VISITING NURSE SERVICE | DUCHE, JULIA | 4.00 | | 58.32 I | |
| | | | | CATEGORY | 4.00 | 0.00 | 58.32 | |

| RUN DATE | 03/14/12 | - SUP SUNN | YSIDE CITYWIDE | | | | PAGE 1 - | 87 |
|-----------|-----------|------------|------------------------|-----------------|-------|---------|-----------------|------------|
| SALES JRN | IL # 0272 | LOC 001 | SUNNYSIDE CITYWIDE | REG NY NY | | | VCP CHOICE LHCS | SA |
| | | | 5 | SALES REGISTER | | | BILL WEEK ENDIN | NG 3/16/12 |
| INVOICE# | DATE | CUST NO | CUSTOMER NAME | REFERENCE | HOURS | TAX AMT | AMOUNT TY | YP SURPLUS |
| 187386 | 3/09/12 | 800000 | VISITING NURSE SERVICE | DUGLUS, MAY RUT | 30.00 | | 437.40 | Ι |
| | | | | CATEGORY | 30.00 | 0.00 | 437.40 | |

| RUN DATE | 03/14/12 - | SUP SUNN | YSIDE CITYWIDE | | | | PAGE 1 - | 88 |
|-----------|------------|----------|------------------------|----------------|-------|---------|-----------------|-----------------|
| SALES JRN | L # 0272 | LOC 001 | SUNNYSIDE CITYWIDE | REG NY NY | | | LTC NURSING HOM | MEW/O WALLS (LT |
| | | | S | SALES REGISTER | | | BILL WEEK ENDI | NG 3/16/12 |
| INVOICE# | DATE | CUST NO | CUSTOMER NAME | REFERENCE | HOURS | TAX AMT | AMOUNT TY | YP SURPLUS |
| 187387 | 3/09/12 | 800000 | VISITING NURSE SERVICE | DUTAN, SELINDA | 40.00 | | 583.20 | I |
| | | | | CATEGORY | 40.00 | 0.00 | 583.20 | |

| RUN DATE | 03/14/12 - | SUP SUNN | YSIDE CITYWIDE | | | | PAGE 1 - | 89 |
|-----------|------------|----------|------------------------|-----------------|-------|---------|------------------|-----------|
| SALES JRN | L # 0272 | LOC 001 | SUNNYSIDE CITYWIDE | REG NY NY | | | VCP CHOICE LHCS | A |
| | | | S | ALES REGISTER | | | BILL WEEK ENDING | G 3/16/12 |
| INVOICE# | DATE | CUST NO | CUSTOMER NAME | REFERENCE | HOURS | TAX AMT | AMOUNT TY | P SURPLUS |
| 187388 | 3/09/12 | 800000 | VISITING NURSE SERVICE | ECHEGARAY, MARI | 43.00 | | 626.95 I | |
| | | | | CATEGORY | 43.00 | 0.00 | 626.95 | |

| | | | YSIDE CITYWIDE | | | | PAGE 1 - | 90 | |
|-----------|----------|---------|------------------------|----------------------------|-------|---------|-------------------------------|---------|--|
| SALES JRN | L # 0272 | LOC 001 | SUNNYSIDE CITYWIDE | REGNY NY SALES REGISTER | | | ADU ADULT BILL WEEK ENDING | 3/16/12 | |
| INVOICE# | DATE | CUST NO | CUSTOMER NAME | REFERENCE | HOURS | TAX AMT | AMOUNT TYPE | SURPLUS | |
| 187389 | 3/09/12 | 800000 | VISITING NURSE SERVICE | EDELMAN, MILDRE | 4.00 | | 58.32 I | | |
| | | | | CATEGORY | 4.00 | 0.00 | 58.32 | | |

| RUN DATE | 03/14/12 - | - SUP SUNN | YSIDE CITYWIDE | | | | PAGE 1 - 91 | |
|-----------|------------|------------|------------------------|-----------------|-------|---------|-----------------------|--------|
| SALES JRN | L # 0272 | LOC 001 | SUNNYSIDE CITYWIDE | REG NY NY | | | CCL CONGREGATE CARE P | ROGRAM |
| | | | \$ | SALES REGISTER | | | BILL WEEK ENDING 3/ | 16/12 |
| INVOICE# | DATE | CUST NO | CUSTOMER NAME | REFERENCE | HOURS | TAX AMT | AMOUNT TYP SU | RPLUS |
| 187390 | 3/09/12 | 800000 | VISITING NURSE SERVICE | EPSTEIN, GEORGE | 20.00 | | 291.60 I | |
| | | | | | | | | |
| | | | | CATEGORY | 20.00 | 0.00 | 291.60 | |

| RUN DATE | 03/14/12 - | SUP SUNN | YSIDE CITYWIDE | | | | PAGE 1 - | 92 | |
|-----------|------------|----------|------------------------|-----------------|-------|---------|-----------------|-----------|--|
| SALES JRN | L # 0272 | LOC 001 | SUNNYSIDE CITYWIDE | REG NY NY | | | VCP CHOICE LHCS | A | |
| | | | 5 | SALES REGISTER | | | BILL WEEK ENDIN | G 3/16/12 | |
| INVOICE# | DATE | CUST NO | CUSTOMER NAME | REFERENCE | HOURS | TAX AMT | AMOUNT TY | P SURPLUS | |
| 187391 | 3/09/12 | 800000 | VISITING NURSE SERVICE | ESPEJO, FLORENC | 30.00 | | 437.40 I | | |
| | | | | CATEGORY | 30.00 | 0.00 | 437.40 | | |

| | 03/14/12 - NL # 0272 | | | REG NY NY SALES REGISTER | | | PAGE 1 - ADU ADULT BILL WEEK ENDING | 93 3/16/12 |
|----------|-------------------------|---------|------------------------|-----------------------------|-------|---------|---|------------|
| INVOICE# | DATE | CUST NO | CUSTOMER NAME | REFERENCE | HOURS | TAX AMT | AMOUNT TYP | SURPLUS |
| 187392 | 3/09/12 | 800000 | VISITING NURSE SERVICE | ESPINAL, JOSE | 3.00 | | 43.74 I | |
| | | | | CATEGORY | 3.00 | 0.00 | 43.74 | |

| | | | YSIDE CITYWIDE | | | | PAGE | 1 – | 94 | |
|-----------|-----------|---------|------------------------|-----------------|-------|---------|-------------|-------|---------|--|
| SALES JRN | IL # 0272 | LOC 001 | SUNNYSIDE CITYWIDE | REG NY NY | | | VCP CHOICE | | | |
| | | | | SALES REGISTER | | | BILL WEEK E | NDING | 3/16/12 | |
| INVOICE# | DATE | CUST NO | CUSTOMER NAME | REFERENCE | HOURS | TAX AMT | AMOUNT | TYP | SURPLUS | |
| 187393 | 3/09/12 | 800000 | VISITING NURSE SERVICE | EVERETT, SHIRLE | 14.00 | | 204.12 | I | | |
| | | | | CATEGORY | 14.00 | 0.00 | 204.12 | - | | |

| RUN DATE 03/14/12 SALES JRNL # 0272 | - SUP SUNN LOC 001 | YSIDE CITYWIDE SUNNYSIDE CITYWIDE | REG NY NY | | | PAGE 1 - ADU ADULT | 95 |
|-------------------------------------|-----------------------|---|----------------|----------------|---------|-----------------------|---------|
| DADES SIGNE # 02/2 | 100 001 | | SALES REGISTER | | | BILL WEEK ENDING | 3/16/12 |
| INVOICE# DATE | CUST NO | CUSTOMER NAME | REFERENCE | HOURS | TAX AMT | AMOUNT TYP | SURPLUS |
| 187394 3/09/12 187395 3/09/12 | 000008 000008 | VISITING NURSE SERVICE VISITING NURSE SERVICE | , - | 58.00 12.00 | | 845.64 I 174.96 I | |
| | | | CUSTOMER | 70.00 | 0.00 | 1,020.60 | |
| | | | CATEGORY | 70.00 | 0.00 | 1,020.60 | |

| | | | YSIDE CITYWIDE | DDG 191 | | | | 96 |
|----------|-----------|---------|------------------------|----------------------------|-------|---------|---------------------------------------|---------|
| SALES JR | NL # 0272 | TOG 001 | SUNNYSIDE CITYWIDE | REGNY NY SALES REGISTER | | | HOA HOSPICE ADULT BILL WEEK ENDING | 3/16/12 |
| INVOICE# | DATE | CUST NO | CUSTOMER NAME | REFERENCE | HOURS | TAX AMT | AMOUNT TYP | SURPLUS |
| 187396 | 3/09/12 | 800000 | VISITING NURSE SERVICE | FARO, JOSEPH | 15.00 | | 218.70 I | |
| | | | | CATEGORY | 15.00 | 0.00 | 218.70 | |

| | | | YSIDE CITYWIDE SUNNYSIDE CITYWIDE S | REGNY NY SALES REGISTER | | | PAGE 1 - ADU ADULT BILL WEEK ENDIN | 97 IG 3/16/12 |
|----------|---------|---------|---|----------------------------|-------|---------|--|------------------|
| INVOICE# | DATE | CUST NO | CUSTOMER NAME | REFERENCE | HOURS | TAX AMT | AMOUNT TY | P SURPLUS |
| 187397 | 3/09/12 | 800000 | VISITING NURSE SERVICE | FAY, JULIA | 1.00 | | 14.58 I | |
| | | | | CATEGORY | 1.00 | 0.00 | 14.58 | |

| | RUN DATE | 03/14/12 - | - SUP SUNN | YSIDE CITYWIDE | | | | PAGE 1 - ! | 98 |
|---|-----------|------------|------------|------------------------|-----------------|-------|---------|-------------------|------------|
| | SALES JRN | L # 0272 | LOC 001 | SUNNYSIDE CITYWIDE | REG NY NY | | | CCL CONGREGATE CA | RE PROGRAM |
| | | | | 2 | SALES REGISTER | | | BILL WEEK ENDING | 3/16/12 |
| | INVOICE# | DATE | CUST NO | CUSTOMER NAME | REFERENCE | HOURS | TAX AMT | AMOUNT TYP | SURPLUS |
| | 187398 | 3/09/12 | 800000 | VISITING NURSE SERVICE | FERNANDEZ, JORG | 15.00 | | 218.70 I | |
| | | | | | | | | | |
| ı | | | | | CATEGORY | 15.00 | 0.00 | 218.70 | |

| RUN DATE | 03/14/12 - | - SUP SUNN | YSIDE CITYWIDE | | | | PAGE 1 - | 99 |
|----------|------------|------------|------------------------|-----------------|-------|---------|------------------|---------|
| SALES JR | NL # 0272 | LOC 001 | SUNNYSIDE CITYWIDE | REG NY NY | | | VCP CHOICE LHCSA | |
| | | | \$ | SALES REGISTER | | | BILL WEEK ENDING | 3/16/12 |
| INVOICE# | DATE | CUST NO | CUSTOMER NAME | REFERENCE | HOURS | TAX AMT | AMOUNT TYP | SURPLUS |
| 187399 | 3/09/12 | 800000 | VISITING NURSE SERVICE | FERREIRO, JOSEP | 15.00 | | 218.70 I | |
| | | | | CATEGORY | 15.00 | 0.00 | 218.70 | |

| | | | YSIDE CITYWIDE SUNNYSIDE CITYWIDE | REG NY | NY | | | PAGE 1 ADU ADULT | - 10 | 10 |
|------------|-----------|---------|--------------------------------------|--------|-----------|-------|---------|---------------------|------|---------|
| DIEED GIAV | L 0272 | 100 001 | | | EGISTER | | | BILL WEEK EN | DING | 3/16/12 |
| INVOICE# | DATE | CUST NO | CUSTOMER NAME | REFE | CRENCE | HOURS | TAX AMT | AMOUNT | TYP | SURPLUS |
| 187400 | 3/09/12 | 800000 | VISITING NURSE SERVICE | FINK, | ROSEMARIE | 4.00 | | 58.32 | I | |
| | | | | | | | | | | |
| | | | | | CATEGORY | 4.00 | 0.00 | 58.32 | | |

| | | | NYSIDE CITYWIDE SUNNYSIDE CITYWIDE | REG NY NY SALES REGISTER | | | PAGE 1 - LTC NURSING HO BILL WEEK ENDI | MEW/O WALLS (LT |
|----------|---------|---------|---------------------------------------|-----------------------------|-------|---------|--|-----------------|
| INVOICE# | DATE | CUST NO | CUSTOMER NAME | REFERENCE | HOURS | TAX AMT | AMOUNT T | YP SURPLUS |
| 187401 | 3/09/12 | 000008 | VISITING NURSE SERVICE | FIUMARA, ROSE | 52.75 | | 769.10 | I |
| | | | | CATEGORY | 52.75 | 0.00 | 769.10 | |

| RUN DAT | E 03/14/12 | - SUP SUNN | YSIDE CITYWIDE | | | | PAGE 1 - 1 | .02 |
|----------|------------|------------|------------------------|-----------------|-------|---------|-------------------|-------------|
| SALES J | RNL # 0272 | LOC 001 | SUNNYSIDE CITYWIDE | REG NY NY | | | CCL CONGREGATE CA | ARE PROGRAM |
| | | | S | SALES REGISTER | | | BILL WEEK ENDING | 3/16/12 |
| INVOICE: | ‡ DATE | CUST NO | CUSTOMER NAME | REFERENCE | HOURS | TAX AMT | AMOUNT TYP | SURPLUS |
| 187402 | 3/09/12 | 800000 | VISITING NURSE SERVICE | FLEITMAN, KLARA | 6.00 | | 87.48 I | |
| | | | | GA EEGODY | | | | |
| 1 | | | | CATEGORY | 6.00 | 0.00 | 87.48 | |

| | | | YSIDE CITYWIDE | | | | PAGE 1 - | 103 |
|------------|----------|---------|------------------------|--------------|-----------|---------|----------------|------------|
| SALES JRNI | L # 0272 | LOC 001 | SUNNYSIDE CITYWIDE | REG NY NY | | | VCP CHOICE LHC | |
| | | | 5 | SALES REGIS | TER | | BILL WEEK ENDI | NG 3/16/12 |
| INVOICE# | DATE | CUST NO | CUSTOMER NAME | REFERENCE | HOURS | TAX AMT | AMOUNT T | YP SURPLUS |
| 187403 | 3/09/12 | 800000 | VISITING NURSE SERVICE | FOLLETTO, RO | SIN 33.00 | | 481.14 | I |
| | | | | | | | | |
| | | | | CATEGO | RY 33.00 | 0.00 | 481.14 | |

| RUN DATE | 03/14/12 - | - SUP SUNN | YSIDE CITYWIDE | | | | PAGE 1 - 10 | 4 |
|-----------|------------|------------|------------------------|-----------------|-------|---------|--------------------|-----------|
| SALES JRN | rL # 0272 | LOC 001 | SUNNYSIDE CITYWIDE | REG NY NY | | | CCL CONGREGATE CAR | E PROGRAM |
| | | | S | SALES REGISTER | | | BILL WEEK ENDING | 3/16/12 |
| INVOICE# | DATE | CUST NO | CUSTOMER NAME | REFERENCE | HOURS | TAX AMT | AMOUNT TYP | SURPLUS |
| 187404 | 3/09/12 | 800000 | VISITING NURSE SERVICE | FONSECA, EUGENI | 35.00 | | 510.30 I | |
| | | | | CATEGORY | 35.00 | 0.00 | 510.30 | |

| | | | YSIDE CITYWIDE | | | | PAGE 1 - | 105 |
|----------|-----------|---------|------------------------|-----------------|-------|---------|------------------|---------|
| SALES JR | NL # 0272 | LOC 001 | | REG NY NY | | | VCP CHOICE LHCSA | |
| | | | : | SALES REGISTER | | | BILL WEEK ENDING | 3/16/12 |
| INVOICE# | DATE | CUST NO | CUSTOMER NAME | REFERENCE | HOURS | TAX AMT | AMOUNT TYP | SURPLUS |
| 187405 | 3/09/12 | 800000 | VISITING NURSE SERVICE | FONTEBOA, GUILL | 35.00 | | 510.30 I | |
| | | | | | | | | |
| | | | | CATEGORY | 35.00 | 0.00 | 510.30 | |

| RUN DATE SALES JRN | | | YSIDE CITYWIDE SUNNYSIDE CITYWIDE S | REG NY NY A L E S R E G I S T E R | | | PAGE 1 - 106 LTC NURSING HOMEW/C BILL WEEK ENDING | WALLS (LT |
|-----------------------|---------|---------|---|-----------------------------------|-------|---------|---|-----------|
| INVOICE# | DATE | CUST NO | CUSTOMER NAME | REFERENCE | HOURS | TAX AMT | AMOUNT TYP | SURPLUS |
| 187406 | 3/09/12 | 800000 | VISITING NURSE SERVICE | FRED, EULALIA | 54.50 | | 794.62 I | |
| | | | | CATEGORY | 54.50 | 0.00 | 794.62 | |

| | | | YSIDE CITYWIDE SUNNYSIDE CITYWIDE | REG NY NY | | | PAGE 1 VCP CHOICE LH | ±0, | |
|------------|----------|---------|-----------------------------------|-----------------|-------|---------|----------------------|-------------|--|
| DALLO OIM. | L π 02/2 | 100 001 | | SALES REGISTER | | | BILL WEEK END | | |
| INVOICE# | DATE | CUST NO | CUSTOMER NAME | REFERENCE | HOURS | TAX AMT | AMOUNT ' | TYP SURPLUS | |
| 187407 | 3/09/12 | 800000 | VISITING NURSE SERVICE | FREDERICK, AMEL | 34.75 | | 506.66 | I | |
| | | | | | | | | | |
| | | | | CATEGORY | 34.75 | 0.00 | 506.66 | | |

| | | | YSIDE CITYWIDE | | | | | - 108 |
|------------|--------------------|------------------|---|----------------------------|----------------|---------|------------------|-----------------------------------|
| SALES JRNL | 1 # UZ/Z | LOC 001 | SUNNYSIDE CITYWIDE | REGNY NY SALES REGISTER | | | BILL WEEK EN | HOMEW/O WALLS (LT DING 3/16/12 |
| INVOICE# | DATE | CUST NO | CUSTOMER NAME | REFERENCE | HOURS | TAX AMT | AMOUNT | TYP SURPLUS |
| | 3/09/12 3/09/12 | 800000 800000 | VISITING NURSE SERVICE VISITING NURSE SERVICE | • | 37.00 35.00 | | 539.46 510.30 | I I |
| | | | | CUSTOMER | 72.00 | 0.00 | 1,049.76 | |
| | | | | CATEGORY | 72.00 | 0.00 | 1,049.76 | |

| RUN DATE | 03/14/12 - | - SUP SUNN | YSIDE CITYWIDE | | | | PAGE 1 - 109 | 9 |
|-----------|------------|------------|------------------------|----------------|-------|---------|------------------|---------|
| SALES JRN | ъ # 0272 | LOC 001 | SUNNYSIDE CITYWIDE | REG NY NY | | | VCP CHOICE LHCSA | |
| | | | | SALES REGISTER | | | BILL WEEK ENDING | 3/16/12 |
| INVOICE# | DATE | CUST NO | CUSTOMER NAME | REFERENCE | HOURS | TAX AMT | AMOUNT TYP | SURPLUS |
| 187410 | 3/09/12 | 800000 | VISITING NURSE SERVICE | GAID, ASILA | 35.00 | | 510.30 I | |
| | | | | CATEGORY | 35.00 | 0.00 | 510.30 | |

| RUN DATE SALES JRN | | | YSIDE CITYWIDE SUNNYSIDE CITYWIDE S | REG NY NY SALES REGISTER | | | PAGE 1 - 110 ADU ADULT BILL WEEK ENDING 3/16 | 5/12 |
|-----------------------|---------|---------|---|-----------------------------|-------|---------|--|------|
| INVOICE# | DATE | CUST NO | CUSTOMER NAME | REFERENCE | HOURS | TAX AMT | AMOUNT TYP SURE | PLUS |
| 187411 | 3/09/12 | 800000 | VISITING NURSE SERVICE | GALARZA, JOSE | 41.00 | | 597.78 I | |
| | | | | CATEGORY | 41.00 | 0.00 | 597.78 | |

| RUN DATE SALES JRN | | | YSIDE CITYWIDE SUNNYSIDE CITYWIDE | REG NY NY | | | PAGE 1 VCP CHOICE LH | - 11 ICSA | .1 |
|-----------------------|--------------------|------------------|---|------------------------------------|-------|---------|-------------------------|--------------|---------|
| | | | S | ALES REGISTER | | | BILL WEEK END | ING | 3/16/12 |
| INVOICE# | DATE | CUST NO | CUSTOMER NAME | REFERENCE | HOURS | TAX AMT | AMOUNT | TYP | SURPLUS |
| 187412 187413 | 3/09/12 3/09/12 | 000008 000008 | VISITING NURSE SERVICE VISITING NURSE SERVICE | GALLARDO, ZOILA GALLINA, VIRGIN | 41.50 | | 605.07 131.22 | I | |
| 107113 | 3/03/12 | 000000 | VIBITING NORBE BERVICE | , | | | | | |
| | | | | CUSTOMER | 50.50 | 0.00 | 736.29 | | |
| | | | | CATEGORY | 50.50 | 0.00 | 736.29 | | |

| RUN DATE SALES JRN | , | | YSIDE CITYWIDE SUNNYSIDE CITYWIDE S | REG NY NY SALES REGISTER | | | PAGE 1 - LTC NURSING HOM BILL WEEK ENDIN | , (|
|--------------------------------------|--|--------------------------------------|--|---|--------------------------------|---------|--|-----------|
| INVOICE# | DATE | CUST NO | CUSTOMER NAME | REFERENCE | HOURS | TAX AMT | AMOUNT TY | P SURPLUS |
| 187414 187415 187416 187417 | 3/09/12 1/20/12 3/02/12 3/09/12 | 000008 000008 000008 000008 | VISITING NURSE SERVICE VISITING NURSE SERVICE VISITING NURSE SERVICE VISITING NURSE SERVICE | GALLO, BENJAMIN GARAY, ANGELES GARAY, ANGELES GARAY, ANGELES | 40.00 4.00 4.00 15.75 | | 583.20 I 58.32 I 58.32 I 229.64 I | |
| | | | | CUSTOMER | 63.75 | 0.00 | 929.48 | |
| | | | | CATEGORY | 63.75 | 0.00 | 929.48 | |

| | 03/14/12 - JL # 0272 | | | REGNY NY SALES REGISTER | | | PAGE 1 - 113 ADU ADULT BILL WEEK ENDING 3/16 | 5/12 |
|----------|-------------------------|---------|------------------------|----------------------------|-------|---------|--|------|
| INVOICE# | DATE | CUST NO | CUSTOMER NAME | REFERENCE | HOURS | TAX AMT | AMOUNT TYP SURE | PLUS |
| 187418 | 3/09/12 | 800000 | VISITING NURSE SERVICE | GARCIA, CONCEPC | 40.00 | | 583.20 I | |
| | | | | CATEGORY | 40.00 | 0.00 | 583.20 | |

| RUN DATE | 03/14/12 - | - SUP SUNN | YSIDE CITYWIDE | | | | PAGE 1 - 1 | 14 |
|-----------|------------|------------|------------------------|-----------------|-------|---------|------------------|---------|
| SALES JRN | rL # 0272 | LOC 001 | SUNNYSIDE CITYWIDE | REG NY NY | | | VCP CHOICE LHCSA | |
| | | | i | SALES REGISTER | | | BILL WEEK ENDING | 3/16/12 |
| INVOICE# | DATE | CUST NO | CUSTOMER NAME | REFERENCE | HOURS | TAX AMT | AMOUNT TYP | SURPLUS |
| 187419 | 3/09/12 | 800000 | VISITING NURSE SERVICE | GARCIA, JOSEFIN | 56.00 | | 816.48 I | |
| | | | | CATEGORY | 56.00 | 0.00 | 816.48 | |

| | | | YSIDE CITYWIDE | | | | 11102 | - 11 | |
|-----------|---------------|---------|------------------------|----------------------------|--------|---------|--------------|------|---------|
| SALES JRN | L # 0272 | LOC 001 | SUNNYSIDE CITYWIDE | REGNY NY SALES REGISTER | | | LTC NURSING | , | |
| | | | | SALES REGISTER | - | | BILL WEEK EN | DING | 3/16/12 |
| INVOICE# | DATE | CUST NO | CUSTOMER NAME | REFERENCE | HOURS | TAX AMT | AMOUNT | TYP | SURPLUS |
| 105400 | 2 / 0 0 / 1 0 | 000000 | | G17GT1 07G1 | 20.00 | | 425 40 | _ | |
| 187420 | 3/09/12 | 000008 | VISITING NURSE SERVICE | GARCIA, OLGA | 30.00 | | 437.40 | Ţ | |
| 187421 | 1/27/12 | 800000 | VISITING NURSE SERVICE | GARY, MIKE | 7.00 | | 102.06 | I | |
| 187422 | 3/09/12 | 000008 | VISITING NURSE SERVICE | GARY, MIKE | 35.00 | | 510.30 | I | |
| 187423 | 3/09/12 | 800000 | VISITING NURSE SERVICE | GEBHARDT, DOROT | 40.00 | | 583.20 | I | |
| | | | | | 110 00 | | 1 620 06 | | |
| | | | | CUSTOMER | 112.00 | 0.00 | 1,632.96 | | |
| | | | | | | | | | |
| | | | | CATEGORY | 112.00 | 0.00 | 1,632.96 | | |

| | | | YSIDE CITYWIDE | | | | PAGE 1 - 11 | 6 |
|-----------|----------|---------|------------------------|-----------------|-------|---------|------------------|---------|
| SALES JRN | L # 0272 | LOC 001 | SUNNYSIDE CITYWIDE | REG NY NY | | | VCP CHOICE LHCSA | 2/16/10 |
| | | | | SALES REGISTER | | | BILL WEEK ENDING | 3/16/12 |
| INVOICE# | DATE | CUST NO | CUSTOMER NAME | REFERENCE | HOURS | TAX AMT | AMOUNT TYP | SURPLUS |
| 187424 | 3/09/12 | 800000 | VISITING NURSE SERVICE | GEORGE, MERCEDE | 50.00 | | 729.01 I | |
| | | | | | | | | |
| | | | | CATEGORY | 50.00 | 0.00 | 729.01 | |

| | | | YSIDE CITYWIDE SUNNYSIDE CITYWIDE | REG NY NY | | | PAGE 1 - LTC NURSING HOME | |
|----------|---------|---------|-----------------------------------|-----------------|-------|---------|------------------------------|---------|
| | | | | SALES REGISTER | | | BILL WEEK ENDING | 3/16/12 |
| INVOICE# | DATE | CUST NO | CUSTOMER NAME | REFERENCE | HOURS | TAX AMT | AMOUNT TYP | SURPLUS |
| 187425 | 3/09/12 | 000008 | VISITING NURSE SERVICE | GIORGIO, WILLIA | 45.00 | | 656.11 I | |
| | | | | CATEGORY | 45.00 | 0.00 | 656.11 | |

| RUN DATE (| | | YSIDE CITYWIDE SUNNYSIDE CITYWIDE | REG NY NY | | | PAGE 1 - 118 HOA HOSPICE ADULT | |
|------------|---------|---------|--------------------------------------|-----------------|-------|---------|-----------------------------------|--------|
| | - " | | | SALES REGISTER | | | | /16/12 |
| INVOICE# | DATE | CUST NO | CUSTOMER NAME | REFERENCE | HOURS | TAX AMT | AMOUNT TYP S | URPLUS |
| 187426 | 3/09/12 | 800000 | VISITING NURSE SERVICE | GIUNTA, MADELIN | 20.00 | | 291.60 I | |
| | | | | | | | | |
| | | | | CATEGORY | 20.00 | 0.00 | 291.60 | |

| RUN DATE | 03/14/12 - | - SUP SUNN | YSIDE CITYWIDE | | | | PAGE 1 - 119 | 9 |
|-----------|------------|------------|------------------------|-----------------|-------|---------|---------------------|-----------|
| SALES JRN | L # 0272 | LOC 001 | SUNNYSIDE CITYWIDE | REG NY NY | | | CCL CONGREGATE CARE | E PROGRAM |
| | | | 2 | SALES REGISTER | | | BILL WEEK ENDING | 3/16/12 |
| INVOICE# | DATE | CUST NO | CUSTOMER NAME | REFERENCE | HOURS | TAX AMT | AMOUNT TYP | SURPLUS |
| 187427 | 3/09/12 | 800000 | VISITING NURSE SERVICE | GOLIGHTLY, OZEL | 56.00 | | 816.48 I | |
| | | | | | | | | |
| | | | | CATEGORY | 56.00 | 0.00 | 816.48 | |

| RUN DATE | 03/14/12 - | SUP SUNN | YSIDE CITYWIDE | | | | PAGE 1 - 1 | 20 |
|-----------|------------|----------|------------------------|-----------------|-------|---------|------------------|---------|
| SALES JRN | L # 0272 | LOC 001 | SUNNYSIDE CITYWIDE | REG NY NY | | | VCP CHOICE LHCSA | |
| | | | S | ALES REGISTER | | | BILL WEEK ENDING | 3/16/12 |
| INVOICE# | DATE | CUST NO | CUSTOMER NAME | REFERENCE | HOURS | TAX AMT | AMOUNT TYP | SURPLUS |
| 187428 | 3/09/12 | 800000 | VISITING NURSE SERVICE | GOMEZ, JOSEFINA | 24.50 | | 357.21 I | |
| | | | | CATEGORY | 24.50 | 0.00 | 357.21 | |

| RUN DATE | 03/14/12 - | SUP SUNN | YSIDE CITYWIDE | | | | PAGE 1 | - 121 | |
|-----------|------------|----------|------------------------|-----------------|-------|---------|---------------|----------|----------|
| SALES JRN | L # 0272 | LOC 001 | SUNNYSIDE CITYWIDE | REG NY NY | | | LTC NURSING H | OMEW/O W | ALLS (LT |
| | | | S | ALES REGISTER | | | BILL WEEK END | ING 3/ | 16/12 |
| INVOICE# | DATE | CUST NO | CUSTOMER NAME | REFERENCE | HOURS | TAX AMT | AMOUNT | TYP SU | RPLUS |
| 187429 | 3/09/12 | 000008 | VISITING NURSE SERVICE | GOMEZ, ROSANA | 28.00 | | 408.24 | I | |
| 187430 | 3/09/12 | 800000 | VISITING NURSE SERVICE | GOMEZ, VICTORIA | 32.75 | | 477.50 | I | |
| | | | | CUSTOMER | 60.75 | 0.00 | 885.74 | | |
| | | | | CATEGORY | 60.75 | 0.00 | 885.74 | | |

| RUN DATE SALES JRN | | | YSIDE CITYWIDE SUNNYSIDE CITYWIDE S | REG NY NY A L E S R E G I S T E R | | | PAGE 1 ADU ADULT BILL WEEK END | | 3/16/12 |
|-----------------------|--------------------|------------------|---|--------------------------------------|--------------|---------|--------------------------------------|--------|---------|
| INVOICE# | DATE | CUST NO | CUSTOMER NAME | REFERENCE | HOURS | TAX AMT | AMOUNT ' | TYP | SURPLUS |
| 187431 187432 | 3/09/12 3/09/12 | 800000 800000 | VISITING NURSE SERVICE VISITING NURSE SERVICE | GONZALEZ, CARLO GONZALEZ, CARLO | 7.75 6.00 | | 113.00 87.48 | I I | |
| | | | | CUSTOMER | 13.75 | 0.00 | 200.48 | | |
| | | | | CATEGORY | 13.75 | 0.00 | 200.48 | | |

| RUN DATE 03/14/12 - SUP SUNNYSIDE CITYWIDE SALES JRNL # 0272 LOC 001 SUNNYSIDE CITYWIDE REG NY NY | PAGE 1 – 123 VCP CHOICE LHCSA |
|---|----------------------------------|
| SALES REGISTER | BILL WEEK ENDING 3/16/12 |
| INVOICE# DATE CUST NO CUSTOMER NAME REFERENCE HOURS TAX AMT | I AMOUNT TYP SURPLUS |
| 187433 3/09/12 000008 VISITING NURSE SERVICE GONZALEZ, DOLOR 24.00 | 349.92 I |
| CATEGORY 24.00 0.00 | 0 |

| RUN DATE (| | SUP SUNN LOC 001 | YSIDE CITYWIDE SUNNYSIDE CITYWIDE | REG NY NY SALES REGISTER | | | PAGE 1 - 124 LTC NURSING HOMEW/O WALLS (LT BILL WEEK ENDING 3/16/12 | |
|------------------|--------------------|---------------------|--|-----------------------------|----------------|---------|---|--|
| INVOICE# | DATE | CUST NO | CUSTOMER NAME | REFERENCE | HOURS | TAX AMT | AMOUNT TYP SURPLUS | |
| 187434 187435 | 3/09/12 3/09/12 | 800000 800000 | VISITING NURSE SERVICE VISITING NURSE SERVICE | , | 30.00 15.00 | | 437.40 I 218.70 I | |
| | | | | CUSTOMER | 45.00 | 0.00 | 656.10 | |
| | | | | CATEGORY | 45.00 | 0.00 | 656.10 | |

| | | | YSIDE CITYWIDE | | | | - | 125 |
|-----------|-----------|---------|------------------------|----------------|-------|---------|------------------|---------|
| SALES JRN | IL # 0272 | LOC 001 | SUNNYSIDE CITYWIDE | REG NY NY | | | VCP CHOICE LHCSA | |
| | | | | SALES REGISTER | | | BILL WEEK ENDING | 3/16/12 |
| INVOICE# | DATE | CUST NO | CUSTOMER NAME | REFERENCE | HOURS | TAX AMT | AMOUNT TYPE | SURPLUS |
| 187436 | 3/09/12 | 000008 | VISITING NURSE SERVICE | GOYES, ELBA | 23.00 | | 335.34 I | |
| 187437 | 3/09/12 | 800000 | VISITING NURSE SERVICE | GRAVER, EDNA | 41.00 | | 597.78 I | |
| | | | | CUSTOMER | 64.00 | 0.00 | 933.12 | |
| | | | | | | | | |
| | | | | CATEGORY | 64.00 | 0.00 | 933.12 | |

| | | | YSIDE CITYWIDE SUNNYSIDE CITYWIDE | REG NY NY SALES REGISTER | | | PAGE 1 - ADU ADULT BILL WEEK ENDING | |
|----------|---------|---------|--------------------------------------|-----------------------------|-------|---------|---|---------|
| INVOICE# | DATE | CUST NO | CUSTOMER NAME | REFERENCE | HOURS | TAX AMT | AMOUNT TYP | SURPLUS |
| 187438 | 3/09/12 | 800000 | VISITING NURSE SERVICE | GREGORETTI, JOH | 2.00 | | 29.16 I | |
| | | | | CATEGORY | 2.00 | 0.00 | | |

| RUN DATE | 03/14/12 - | - SUP SUNN | YSIDE CITYWIDE | | | | PAGE 1 - 1 | 127 |
|-----------|------------|------------|------------------------|-----------------|-------|---------|------------------|---------------|
| SALES JRN | L # 0272 | LOC 001 | SUNNYSIDE CITYWIDE | REG NY NY | | | LAA LOMBARDI AID | S ADULT POPUL |
| | | | 5 | SALES REGISTER | | | BILL WEEK ENDING | 3/16/12 |
| INVOICE# | DATE | CUST NO | CUSTOMER NAME | REFERENCE | HOURS | TAX AMT | AMOUNT TYP | SURPLUS |
| 187439 | 3/09/12 | 800000 | VISITING NURSE SERVICE | GRESSINE, ARNOL | 42.00 | | 612.36 I | |
| | | | | CATEGORY | 42.00 | 0.00 | 612.36 | |

| | | | YSIDE CITYWIDE | | | | | - 12 | 8 |
|-----------|----------|---------|------------------------|-----------------|--------|---------|---------------|------|---------|
| SALES JRN | ъ # 0272 | LOC 001 | SUNNYSIDE CITYWIDE | REG NY NY | | | VCP CHOICE LE | | 2/16/10 |
| | | | | SALES REGISTER | | | BILL WEEK ENI | DING | 3/16/12 |
| INVOICE# | DATE | CUST NO | CUSTOMER NAME | REFERENCE | HOURS | TAX AMT | AMOUNT | TYP | SURPLUS |
| 187440 | 3/09/12 | 000008 | VISITING NURSE SERVICE | GUEVARA, ELENA | 84.00 | | 1,224.72 | I | |
| 187441 | 3/09/12 | 800000 | VISITING NURSE SERVICE | GUTIERREZ, ANGE | 39.00 | | 568.62 | I | |
| | | | | CUSTOMER | 123.00 | 0.00 | 1,793.34 | | |
| | | | | | | | , , , , , , , | | |
| | | | | | 102.00 | | 1 502 24 | | |
| 1 | | | | CATEGORY | 123.00 | 0.00 | 1,793.34 | | |

| RUN DATE | 03/14/12 - | - SUP SUNN | YSIDE CITYWIDE | | | | PAGE 1 - | 129 |
|-----------|------------|------------|------------------------|-----------------|-------|---------|------------------|---------|
| SALES JRN | rL # 0272 | LOC 001 | | REG NY NY | | | LTC NURSING HOME | · |
| | | | | SALES REGISTER | | | BILL WEEK ENDING | 3/16/12 |
| INVOICE# | DATE | CUST NO | CUSTOMER NAME | REFERENCE | HOURS | TAX AMT | AMOUNT TYP | SURPLUS |
| 187442 | 2/24/12 | 000008 | VISITING NURSE SERVICE | GUTIERREZ, JOSE | 6.00 | | 87.48 I | |
| 187443 | 3/02/12 | 800000 | VISITING NURSE SERVICE | GUTIERREZ, JOSE | 18.00 | | 262.44 I | |
| 187444 | 3/09/12 | 800000 | VISITING NURSE SERVICE | GUTIERREZ, JOSE | 35.75 | | 521.24 I | |
| | | | | | | | | |
| | | | | CUSTOMER | 59.75 | 0.00 | 871.16 | |
| | | | | | | | | |
| | | | | CATEGORY | 59.75 | 0.00 | 871.16 | |

| RUN DATE | 03/14/12 - | - SUP SUNN | YSIDE CITYWIDE | | | | PAGE 1 - | 130 |
|-----------|---------------|------------|----------------------------|----------------|-------|---------|----------------|-------------|
| SALES JRN | L # 0272 | LOC 001 | SUNNYSIDE CITYWIDE | REG NY NY | | | ADU ADULT | |
| | | | | SALES REGISTER | | | BILL WEEK ENDI | ING 3/16/12 |
| | | | | | | | | |
| INVOICE# | DATE | CUST NO | CUSTOMER NAME | REFERENCE | HOURS | TAX AMT | AMOUNT T | YP SURPLUS |
| 107445 | 2 / 0 0 / 1 2 | 00000 | III GITTING MIDGE GEDIII G | LIENAO DEAEDIG | 10 00 | | 262 44 | - |
| 187445 | 3/09/12 | 800000 | VISITING NURSE SERVICE | HENAO, BEATRIZ | 18.00 | | 262.44 | 1 |
| | | | | | | | | |
| | | | | CATEGORY | 18.00 | 0.00 | 262.44 | |
| | | | | CAILGORI | 10.00 | 0.00 | 202.44 | |

| RUN DATE | 03/14/12 - | - SUP SUNN | YSIDE CITYWIDE | | | | PAGE 1 - 131 | 1 |
|-----------|------------|------------|------------------------|----------------|-------|---------|------------------|---------|
| SALES JRN | ъ # 0272 | LOC 001 | SUNNYSIDE CITYWIDE | REG NY NY | | | VCP CHOICE LHCSA | |
| | | | | SALES REGISTER | | | BILL WEEK ENDING | 3/16/12 |
| INVOICE# | DATE | CUST NO | CUSTOMER NAME | REFERENCE | HOURS | TAX AMT | AMOUNT TYP | SURPLUS |
| 187446 | 3/09/12 | 800000 | VISITING NURSE SERVICE | HENDY, BERNICE | 10.00 | | 145.80 I | |
| | | | | CATEGORY | 10.00 | 0.00 | 145.80 | |

| RUN DATE 0 | | SUP SUNN | YSIDE CITYWIDE SUNNYSIDE CITYWIDE | REG NY NY | | | PAGE 1 - ADU ADULT | - 132 |
|------------|--------------------|------------------|---|------------------------------------|---------------|---------|-----------------------|-------------|
| | 3 02.2 | 200 001 | | SALES REGISTER | | | BILL WEEK END | ING 3/16/12 |
| INVOICE# | DATE | CUST NO | CUSTOMER NAME | REFERENCE | HOURS | TAX AMT | AMOUNT 7 | TYP SURPLUS |
| | 3/09/12 | 800000 | VISITING NURSE SERVICE | HENRIQUEZ, MARI | 48.00 | | 699.84 | I |
| | 3/09/12 3/09/12 | 000008 000008 | VISITING NURSE SERVICE VISITING NURSE SERVICE | HERNANDEZ, ESTH HERNANDEZ, MARI | 11.75 6.00 | | 171.32 87.48 | I |
| | | | | CUSTOMER | 65.75 | 0.00 | 958.64 | |
| | | | | CATEGORY | 65.75 | 0.00 | 958.64 | |

| RUN DATE | 03/14/12 - | SUP SUNN | YSIDE CITYWIDE | | | | PAGE 1 - 1 | 33 | |
|-----------|------------|----------|------------------------|-----------------|-------|---------|------------------|---------|--|
| SALES JRN | ь # 0272 | LOC 001 | SUNNYSIDE CITYWIDE | REG NY NY | | | VCP CHOICE LHCSA | | |
| | | | S | SALES REGISTER | | | BILL WEEK ENDING | 3/16/12 | |
| INVOICE# | DATE | CUST NO | CUSTOMER NAME | REFERENCE | HOURS | TAX AMT | AMOUNT TYP | SURPLUS | |
| 187450 | 3/09/12 | 800000 | VISITING NURSE SERVICE | HERNANDEZ, MERC | 30.00 | | 437.40 I | | |
| | | | | CATEGORY | 30.00 | 0.00 | 437.40 | | |

| RUN DATE (| | | YSIDE CITYWIDE SUNNYSIDE CITYWIDE | REG NY NY | | | PAGE 1 LTC NURSING I | - 134 HOMEW/O | WALLS (LT |
|------------------|--------------------|------------------|---|------------------------------------|----------------|---------|-------------------------|------------------|-----------|
| | | | ; | SALES REGISTER | | | BILL WEEK EN | DING 3 | /16/12 |
| INVOICE# | DATE | CUST NO | CUSTOMER NAME | REFERENCE | HOURS | TAX AMT | AMOUNT | TYP S | URPLUS |
| 187451 | 3/09/12 | 800000 | VISITING NURSE SERVICE | HERRERA, ANGELA | 33.75 | | 492.08 | I | |
| 187452 187453 | 3/09/12 3/09/12 | 800000 000008 | VISITING NURSE SERVICE VISITING NURSE SERVICE | HERRERA, HORACI HUNGRIA, SABINA | 35.50 40.00 | | 517.60 583.20 | I | |
| | | | | CUSTOMER | 109.25 | 0.00 | 1,592.88 | | |
| | | | | | | | | | |
| | | | | CATEGORY | 109.25 | 0.00 | 1,592.88 | | |

| RUN DATE SALES JRN | | | YSIDE CITYWIDE SUNNYSIDE CITYWIDE S | REGNY NY SALES REGISTER | | | PAGE 1 - 135 ADU ADULT BILL WEEK ENDING 3/16/12 | |
|-----------------------|---------|---------|---|----------------------------|-------|---------|---|--|
| INVOICE# | DATE | CUST NO | CUSTOMER NAME | REFERENCE | HOURS | TAX AMT | AMOUNT TYP SURPLUS | |
| 187454 | 3/09/12 | 800000 | VISITING NURSE SERVICE | IANNELLO, ROSE | 4.00 | | 58.32 I | |
| | | | | CATEGORY | 4.00 | 0.00 | 58.32 | |

| RUN DATE | 03/14/12 - | SUP SUNN | YSIDE CITYWIDE | | | | PAGE 1 - 136 | |
|-----------|------------|----------|------------------------|----------------|-------|---------|--------------------|---------|
| SALES JRN | L # 0272 | LOC 001 | SUNNYSIDE CITYWIDE | REG NY NY | | | VCP CHOICE LHCSA | |
| | | | 5 | SALES REGISTER | | | BILL WEEK ENDING 3 | 3/16/12 |
| INVOICE# | DATE | CUST NO | CUSTOMER NAME | REFERENCE | HOURS | TAX AMT | AMOUNT TYP S | SURPLUS |
| 187455 | 3/09/12 | 800000 | VISITING NURSE SERVICE | IBASCO, SOFIA | 20.00 | | 291.60 I | |
| | | | | CATEGORY | 20.00 | 0.00 | 291.60 | |

| | | | YSIDE CITYWIDE | | | | PAGE 1 | |
|------------|---------|---------|------------------------|-----------------|-------|---------|---------------|------------------|
| SALES JRNL | # 0272 | LOC 001 | SUNNYSIDE CITYWIDE | REG NY NY | | | | AIDS ADULT POPUL |
| | | | i | SALES REGISTER | | | BILL WEEK END | OING 3/16/12 |
| INVOICE# | DATE | CUST NO | CUSTOMER NAME | REFERENCE | HOURS | TAX AMT | AMOUNT | TYP SURPLUS |
| 187456 2 | 2/24/12 | 800000 | VISITING NURSE SERVICE | INOSTROZA, RAPH | 8.00 | | 116.64 | I |
| 187457 3 | 3/09/12 | 800000 | VISITING NURSE SERVICE | INOSTROZA, RAPH | 45.00 | | 656.10 | I |
| | | | | CUSTOMER | 53.00 | 0.00 | 772.74 | |
| | | | | COSTOMER | 55.00 | 0.00 | //2./4 | |
| | | | | | | | | |
| | | | | CATEGORY | 53.00 | 0.00 | 772.74 | |

| ı | RUN DATE | 03/14/12 | - SUP SUNN | YSIDE CITYWIDE | | | | PAGE 1 - 1 | 38 |
|---|-----------|----------|------------|------------------------|-----------------|-------|---------|------------------|---------|
| ı | SALES JRN | L # 0272 | LOC 001 | SUNNYSIDE CITYWIDE | REG NY NY | | | VCP CHOICE LHCSA | |
| ı | | | | 5 | SALES REGISTER | | | BILL WEEK ENDING | 3/16/12 |
| | INVOICE# | DATE | CUST NO | CUSTOMER NAME | REFERENCE | HOURS | TAX AMT | AMOUNT TYP | SURPLUS |
| | 187458 | 3/09/12 | 800000 | VISITING NURSE SERVICE | INSERRA, CATHER | 46.25 | | 674.33 I | |
| | | | | | CATEGORY | 46.25 | 0.00 | 674.33 | |

| RUN DATE | 03/14/12 | - SUP SUNN | YSIDE CITYWIDE | | | | PAGE 1 - 13 | 9 |
|-----------|----------|------------|------------------------|----------------|-------|---------|--------------------|-----------|
| SALES JRN | L # 0272 | LOC 001 | SUNNYSIDE CITYWIDE | REG NY NY | | | CCL CONGREGATE CAR | E PROGRAM |
| | | | Ş | SALES REGISTER | | | BILL WEEK ENDING | 3/16/12 |
| INVOICE# | DATE | CUST NO | CUSTOMER NAME | REFERENCE | HOURS | TAX AMT | AMOUNT TYP | SURPLUS |
| 187459 | 3/09/12 | 000008 | VISITING NURSE SERVICE | IRUSTA, MARIA | 9.00 | | 131.22 I | |
| | | | | CATEGORY | 9.00 | 0.00 | 131.22 | |

| RUN DATE | 03/14/12 - | - SUP SUNN | YSIDE CITYWIDE | | | | PAGE 1 - 1 | L40 | |
|-----------|------------|------------|------------------------|-----------------|-------|---------|------------------|---------|--|
| SALES JRN | L # 0272 | LOC 001 | SUNNYSIDE CITYWIDE | REG NY NY | | | VCP CHOICE LHCSA | | |
| | | | S | SALES REGISTER | | | BILL WEEK ENDING | 3/16/12 | |
| INVOICE# | DATE | CUST NO | CUSTOMER NAME | REFERENCE | HOURS | TAX AMT | AMOUNT TYP | SURPLUS | |
| 187460 | 3/09/12 | 800000 | VISITING NURSE SERVICE | ISKENDERIAN, KA | 30.00 | | 437.40 I | | |
| | | | | | | | | | |
| | | | | CATEGORY | 30.00 | 0.00 | 437.40 | | |

| RUN DATE | 03/14/12 - | SUP SUNN | YSIDE CITYWIDE | | | | PAGE 1 - | 141 |
|-----------|------------|----------|------------------------|-----------------|-------|---------|------------------|---------|
| SALES JRN | L # 0272 | LOC 001 | SUNNYSIDE CITYWIDE | REG NY NY | | | LTC NURSING HOME | • |
| | | | S A | ALES REGISTER | | | BILL WEEK ENDING | 3/16/12 |
| INVOICE# | DATE | CUST NO | CUSTOMER NAME | REFERENCE | HOURS | TAX AMT | AMOUNT TYP | SURPLUS |
| 187461 | 3/09/12 | 800000 | VISITING NURSE SERVICE | JAKLITSCH, ELIZ | 46.00 | | 670.68 I | |
| | | | | | | | | |
| | | | | CATEGORY | 46.00 | 0.00 | 670.68 | |

| | | | YSIDE CITYWIDE | | | | PAGE 1 - 1 | 12 |
|-----------|----------|---------|------------------------|-----------------|-------|---------|------------------|---------|
| SALES JRN | L # 0272 | LOC 001 | SUNNYSIDE CITYWIDE | REG NY NY | | | VCP CHOICE LHCSA | 2/16/10 |
| | | | 2 | SALES REGISTER | | | BILL WEEK ENDING | 3/16/12 |
| INVOICE# | DATE | CUST NO | CUSTOMER NAME | REFERENCE | HOURS | TAX AMT | AMOUNT TYP | SURPLUS |
| 187462 | 3/09/12 | 000008 | VISITING NURSE SERVICE | JARA DEURUCHIM, | 10.00 | | 145.80 I | |
| 187463 | 3/09/12 | 800000 | VISITING NURSE SERVICE | JARAMILLO PAL, | 3.25 | | 47.39 I | |
| | | | | CUSTOMER | 13.25 | 0.00 | 193.19 | |
| | | | | | | | | |
| | | | | CATEGORY | 13.25 | 0.00 | 193.19 | |

| | 03/14/12 - NL # 0272 | | | REGNY NY SALES REGISTER | | | PAGE 1 - ADU ADULT BILL WEEK ENDI | |
|----------|-------------------------|---------|------------------------|----------------------------|-------|---------|---|------------|
| INVOICE# | DATE | CUST NO | CUSTOMER NAME | REFERENCE | HOURS | TAX AMT | AMOUNT T | YP SURPLUS |
| 187464 | 3/09/12 | 800000 | VISITING NURSE SERVICE | JASZKOWSKI, GEN | 6.00 | | 87.48 | I |
| | | | | CATEGORY | 6.00 | 0.00 | 87.48 | |

| | | NYSIDE CITYWIDE | DEC MY MY | | | PAGE 1 - | |
|--------------|----------------------------|---|----------------------------|----------------|---------|----------------------------------|------------|
| SALES JRNL # | 0272 LOC 001 | | REGNY NY SALES REGISTER | | | VCP CHOICE LHC BILL WEEK ENDI | |
| INVOICE# DA | TE CUST NO | CUSTOMER NAME | REFERENCE | HOURS | TAX AMT | AMOUNT T | YP SURPLUS |
| | 9/12 000008 9/12 000008 | VISITING NURSE SERVICE VISITING NURSE SERVICE | | 65.00 24.00 | | 947.71 349.92 | I I |
| | | | CUSTOMER | 89.00 | 0.00 | 1,297.63 | |
| | | | CATEGORY | 89.00 | 0.00 | 1,297.63 | |

| | | | YSIDE CITYWIDE SUNNYSIDE CITYWIDE S | REGNY NY SALES REGISTER | | | PAGE 1 - HOA HOSPICE AD BILL WEEK ENDI | - | 2 |
|----------|---------|---------|---|----------------------------|-------|---------|--|-----------|---|
| INVOICE# | DATE | CUST NO | CUSTOMER NAME | REFERENCE | HOURS | TAX AMT | AMOUNT T | YP SURPLU | 3 |
| 187467 | 3/09/12 | 800000 | VISITING NURSE SERVICE | JIANNARAS, ANNA | 70.00 | | 1,020.60 | I | |
| | | | | CATEGORY | 70.00 | 0.00 | 1,020.60 | | - |

| | | | NYSIDE CITYWIDE SUNNYSIDE CITYWIDE | REG NY NY SALES REGISTER | | | PAGE 1 - LTC NURSING HOM BILL WEEK ENDIN | |
|----------|---------|---------|---------------------------------------|-----------------------------|-------|---------|--|-----------|
| INVOICE# | DATE | CUST NO | CUSTOMER NAME | REFERENCE | HOURS | TAX AMT | AMOUNT TY | P SURPLUS |
| 187468 | 3/09/12 | 800000 | VISITING NURSE SERVICE | JIMENEZ, ALTAGR | 24.50 | | 357.21 | <u>.</u> |
| | | | | CATEGORY | 24.50 | 0.00 | 357.21 | |

| | | | YSIDE CITYWIDE | DEC MY MY | | | PAGE 1 - 147 | |
|------------------|--------------------|------------------|---|----------------------------|-------|---------|------------------------------------|-----|
| SALES JRN | L # UZ/Z | LOC 001 | SUNNYSIDE CITYWIDE | REGNY NY SALES REGISTER | | | ADU ADULT BILL WEEK ENDING 3/16 | /12 |
| INVOICE# | DATE | CUST NO | CUSTOMER NAME | REFERENCE | HOURS | TAX AMT | AMOUNT TYP SURP | LUS |
| 187469 187470 | 3/09/12 3/09/12 | 000008 000008 | VISITING NURSE SERVICE VISITING NURSE SERVICE | - , | 20.00 | | 291.60 I 291.60 I | |
| | | | | CUSTOMER | 40.00 | 0.00 | 583.20 | |
| | | | | CATEGORY | 40.00 | 0.00 | 583.20 | |

| RUN DATE SALES JRN | | - SUP SUNN LOC 001 | | REGNY NY SALES REGISTER | | | PAGE 1 LTC NURSING BILL WEEK EN | | |
|-----------------------|--------------------|-----------------------|---|----------------------------|----------------|---------|---------------------------------------|--------|---------|
| INVOICE# | DATE | CUST NO | CUSTOMER NAME | REFERENCE | HOURS | TAX AMT | AMOUNT | TYP | SURPLUS |
| 187471 187472 | 3/09/12 3/09/12 | 000008 000008 | VISITING NURSE SERVICE VISITING NURSE SERVICE | · | 24.50 41.00 | | 357.22 597.78 | I I | |
| | | | | CUSTOMER | 65.50 | 0.00 | 955.00 | | |
| | | | | CATEGORY | 65.50 | 0.00 | 955.00 | | |

| | 03/14/12 - L # 0272 | | | REG NY NY A L E S R E G I S T E R | | | PAGE 1 - 149 ADU ADULT BILL WEEK ENDING 3/16/12 |
|----------|------------------------|---------|------------------------|--------------------------------------|-------|---------|---|
| INVOICE# | DATE | CUST NO | CUSTOMER NAME | REFERENCE | HOURS | TAX AMT | AMOUNT TYP SURPLUS |
| 187473 | 3/09/12 | 800000 | VISITING NURSE SERVICE | KAKOULLIS, FAY | 12.00 | | 174.96 I |
| | | | | CATEGORY | 12.00 | 0.00 | 174.96 |

| RUN DATE | 03/14/12 - | - SUP SUNN | YSIDE CITYWIDE | | | | PAGE 1 - | 150 |
|-----------|------------|------------|------------------------|-----------------|-------|---------|------------------|---------|
| SALES JRN | L # 0272 | LOC 001 | SUNNYSIDE CITYWIDE | REG NY NY | | | VCP CHOICE LHCSA | A |
| | | | Ş | SALES REGISTER | | | BILL WEEK ENDING | 3/16/12 |
| INVOICE# | DATE | CUST NO | CUSTOMER NAME | REFERENCE | HOURS | TAX AMT | AMOUNT TYPE | SURPLUS |
| 187474 | 3/09/12 | 000008 | VISITING NURSE SERVICE | KAUR, SARD | 1.00 | | 14.58 I | |
| 187475 | 3/09/12 | 000008 | VISITING NURSE SERVICE | KAUR, SHARAN | 52.00 | | 758.16 I | |
| 187476 | 3/09/12 | 800000 | VISITING NURSE SERVICE | KEARNEY, LORRAI | 20.00 | | 291.60 I | |
| | | | | CUSTOMER | 73.00 | 0.00 | 1 064 34 | |
| | | | | CUSTOMER | 73.00 | 0.00 | 1,064.34 | |
| | | | | | | | | |
| | | | | CATEGORY | 73.00 | 0.00 | 1,064.34 | |

| RUN DATE | 03/14/12 - | - SUP SUNN | YSIDE CITYWIDE | | | | PAGE 1 - 15 | 1 |
|-----------|------------|------------|------------------------|-----------------|-------|---------|------------------|---------|
| SALES JRN | L # 0272 | LOC 001 | | REG NY NY | | | ADU ADULT | |
| | | | S | SALES REGISTER | | | BILL WEEK ENDING | 3/16/12 |
| INVOICE# | DATE | CUST NO | CUSTOMER NAME | REFERENCE | HOURS | TAX AMT | AMOUNT TYP | SURPLUS |
| 187477 | 3/09/12 | 800000 | VISITING NURSE SERVICE | KHAN, RAMESHWAR | 11.50 | | 167.67 I | |
| | | | | CATEGORY | 11.50 | 0.00 | 167.67 | |

| RUN DATE SALES JRN | | | YSIDE CITYWIDE SUNNYSIDE CITYWIDE | REGNY NY SALES REGISTER | | | PAGE 1 - VCP CHOICE LHCSA BILL WEEK ENDING | |
|----------------------------|-------------------------------|----------------------------|--|----------------------------|------------------------|---------|--|---------|
| INVOICE# | DATE | CUST NO | CUSTOMER NAME | REFERENCE | HOURS | TAX AMT | AMOUNT TYP | SURPLUS |
| 187478 187479 187480 | 3/02/12 3/09/12 3/09/12 | 000008 000008 000008 | VISITING NURSE SERVICE VISITING NURSE SERVICE VISITING NURSE SERVICE | KILIMLIAN, PEPR | 8.00 40.00 56.25 | | 116.64 I 583.20 I 820.13 I | |
| | | | | CUSTOMER | 104.25 | 0.00 | 1,519.97 | |
| | | | | CATEGORY | 104.25 | 0.00 | 1,519.97 | |

| RUN DATE SALES JRN | | - SUP SUNN | YSIDE CITYWIDE SUNNYSIDE CITYWIDE | REG NY NY | | | PAGE 1 - 15: ADU ADULT | 3 |
|-----------------------|--------------------|------------------|---|----------------|---------------|---------|---------------------------|---------|
| DALLS OW | II # 0272 | 100 001 | | SALES REGISTER | | | BILL WEEK ENDING | 3/16/12 |
| INVOICE# | DATE | CUST NO | CUSTOMER NAME | REFERENCE | HOURS | TAX AMT | AMOUNT TYP | SURPLUS |
| 187481 187482 | 3/09/12 3/09/12 | 800000 800000 | VISITING NURSE SERVICE VISITING NURSE SERVICE | • | 3.00 15.00 | | 43.74 I 218.70 I | |
| | | | | CUSTOMER | 18.00 | 0.00 | 262.44 | |
| | | | | CATEGORY | 18.00 | 0.00 | 262.44 | |

| RUN DATE | 03/14/12 - | - SUP SUNN | YSIDE CITYWIDE | | | | PAGE 1 | - 15 | 54 |
|-----------|------------|------------|------------------------|-----------------|-------|---------|--------------|------|---------|
| SALES JRN | IL # 0272 | LOC 001 | SUNNYSIDE CITYWIDE | REG NY NY | | | VCP CHOICE L | HCSA | |
| | | | 5 | SALES REGISTER | | | BILL WEEK EN | DING | 3/16/12 |
| INVOICE# | DATE | CUST NO | CUSTOMER NAME | REFERENCE | HOURS | TAX AMT | AMOUNT | TYP | SURPLUS |
| 187483 | 3/02/12 | 000008 | VISITING NURSE SERVICE | LARA-MORA, BELE | 8.00 | | 116.64 | I | |
| 187484 | 3/09/12 | 800000 | VISITING NURSE SERVICE | LARA-MORA, BELE | 56.75 | | 827.42 | I | |
| | | | | CUSTOMER | 64.75 | 0.00 | 944.06 | | |
| | | | | | | | | | |
| | | | | CATEGORY | 64.75 | 0.00 | 944.06 | | |

| RUN DATE | 03/14/12 - | - SUP SUNN | YSIDE CITYWIDE | | | | PAGE 1 | - 15 | 5 |
|-----------|------------|------------|------------------------|-----------------|-------|---------|---------------|-------|-------------|
| SALES JRN | L # 0272 | LOC 001 | SUNNYSIDE CITYWIDE | REG NY NY | | | LTC NURSING H | OMEW/ | O WALLS (LT |
| | | | S | SALES REGISTER | | | BILL WEEK END | ING | 3/16/12 |
| INVOICE# | DATE | CUST NO | CUSTOMER NAME | REFERENCE | HOURS | TAX AMT | AMOUNT | TYP | SURPLUS |
| 187485 | 3/09/12 | 000008 | VISITING NURSE SERVICE | LEE, KATHLEEN | 20.00 | | 291.60 | I | |
| 187486 | 3/09/12 | 800000 | VISITING NURSE SERVICE | LEGASPI, CECILI | 19.50 | | 284.31 | I | |
| | | | | | | | | | |
| | | | | CUSTOMER | 39.50 | 0.00 | 575.91 | | |
| | | | | | | | | | |
| | | | | CATEGORY | 39.50 | 0.00 | 575.91 | | |

| RUN DATE (| | | YSIDE CITYWIDE SUNNYSIDE CITYWIDE | REG NY NY | | | PAGE 1 - 1! ADU ADULT | 56 |
|------------|---------|---------|--------------------------------------|-------------------|-------|---------|--------------------------|---------|
| | | | | SALES REGISTER | | | BILL WEEK ENDING | 3/16/12 |
| INVOICE# | DATE | CUST NO | CUSTOMER NAME | REFERENCE | HOURS | TAX AMT | AMOUNT TYP | SURPLUS |
| 187487 | 3/09/12 | 000008 | VISITING NURSE SERVICE | E LEVENDIS, GEORG | 15.00 | | 218.70 I | |
| | | | | CATEGORY | 15.00 | 0.00 | 218.70 | |

| | | | YSIDE CITYWIDE | | | | PAGE 1 - 15 | 7 |
|-----------|----------|---------|------------------------|-----------------|-------|---------|------------------|---------|
| SALES JRN | L # 0272 | LOC 001 | SUNNYSIDE CITYWIDE | REG NY NY | | | VCP CHOICE LHCSA | 2/16/12 |
| | | | 2 | SALES REGISTER | | | BILL WEEK ENDING | 3/16/12 |
| INVOICE# | DATE | CUST NO | CUSTOMER NAME | REFERENCE | HOURS | TAX AMT | AMOUNT TYP | SURPLUS |
| 187488 | 3/09/12 | 800000 | VISITING NURSE SERVICE | LEWIS, CATHERIN | 55.25 | | 805.55 I | |
| | | | | | | | | |
| | | | | CATEGORY | 55.25 | 0.00 | 805.55 | |

| RUN DATE 03/14/1 SALES JRNL # 027 | | SUNNYSIDE CITYWIDE | REGNY NY SALES REGISTER | | | PAGE 1 - 158 ADU ADULT BILL WEEK ENDING 3/16/12 |
|--------------------------------------|---------|--|----------------------------|----------------|---------|---|
| INVOICE# DATE | CUST NO | CUSTOMER NAME | REFERENCE | HOURS | TAX AMT | AMOUNT TYP SURPLUS |
| 187489 3/09/1 187490 3/09/1 | | VISITING NURSE SERVICE VISITING NURSE SERVICE | , | 26.25 23.00 | | 382.73 I 335.34 I |
| | | | CUSTOMER | 49.25 | 0.00 | 718.07 |
| | | | CATEGORY | 49.25 | 0.00 | 718.07 |

| RUN D | ATE 03/14/12 | - SUP SUNN | YSIDE CITYWIDE | | | | PAGE 1 - | 159 |
|-------|--------------|------------|------------------------|-----------------|-------|---------|-----------------|-----------|
| SALES | JRNL # 0272 | LOC 001 | SUNNYSIDE CITYWIDE | REG NY NY | | | VCP CHOICE LHCS | A |
| | | | S | SALES REGISTER | | | BILL WEEK ENDIN | G 3/16/12 |
| | | | | | | | | |
| INVOI | CE# DATE | CUST NO | CUSTOMER NAME | REFERENCE | HOURS | TAX AMT | AMOUNT TY | P SURPLUS |
| | | | | | | | | |
| 18749 | 1 3/09/12 | 800000 | VISITING NURSE SERVICE | LIRIANO, FRANCI | 70.00 | | 1,020.60 I | |
| | | | | | | | | |
| | | | | | | | | |
| | | | | CATEGORY | 70.00 | 0.00 | 1,020.60 | |

| RUN DATE SALES JRN | | SUP SUNN LOC 001 | YSIDE CITYWIDE SUNNYSIDE CITYWIDE | REGNY NY SALES REGISTER | | | PAGE 1 - 16 ADU ADULT BILL WEEK ENDING | 3/16/12 |
|-----------------------|---------|---------------------|--------------------------------------|----------------------------|-------|---------|--|---------|
| INVOICE# | DATE | CUST NO | CUSTOMER NAME | REFERENCE | HOURS | TAX AMT | AMOUNT TYP | SURPLUS |
| 187492 | 3/09/12 | 800000 | VISITING NURSE SERVICE | LITSAS, MARTHA | 20.00 | | 291.60 I | |
| | | | | CATEGORY | 20.00 | 0.00 | 291.60 | |

| | | | YSIDE CITYWIDE | | | | PAGE 1 - | |
|-----------|----------|---------|------------------------|----------------------------|--------|---------|----------------|---------------------------------|
| SALES JRN | L # UZ/Z | LOC 001 | SUNNYSIDE CITYWIDE | REGNY NY SALES REGISTER | 2 | | BILL WEEK ENDI | OMEW/O WALLS (LT ING 3/16/12 |
| | | | | | | | | |
| INVOICE# | DATE | CUST NO | CUSTOMER NAME | REFERENCE | HOURS | TAX AMT | AMOUNT 7 | TYP SURPLUS |
| 187493 | 1/20/12 | 000008 | VISITING NURSE SERVICE | LOCORRIERE, JOS | 8.00 | | 116.64 | I |
| 187494 | 2/17/12 | 800000 | VISITING NURSE SERVICE | LOCORRIERE, JOS | 8.00 | | 116.64 | I |
| 187495 | 3/09/12 | 800000 | VISITING NURSE SERVICE | LOCORRIERE, JOS | 56.00 | | 816.48 | I |
| 187496 | 3/09/12 | 800000 | VISITING NURSE SERVICE | LOGAN, ADELE | 36.00 | | 524.88 | I |
| | | | | | 100 00 | | | |
| | | | | CUSTOMER | 108.00 | 0.00 | 1,574.64 | |
| | | | | | | | | |
| | | | | CATEGORY | 108.00 | 0.00 | 1,574.64 | |

| RUN DATE | 03/14/12 - | - SUP SUNN | YSIDE CITYWIDE | | | | PAGE 1 | - 16 | 2 |
|-----------|------------|------------|------------------------|-----------------|--------|---------|---------------|------|---------|
| SALES JRN | L # 0272 | LOC 001 | SUNNYSIDE CITYWIDE | REG NY NY | | | VCP CHOICE LH | | |
| | | | S | SALES REGISTER | | | BILL WEEK END | ING | 3/16/12 |
| INVOICE# | DATE | CUST NO | CUSTOMER NAME | REFERENCE | HOURS | TAX AMT | AMOUNT | TYP | SURPLUS |
| 187497 | 3/09/12 | 000008 | VISITING NURSE SERVICE | LONDONO, AMIRA | 70.00 | | 1,020.60 | I | |
| 187498 | 3/09/12 | 800000 | VISITING NURSE SERVICE | LOPEZ, ANGELICA | 35.25 | | 513.95 | I | |
| | | | | CUSTOMER | 105.25 | 0.00 | 1,534.55 | | |
| | | | | CATEGORY | 105.25 | 0.00 | 1,534.55 | | |

| RUN DATE SALES JRN | | | IYSIDE CITYWIDE SUNNYSIDE CITYWIDE | REG NY NY | | | PAGE 1 - 16 AUR ADULT REHAB ON | |
|-----------------------|------------|---------|---------------------------------------|-----------------|-------|---------|-----------------------------------|---------|
| 511225 014 | .2 02/2 | 200 001 | | SALES REGISTER | | | | 3/16/12 |
| INVOICE# | DATE | CUST NO | CUSTOMER NAME | REFERENCE | HOURS | TAX AMT | AMOUNT TYP | SURPLUS |
| 187499 | 3/09/12 | 800000 | VISITING NURSE SERVICE | LOPEZ, GRACIELA | 9.00 | | 131.22 I | |
| | | | | CATEGORY | 9.00 | 0.00 | 131.22 | |

| | | | YSIDE CITYWIDE SUNNYSIDE CITYWIDE S | REG NY NY A L E S R E G I S T E R | | | PAGE 1 - 164 LTC NURSING HOMEW/O WALLS (LT BILL WEEK ENDING 3/16/12 |
|----------|---------|---------|---|--------------------------------------|-------|---------|---|
| INVOICE# | DATE | CUST NO | CUSTOMER NAME | REFERENCE | HOURS | TAX AMT | AMOUNT TYP SURPLUS |
| 187500 | 3/09/12 | 800000 | VISITING NURSE SERVICE | LOPEZ, MARIA | 40.00 | | 583.20 I |
| | | | | CATEGORY | 40.00 | 0.00 | 583.20 |

| RUN DATE 03/14/12 - SUP S SALES JRNL # 0272 LOC 0 | | REG NY NY | | | PAGE 1 - 165 ADU ADULT | |
|--|---------------------------|-----------------|-------|---------|---------------------------|---|
| | S F | ALES REGISTER | | | BILL WEEK ENDING 3/16/13 | 2 |
| INVOICE# DATE CUST | NO CUSTOMER NAME | REFERENCE | HOURS | TAX AMT | AMOUNT TYP SURPLU | S |
| 187501 3/09/12 00000 | 08 VISITING NURSE SERVICE | LOPEZDELCASTIL, | 70.00 | | 1,020.60 I | |
| | | CATEGORY | 70.00 | 0.00 | 1,020.60 | - |

| RUN DATE 03/ SALES JRNL ‡ | /14/12 - SUP SUNN # 0272 LOC 001 | SUNNYSIDE CITYWIDE | REGNY NY SALES REGISTER | | | PAGE 1 - CCL CONGREGATE O BILL WEEK ENDING | |
|------------------------------|-------------------------------------|---|-------------------------------|----------------|---------|--|---------|
| INVOICE# I | DATE CUST NO | CUSTOMER NAME | REFERENCE | HOURS | TAX AMT | AMOUNT TYPE | SURPLUS |
| | /09/12 000008 /09/12 000008 | VISITING NURSE SERVICE VISITING NURSE SERVICE | LUCES, LETICIA LYMN, ANGIE | 19.75 30.00 | | 287.96 I 437.40 I | |
| | | | CUSTOMER | 49.75 | 0.00 | 725.36 | |
| | | | CATEGORY | 49.75 | 0.00 | 725.36 | |

| RUN DATE 03 | | JP SUNNY OC 001 | SIDE CITYWIDE SUNNYSIDE CITYWIDE | REG NY NY | | | PAGE 1 - ADU ADULT | 167 |
|--------------|------------|--------------------|---|----------------|---------------|---------|-----------------------|---------|
| BILLED GIAVE | 11 0272 10 | 36 001 | | SALES REGISTER | | | BILL WEEK ENDING | 3/16/12 |
| INVOICE# | DATE CU | UST NO | CUSTOMER NAME | REFERENCE | HOURS | TAX AMT | AMOUNT TYP | SURPLUS |
| | -,, | | VISITING NURSE SERVICE VISITING NURSE SERVICE | | 9.00 41.00 | | 131.22 I 597.78 I | |
| | | | | CUSTOMER | 50.00 | 0.00 | 729.00 | |
| | | | | CATEGORY | 50.00 | 0.00 | 729.00 | |

| RUN DATE | 03/14/12 - | - SUP SUNN | YSIDE CITYWIDE | | | | PAGE 1 - 16 | 8 |
|-----------|------------|------------|------------------------|-----------------|-------|---------|--------------------|---------|
| SALES JRN | IL # 0272 | LOC 001 | SUNNYSIDE CITYWIDE | REG NY NY | | | CCL CONGREGATE CAR | |
| | | | \$ | SALES REGISTER | | | BILL WEEK ENDING | 3/16/12 |
| INVOICE# | DATE | CUST NO | CUSTOMER NAME | REFERENCE | HOURS | TAX AMT | AMOUNT TYP | SURPLUS |
| 187506 | 2/24/12 | 000008 | VISITING NURSE SERVICE | MAGILLIGAN, LOR | 25.00 | | 364.50 I | |
| 187507 | 3/09/12 | 000008 | VISITING NURSE SERVICE | MAGILLIGAN, LOR | 30.00 | | 437.40 I | |
| | | | | | | | | |
| | | | | CUSTOMER | 55.00 | 0.00 | 801.90 | |
| | | | | | | | | |
| | | | | CATEGORY | 55.00 | 0.00 | 801.90 | |

| RUN DATE (SALES JRNI | | SUP SUNN LOC 001 | YSIDE CITYWIDE SUNNYSIDE CITYWIDE | REG NY NY SALES REGISTER | | | PAGE 1 - VCP CHOICE LHCS BILL WEEK ENDIN | A |
|----------------------------|-------------------------------|----------------------------|--|--|-------------------------|---------|--|-----------|
| INVOICE# | DATE | CUST NO | CUSTOMER NAME | REFERENCE | HOURS | TAX AMT | AMOUNT TY | P SURPLUS |
| 187508 187509 187510 | 3/09/12 3/09/12 3/09/12 | 000008 000008 000008 | VISITING NURSE SERVICE VISITING NURSE SERVICE VISITING NURSE SERVICE | MAGNANI, VINCEN MANGAN, JOHN MANNINO, FRANCE | 84.00 20.00 73.50 | | 1,224.72 I 291.60 I 1,071.65 I | |
| | | | | CUSTOMER | 177.50 | 0.00 | 2,587.97 | |
| | | | | CATEGORY | 177.50 | 0.00 | 2,587.97 | |

| RUN DATE SALES JRN | | - SUP SUNN LOC 001 | YSIDE CITYWIDE SUNNYSIDE CITYWIDE | REG NY NY SALES REGISTER | | | PAGE 1 - 170 LTC NURSING HOMEW/O WALLS (I BILL WEEK ENDING 3/16/12 | ΣT |
|-----------------------|--------------------|-----------------------|--|-----------------------------|----------------|---------|--|----|
| INVOICE# | DATE | CUST NO | CUSTOMER NAME | REFERENCE | HOURS | TAX AMT | AMOUNT TYP SURPLUS | |
| 187511 187512 | 3/09/12 3/09/12 | 000008 000008 | VISITING NURSE SERVICE VISITING NURSE SERVICE | • | 36.00 17.50 | | 524.88 I 255.15 I | |
| | | | | CUSTOMER | 53.50 | 0.00 | 780.03 | |
| | | | | CATEGORY | 53.50 | 0.00 | 780.03 | |

| RUN DATE | 03/14/12 - | - SUP SUNN | YSIDE CITYWIDE | | | | PAGE 1 - 17 | 71 |
|-----------|------------|------------|------------------------|----------------|-------|---------|--------------------|------------|
| SALES JRN | rL # 0272 | LOC 001 | SUNNYSIDE CITYWIDE | REG NY NY | | | CCL CONGREGATE CAR | RE PROGRAM |
| | | | 5 | SALES REGISTER | | | BILL WEEK ENDING | 3/16/12 |
| INVOICE# | DATE | CUST NO | CUSTOMER NAME | REFERENCE | HOURS | TAX AMT | AMOUNT TYP | SURPLUS |
| 187513 | 3/09/12 | 800000 | VISITING NURSE SERVICE | MARINO, ANN | 30.00 | | 437.40 I | |
| | | | | CATEGORY | 30.00 | 0.00 | 437.40 | |

| RUN DATE | 03/14/12 - | - SUP SUNN | YSIDE CITYWIDE | | | | PAGE 1 - 1 | 172 |
|-----------|------------|------------|------------------------|-----------------|-------|---------|------------------|---------|
| SALES JRN | L # 0272 | LOC 001 | | REG NY NY | | | VCP CHOICE LHCSA | |
| | | | i | SALES REGISTER | | | BILL WEEK ENDING | 3/16/12 |
| INVOICE# | DATE | CUST NO | CUSTOMER NAME | REFERENCE | HOURS | TAX AMT | AMOUNT TYP | SURPLUS |
| 187514 | 3/09/12 | 800000 | VISITING NURSE SERVICE | MARMOL ESPINAL, | 25.00 | | 364.50 I | |
| | | | | CATEGORY | 25.00 | 0.00 | 364.50 | |

| | | | TYSIDE CITYWIDE | | | | PAGE 1 - 1 | |
|-----------|-----------|---------|------------------------|----------------------------|-------|---------|---------------------------------------|---------|
| SALES JRN | IL # 0272 | TOG 001 | SUNNYSIDE CITYWIDE | REGNY NY SALES REGISTER | | | LTC NURSING HOMEN BILL WEEK ENDING | |
| INVOICE# | DATE | CUST NO | CUSTOMER NAME | REFERENCE | HOURS | TAX AMT | AMOUNT TYP | SURPLUS |
| 187515 | 3/09/12 | 800000 | VISITING NURSE SERVICE | MARMOL, LIDIA | 43.00 | | 626.94 I | |
| | | | | CATEGORY | 43.00 | 0.00 | 626.94 | |

| RUN DATE | 03/14/12 - | - SUP SUNN | YSIDE CITYWIDE | | | | PAGE 1 - 1 | L74 |
|-----------|------------|------------|------------------------|-----------------|-------|---------|------------------|---------|
| SALES JRN | ъ # 0272 | LOC 001 | SUNNYSIDE CITYWIDE | REG NY NY | | | VCP CHOICE LHCSA | |
| | | | : | SALES REGISTER | | | BILL WEEK ENDING | 3/16/12 |
| INVOICE# | DATE | CUST NO | CUSTOMER NAME | REFERENCE | HOURS | TAX AMT | AMOUNT TYP | SURPLUS |
| 187516 | 3/09/12 | 000008 | VISITING NURSE SERVICE | MARTIN, ELAUCAD | 9.00 | | 131.22 I | |
| 187517 | 3/09/12 | 800000 | VISITING NURSE SERVICE | MARTINEZ, CAMIL | 15.00 | | 218.70 I | |
| | | | | CUSTOMER | 24.00 | 0.00 | 349.92 | |
| | | | | CATEGORY | 24.00 | 0.00 | 349.92 | |

| RUN DATE | 03/14/12 - | - SUP SUNN | YSIDE CITYWIDE | | | | PAGE 1 - 175 | |
|-----------|------------|------------|------------------------|-----------------|-------|---------|---------------------|---------|
| SALES JRN | rL # 0272 | LOC 001 | SUNNYSIDE CITYWIDE | REG NY NY | | | CCL CONGREGATE CARE | PROGRAM |
| | | | 5 | SALES REGISTER | | | BILL WEEK ENDING 3/ | /16/12 |
| INVOICE# | DATE | CUST NO | CUSTOMER NAME | REFERENCE | HOURS | TAX AMT | AMOUNT TYP SU | URPLUS |
| 187518 | 3/09/12 | 800000 | VISITING NURSE SERVICE | MARTINEZ, ELENA | 70.00 | | 1,020.60 I | |
| | | | | CATEGORY | 70.00 | 0.00 | 1,020.60 | |

| RUN DATE 03/14/12 SALES JRNL # 0272 | - SUP SUNN LOC 001 | | REG NY NY | | | PAGE 1 - VCP CHOICE LHC | = : : |
|--|-----------------------|--|------------------------------------|----------------|---------|----------------------------|------------|
| | | S | ALES REGISTER | | | BILL WEEK ENDI | NG 3/16/12 |
| INVOICE# DATE | CUST NO | CUSTOMER NAME | REFERENCE | HOURS | TAX AMT | AMOUNT T | YP SURPLUS |
| 187519 3/09/12 187520 3/02/12 | 000008 | VISITING NURSE SERVICE | MARTINEZ, MARGA MARTINEZ, MARTA | 30.00 | | 437.40 87.48 | I I |
| 187521 3/09/12 187522 3/09/12 | 000008 000008 | VISITING NURSE SERVICE VISITING NURSE SERVICE | MARTINEZ, MARTA MARTINEZ, ROSA | 41.25 84.00 | | 601.44 1,224.72 | I |
| | | | CUSTOMER | 161.25 | 0.00 | 2,351.04 | |
| | | | CATEGORY | 161.25 | 0.00 | 2,351.04 | |

| RUN DATE SALES JRN | | | | REGNY NY SALES REGISTER | | | PAGE 1 - LTC NURSING HOMI BILL WEEK ENDING | |
|-----------------------|---------|---------|------------------------|----------------------------|-------|---------|--|-----------|
| INVOICE# | DATE | CUST NO | CUSTOMER NAME | REFERENCE | HOURS | TAX AMT | AMOUNT TY | P SURPLUS |
| 187523 | 3/09/12 | 800000 | VISITING NURSE SERVICE | MARTINEZ, ROSAL | 26.00 | | 379.08 I | |
| | | | | CATEGORY | 26.00 | 0.00 | 379.08 | |

| - | / | | YSIDE CITYWIDE | | | | PAGE 1 | - 178 | |
|-----------|----------|---------|------------------------|-----------------|--------|---------|---------------|--------------|--|
| SALES JRN | ъ # 0272 | LOC 001 | SUNNYSIDE CITYWIDE | REG NY NY | | | ADU ADULT | | |
| | | | | SALES REGISTER | | | BILL WEEK END | OING 3/16/12 | |
| INVOICE# | DATE | CUST NO | CUSTOMER NAME | REFERENCE | HOURS | TAX AMT | AMOUNT | TYP SURPLUS | |
| 187524 | 3/09/12 | 800000 | VISITING NURSE SERVICE | MATOS, ROSA | 67.25 | | 980.51 | I | |
| 187525 | 3/09/12 | 800000 | VISITING NURSE SERVICE | MAZZONE, FRANCE | 63.00 | | 918.54 | I | |
| 187526 | 3/09/12 | 800000 | VISITING NURSE SERVICE | MCBRAYER, SYLVI | 168.00 | | 2,449.44 | I | |
| 187527 | 3/09/12 | 800000 | VISITING NURSE SERVICE | MCDUFFY, ALOMA | 4.00 | | 58.32 | I | |
| | | | | CUSTOMER | 302.25 | 0.00 | 4,406.81 | | |
| | | | | CATEGORY | 302.25 | 0.00 | 4,406.81 | | |

| RUN DATE (| 03/14/12 - | SUP SUNN | YSIDE CITYWIDE | | | | PAGE 1 - 17 | '9 |
|------------|------------|----------|------------------------|----------------|-------|---------|------------------|---------|
| SALES JRNI | և # 0272 | LOC 001 | SUNNYSIDE CITYWIDE | REG NY NY | | | VCP CHOICE LHCSA | |
| | | | : | SALES REGISTER | | | BILL WEEK ENDING | 3/16/12 |
| INVOICE# | DATE | CUST NO | CUSTOMER NAME | REFERENCE | HOURS | TAX AMT | AMOUNT TYP | SURPLUS |
| 187528 | 3/09/12 | 800000 | VISITING NURSE SERVICE | MCGUIRE, HELEN | 54.00 | | 787.32 I | |
| | | | | CATEGORY | 54.00 | 0.00 | 787.32 | |

| RUN DATE SALES JRN | | SUP SUNN | YSIDE CITYWIDE SUNNYSIDE CITYWIDE | REG NY NY | | | PAGE 1 - 18 ADU ADULT | 30 |
|-----------------------|---------|----------|--------------------------------------|-----------------|-------|---------|--------------------------|---------|
| | | | S | ALES REGISTER | | | BILL WEEK ENDING | 3/16/12 |
| INVOICE# | DATE | CUST NO | CUSTOMER NAME | REFERENCE | HOURS | TAX AMT | AMOUNT TYP | SURPLUS |
| 187529 | 3/09/12 | 800000 | VISITING NURSE SERVICE | MCPARTLAND, PHI | 15.00 | | 218.70 I | |
| | | | | | | | | |
| | | | | CATEGORY | 15.00 | 0.00 | 218.70 | |

| RUN DATE SALES JRN | | | | REGNY NY SALES REGISTER | | | PAGE 1 - 18 VCP CHOICE LHCSA BILL WEEK ENDING | 3/16/12 |
|-----------------------|--------------------|------------------|---|----------------------------|----------------|---------|---|---------|
| INVOICE# | DATE | CUST NO | CUSTOMER NAME | REFERENCE | HOURS | TAX AMT | AMOUNT TYP | SURPLUS |
| 187530 187531 | 3/09/12 3/09/12 | 800000 800000 | VISITING NURSE SERVICE VISITING NURSE SERVICE | - , | 16.00 23.25 | | 233.28 I 338.99 I | |
| | | | | CUSTOMER | 39.25 | 0.00 | 572.27 | |
| | | | | CATEGORY | 39.25 | 0.00 | 572.27 | |

| RUN DAT | TE 03/14/12 - | - SUP SUNN | YSIDE CITYWIDE | | | | PAGE 1 - | 182 |
|---------|---------------|------------|------------------------|----------------|-------|---------|------------------|---------------|
| SALES 3 | JRNL # 0272 | LOC 001 | SUNNYSIDE CITYWIDE | REG NY NY | | | LTC NURSING HOME | W/O WALLS (LT |
| | | | S | SALES REGISTER | | | BILL WEEK ENDING | 3/16/12 |
| | | | | | | | | |
| INVOICE | E# DATE | CUST NO | CUSTOMER NAME | REFERENCE | HOURS | TAX AMT | AMOUNT TYP | SURPLUS |
| | | | | | | | | |
| 187532 | 3/09/12 | 800000 | VISITING NURSE SERVICE | MEJIA, ROSA | 31.25 | | 455.63 I | |
| | | | | | | | | |
| | | | | | | | | |
| | | | | CATEGORY | 31.25 | 0.00 | 455.63 | |

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|------------|----------|---------|------------------------|-----------|--------------|---------|---------------|---------|--------|
| SALES JRNI | L # 0272 | LOC 001 | SUNNYSIDE CITYWIDE | REG NY NY | | | VCP CHOICE LH | | |
| | | | S | SALES REG | ISTER | | BILL WEEK END | OING 3/ | /16/12 |
| INVOICE# | DATE | CUST NO | CUSTOMER NAME | REFEREN | CE HOURS | TAX AMT | AMOUNT | TYP SU | URPLUS |
| 187533 | 3/09/12 | 800000 | VISITING NURSE SERVICE | MELILLO, | GRACE 22.00 | | 320.76 | I | |
| | | | | | | | | | |
| | | | | CA | TEGORY 22.00 | 0.00 | 320.76 | | |

| RUN DATE | 03/14/12 - | - SUP SUNN | YSIDE CITYWIDE | | | | PAGE 1 | - 184 |
|-----------|------------|------------|------------------------|----------------|-------|---------|---------------|------------------|
| SALES JRN | L # 0272 | LOC 001 | SUNNYSIDE CITYWIDE | REG NY NY | | | LAA LOMBARDI | AIDS ADULT POPUL |
| | | | : | SALES REGISTER | | | BILL WEEK END | DING 3/16/12 |
| INVOICE# | DATE | CUST NO | CUSTOMER NAME | REFERENCE | HOURS | TAX AMT | AMOUNT | TYP SURPLUS |
| 187534 | 3/02/12 | 000008 | VISITING NURSE SERVICE | MENDEZ, NELLY | 5.00 | | 72.90 | I |
| 187535 | 3/02/12 | 800000 | VISITING NURSE SERVICE | MENDEZ, NELLY | 5.00 | | 72.90 | I |
| 187536 | 3/09/12 | 800000 | VISITING NURSE SERVICE | MENDEZ, NELLY | 20.00 | | 291.60 | I |
| | | | | | | | | |
| | | | | CUSTOMER | 30.00 | 0.00 | 437.40 | |
| | | | | | | | | |
| | | | | CATEGORY | 30.00 | 0.00 | 437.40 | |

| RUN DATE 0 SALES JRNL | | | YSIDE CITYWIDE SUNNYSIDE CITYWIDE | REG NY NY | | | PAGE 1 - ADU ADULT | | |
|--------------------------|--------------------|------------------|--|----------------|----------------|---------|-----------------------|-------------|--|
| | | | | SALES REGISTER | | | BILL WEEK END | ING 3/16/12 | |
| INVOICE# | DATE | CUST NO | CUSTOMER NAME | REFERENCE | HOURS | TAX AMT | AMOUNT 7 | YP SURPLUS | |
| | 2/17/12 3/09/12 | 000008 000008 | VISITING NURSE SERVICE VISITING NURSE SERVICE | , | 11.00 71.25 | | 160.38 1,038.83 | I I | |
| | | | | CUSTOMER | 82.25 | 0.00 | 1,199.21 | | |
| | | | | CATEGORY | 82.25 | 0.00 | 1,199.21 | | |

| RUN DATE SALES JRN | | SUP SUNN LOC 001 | | REG NY NY SALES REGISTER | | | PAGE 1 LTC NURSING BILL WEEK EN | | |
|-----------------------|--------------------|---------------------|--|-----------------------------|---------------|---------|---------------------------------------|--------|---------|
| INVOICE# | DATE | CUST NO | CUSTOMER NAME | REFERENCE | HOURS | TAX AMT | AMOUNT | TYP | SURPLUS |
| 187539 187540 | 3/02/12 3/09/12 | 000008 000008 | VISITING NURSE SERVICE VISITING NURSE SERVICE | - , | 5.00 35.00 | | 72.90 510.30 | I I | |
| | | | | CUSTOMER | 40.00 | 0.00 | 583.20 | | |
| | | | | CATEGORY | 40.00 | 0.00 | 583.20 | | |

| | | | YSIDE CITYWIDE | | | | PAGE 1 | - 18 | 37 |
|-----------|----------|---------|------------------------|-----------------|-------|---------|--------------|------|---------|
| SALES JRN | L # 0272 | LOC 001 | SUNNYSIDE CITYWIDE | REG NY NY | | | VCP CHOICE L | | 2/16/10 |
| | | | S | ALES REGISTER | | | BILL WEEK EN | DING | 3/16/12 |
| INVOICE# | DATE | CUST NO | CUSTOMER NAME | REFERENCE | HOURS | TAX AMT | AMOUNT | TYP | SURPLUS |
| 187541 | 3/09/12 | 000008 | VISITING NURSE SERVICE | MENDOZA, VALENT | 20.00 | | 291.60 | I | |
| 187542 | 3/09/12 | 800000 | VISITING NURSE SERVICE | MILEO, MARY | 28.00 | | 408.24 | I | |
| 187543 | 3/02/12 | 800000 | VISITING NURSE SERVICE | MONSERRAT, DORI | 2.00 | | 29.16 | I | |
| 187544 | 3/09/12 | 800000 | VISITING NURSE SERVICE | MONSERRAT, DORI | 10.00 | | 145.80 | I | |
| 187545 | 3/09/12 | 800000 | VISITING NURSE SERVICE | MONTES, MARTA | 30.00 | | 437.40 | I | |
| | | | | CUSTOMER | 90.00 | 0.00 | 1,312.20 | | |
| | | | | CATEGORY | 90.00 | 0.00 | 1,312.20 | | |

| | 03/14/12 - JL # 0272 | | | REGNY NY SALES REGISTER | | | PAGE 1 - 188 ADU ADULT BILL WEEK ENDING 3/16/12 | |
|----------|-------------------------|---------|------------------------|----------------------------|-------|---------|---|--|
| INVOICE# | DATE | CUST NO | CUSTOMER NAME | REFERENCE | HOURS | TAX AMT | AMOUNT TYP SURPLUS | |
| 187546 | 3/09/12 | 800000 | VISITING NURSE SERVICE | MOORE, JOSEPH | 15.00 | | 218.70 I | |
| | | | | CATEGORY | 15.00 | 0.00 | 218.70 | |

| ı | RUN DATE | 03/14/12 - | - SUP SUNN | YSIDE CITYWIDE | | | | PAGE 1 - 1 | 89 |
|---|-----------|------------|------------|------------------------|-----------------|-------|---------|------------------|---------|
| ı | SALES JRN | L # 0272 | LOC 001 | SUNNYSIDE CITYWIDE | REG NY NY | | | VCP CHOICE LHCSA | |
| ı | | | | 5 | SALES REGISTER | | | BILL WEEK ENDING | 3/16/12 |
| | INVOICE# | DATE | CUST NO | CUSTOMER NAME | REFERENCE | HOURS | TAX AMT | AMOUNT TYP | SURPLUS |
| | 187547 | 3/09/12 | 800000 | VISITING NURSE SERVICE | MORAITIS, AGATH | 30.00 | | 437.40 I | |
| | | | | | CATEGORY | 30.00 | 0.00 | 437.40 | |

| RUN DATE | 03/14/12 - | - SUP SUNN | YSIDE CITYWIDE | | | | PAGE 1 - | 190 |
|-----------|------------|------------|------------------------|-----------------|-------|---------|-----------------|------------|
| SALES JRN | L # 0272 | LOC 001 | SUNNYSIDE CITYWIDE | REG NY NY | | | LTC NURSING HOM | • |
| | | | S | ALES REGISTER | | | BILL WEEK ENDIN | NG 3/16/12 |
| INVOICE# | DATE | CUST NO | CUSTOMER NAME | REFERENCE | HOURS | TAX AMT | AMOUNT TY | P SURPLUS |
| 187548 | 3/09/12 | 800000 | VISITING NURSE SERVICE | MORALES, ANGELI | 37.00 | | 539.46 | I |
| | | | | CATEGORY | 37.00 | 0.00 | 539.46 | |

| RUN DATE SALES JRN | | | YSIDE CITYWIDE SUNNYSIDE CITYWIDE | REG NY NY | | | PAGE 1 - 191 ADU ADULT | |
|-----------------------|---------|---------|--------------------------------------|-----------------|-------|---------|---------------------------|-------|
| | | | S | SALES REGISTER | | | BILL WEEK ENDING 3/ | 16/12 |
| INVOICE# | DATE | CUST NO | CUSTOMER NAME | REFERENCE | HOURS | TAX AMT | AMOUNT TYP SU | RPLUS |
| 187549 | 3/09/12 | 800000 | VISITING NURSE SERVICE | MORALES, GENERO | 84.00 | | 1,224.72 I | |
| | | | | CATEGORY | 84.00 | 0.00 | 1,224.72 | |

| RUN DATE | 03/14/12 - | SUP SUNN | YSIDE CITYWIDE | | | | PAGE 1 - 19 | 92 |
|-----------|------------|----------|------------------------|----------------|-------|---------|------------------|---------|
| SALES JRN | rL # 0272 | LOC 001 | SUNNYSIDE CITYWIDE | REG NY NY | | | VCP CHOICE LHCSA | |
| | | | | SALES REGISTER | | | BILL WEEK ENDING | 3/16/12 |
| INVOICE# | DATE | CUST NO | CUSTOMER NAME | REFERENCE | HOURS | TAX AMT | AMOUNT TYP | SURPLUS |
| 187550 | 3/09/12 | 800000 | VISITING NURSE SERVICE | NAGY, GEORGE | 42.00 | | 612.36 I | |
| | | | | CATEGORY | 42.00 | 0.00 | 612.36 | |

| | | | YSIDE CITYWIDE SUNNYSIDE CITYWIDE S. | REG NY NY A L E S R E G I S T E R | | | PAGE 1 - 193 ADU ADULT BILL WEEK ENDING 3/16/12 |
|----------|---------|---------|--|--------------------------------------|-------|---------|---|
| INVOICE# | DATE | CUST NO | CUSTOMER NAME | REFERENCE | HOURS | TAX AMT | AMOUNT TYP SURPLUS |
| 187551 | 3/09/12 | 800000 | VISITING NURSE SERVICE | NARTIS, VIRGINI | 8.00 | | 116.64 I |
| | | | | CATEGORY | 8.00 | 0.00 | 116.64 |

| RUN DATE | 03/14/12 | - SUP SUNN | YSIDE CITYWIDE | | | | PAGE 1 - 194 | |
|-----------|----------|------------|------------------------|----------------|-------|---------|-------------------------|------|
| SALES JRN | L # 0272 | LOC 001 | SUNNYSIDE CITYWIDE | REG NY NY | | | CCL CONGREGATE CARE PRO | GRAM |
| | | | Ş | SALES REGISTER | | | BILL WEEK ENDING 3/16 | /12 |
| INVOICE# | DATE | CUST NO | CUSTOMER NAME | REFERENCE | HOURS | TAX AMT | AMOUNT TYP SURP | LUS |
| 187552 | 3/09/12 | 800000 | VISITING NURSE SERVICE | NAVARRO, MARIA | 20.00 | | 291.60 I | |
| | | | | CATEGORY | 20.00 | 0.00 | 291.60 | |

| | | | YYSIDE CITYWIDE SUNNYSIDE CITYWIDE S A | REGNY NY ALES REGISTER | | | PAGE 1 - VCP CHOICE LHCSA BILL WEEK ENDING | |
|----------|---------|---------|--|---------------------------|-------|---------|--|---------|
| INVOICE# | DATE | CUST NO | CUSTOMER NAME | REFERENCE | HOURS | TAX AMT | AMOUNT TYP | SURPLUS |
| 187553 | 3/09/12 | 800000 | VISITING NURSE SERVICE | NELLINI, MARY | 20.00 | | 291.60 I | |
| | | | | CATEGORY | 20.00 | 0.00 | 291.60 | |

| RUN DATE | 03/14/12 - | - SUP SUNN | YSIDE CITYWIDE | | | | PAGE 1 - | 196 |
|-----------|------------|------------|------------------------|----------------|-------|---------|------------------|---------|
| SALES JRN | IL # 0272 | LOC 001 | SUNNYSIDE CITYWIDE | REG NY NY | | | LTC NURSING HOME | • |
| | | | | SALES REGISTER | | | BILL WEEK ENDING | 3/16/12 |
| INVOICE# | DATE | CUST NO | CUSTOMER NAME | REFERENCE | HOURS | TAX AMT | AMOUNT TYP | SURPLUS |
| 187554 | 3/09/12 | 800000 | VISITING NURSE SERVICE | NIDO, MICHAEL | 50.25 | | 732.65 I | |
| | | | | CATEGORY | 50.25 | 0.00 | | |

| RUN DATE (| 03/14/12 - | - SUP SUNN | YSIDE CITYWIDE | | | | | PAGE 1 | - 19 | 7 |
|------------|------------|------------|------------------------|--------|---------------|-------|---------|--------------|--------|-----------|
| SALES JRNI | L # 0272 | LOC 001 | SUNNYSIDE CITYWIDE | REG NY | NY | | | CCL CONGREGA | TE CAR | E PROGRAM |
| | | | Ş | SALES | REGISTER | | | BILL WEEK EN | DING | 3/16/12 |
| INVOICE# | DATE | CUST NO | CUSTOMER NAME | R | EFERENCE | HOURS | TAX AMT | AMOUNT | TYP | SURPLUS |
| 187555 | 3/09/12 | 800000 | VISITING NURSE SERVICE | NI | ETO RAMOS, JO | 63.00 | | 918.54 | I | |
| | | | | | | | | 010 54 | | |
| 1 | | | | | CATEGORY | 63.00 | 0.00 | 918.54 | | |

| RUN DATE SALES JRN | | - SUP SUNN LOC 001 | YSIDE CITYWIDE SUNNYSIDE CITYWIDE | REG NY NY | | | PAGE 1 - VCP CHOICE LHC | 198 SA |
|-----------------------|--------------------|-----------------------|--------------------------------------|----------------|---------------|---------|----------------------------|-------------------|
| | | | \$ | SALES REGISTER | | | BILL WEEK ENDI | NG 3/16/12 |
| INVOICE# | DATE | CUST NO | CUSTOMER NAME | REFERENCE | HOURS | TAX AMT | AMOUNT T | YP SURPLUS |
| 187556 | 2/10/12 | 000008 | VISITING NURSE SERVICE | NIEVES, NANCY | 9.00 | | 131.22 | I |
| 187557 187558 | 3/09/12 3/09/12 | 000008 000008 | VISITING NURSE SERVICE | NIEVES, NANCY | 45.00 8.00 | | 656.10 116.64 | I - |
| 18/558 | 3/09/12 | 000008 | VISITING NURSE SERVICE | NINO, CARMEN | 8.00 | | 110.04 | |
| | | | | CUSTOMER | 62.00 | 0.00 | 903.96 | |
| | | | | | | | | |
| | | | | CATEGORY | 62.00 | 0.00 | 903.96 | |

| RUN DATE | 03/14/12 - | - SUP SUNN | YSIDE CITYWIDE | | | | PAGE 1 - 199 | |
|-----------|------------|------------|------------------------|-----------------|-------|---------|-------------------------------|---|
| SALES JRN | L # 0272 | LOC 001 | SUNNYSIDE CITYWIDE | REG NY NY | | | LTC NURSING HOMEW/O WALLS (L' | Г |
| | | | 5 | SALES REGISTER | | | BILL WEEK ENDING 3/16/12 | |
| INVOICE# | DATE | CUST NO | CUSTOMER NAME | REFERENCE | HOURS | TAX AMT | AMOUNT TYP SURPLUS | |
| 187559 | 3/09/12 | 000008 | VISITING NURSE SERVICE | NOBLIN, ELOISE | 25.75 | | 375.44 I | |
| 187560 | 1/13/12 | 800000 | VISITING NURSE SERVICE | NOBOADESALAZAR, | 6.00 | | 87.48 I | |
| 187561 | 3/09/12 | 800000 | VISITING NURSE SERVICE | NOBOADESALAZAR, | 34.00 | | 495.72 I | |
| | | | | | | | | |
| | | | | CUSTOMER | 65.75 | 0.00 | 958.64 | |
| | | | | | | | | |
| | | | | CATEGORY | 65.75 | 0.00 | 958.64 | |

| | | - SUP SUNN | YSIDE CITYWIDE SUNNYSIDE CITYWIDE | REG NY NY | | | | - 20 | 00 |
|-----------|----------|------------|--------------------------------------|---------------------------|--------|---------|------------------------------|------|---------|
| SALES JRN | L # UZ/Z | TOC 001 | SUNNISIDE CITIMIDE | REGNY NY SALES REGISTE | E R | | VCP CHOICE L BILL WEEK EN | | 3/16/12 |
| INVOICE# | DATE | CUST NO | CUSTOMER NAME | REFERENCE | HOURS | TAX AMT | AMOUNT | TYP | SURPLUS |
| 187562 | 3/09/12 | 000008 | VISITING NURSE SERV | CE NUZIALE, CONCET | 49.00 | | 714.42 | I | |
| 187563 | 3/09/12 | 000008 | VISITING NURSE SERV | CE OCHOA, LUIS | 43.00 | | 626.94 | I | |
| 187564 | 3/09/12 | 000008 | VISITING NURSE SERV | CE ORTEGA, CARLOS | 16.00 | | 233.28 | I | |
| 187565 | 3/09/12 | 000008 | VISITING NURSE SERV | • | 8.00 | | 116.64 | I | |
| 187566 | 3/09/12 | 800000 | VISITING NURSE SERV | • | 32.25 | | 470.21 | I | |
| | | | | CUSTOMER | 148.25 | 0.00 | 2,161.49 | | |
| | | | | CATEGORY | 148.25 | 0.00 | 2,161.49 | | |

| | | | YSIDE CITYWIDE | DDG 1997 | | | - | 201 |
|-----------|----------|---------|------------------------|----------------------------|-------|---------|-------------------------------|---------|
| SALES JRN | L # 02/2 | LOC 001 | SUNNYSIDE CITYWIDE | REGNY NY SALES REGISTER | | | ADU ADULT BILL WEEK ENDING | 3/16/12 |
| INVOICE# | DATE | CUST NO | CUSTOMER NAME | REFERENCE | HOURS | TAX AMT | AMOUNT TYP | SURPLUS |
| 187567 | 3/09/12 | 800000 | VISITING NURSE SERVICE | PAPAGIANNAKIS, | 14.75 | | 215.06 I | |
| | | | | | 14 85 | | | |
| | | | | CATEGORY | 14.75 | 0.00 | 215.06 | |

| RUN DATE (SALES JRNI | | | YSIDE CITYWIDE SUNNYSIDE CITYWIDE | REG NY NY SALES REGISTER | | | PAGE 1 VCP CHOICE LH BILL WEEK END | |
|--------------------------|--|----------------------------|--|---|--------------------------------|---------|--|-------------|
| INVOICE# | DATE | CUST NO | CUSTOMER NAME | REFERENCE | HOURS | TAX AMT | AMOUNT | TYP SURPLUS |
| 187569 187570 | 3/09/12 3/09/12 3/09/12 3/09/12 | 000008 000008 000008 | VISITING NURSE SERVICE VISITING NURSE SERVICE VISITING NURSE SERVICE VISITING NURSE SERVICE | PAPAZIAN, MANNI PAPOUTSIS, MARY PAPP, TEREZIA PARETTI, MARIE | 50.00 7.00 3.00 39.25 | | 729.00 102.06 43.74 572.27 | I I I |
| | | | | CUSTOMER | 99.25 | 0.00 | 1,447.07 | |
| | | | | CATEGORY | 99.25 | 0.00 | 1,447.07 | |

| | | | YSIDE CITYWIDE | | | | PAGE 1 - 2 | 203 |
|-----------|----------|---------|------------------------|----------------|-------|---------|-------------------|---------|
| SALES JRN | L # 0272 | LOC 001 | SUNNYSIDE CITYWIDE | REG NY NY | | | LTC NURSING HOMEV | • |
| | | | S | SALES REGISTER | | | BILL WEEK ENDING | 3/16/12 |
| INVOICE# | DATE | CUST NO | CUSTOMER NAME | REFERENCE | HOURS | TAX AMT | AMOUNT TYP | SURPLUS |
| 187572 | 3/09/12 | 800000 | VISITING NURSE SERVICE | PARK, SUNG | 20.00 | | 291.60 I | |
| | | | | | | | | |
| | | | | CATEGORY | 20.00 | 0.00 | 291.60 | |

| RUN DATE | 03/14/12 - | SUP SUNN | YSIDE CITYWIDE | | | | PAGE 1 - 204 | |
|-----------|------------|----------|------------------------|----------------|-------|---------|--------------------------|--|
| SALES JRN | L # 0272 | LOC 001 | SUNNYSIDE CITYWIDE | REG NY NY | | | ADU ADULT | |
| | | | | SALES REGISTER | | | BILL WEEK ENDING 3/16/12 | |
| | | | | | | | | |
| INVOICE# | DATE | CUST NO | CUSTOMER NAME | REFERENCE | HOURS | TAX AMT | AMOUNT TYP SURPLUS | |
| | | | | | | | | |
| 187573 | 3/09/12 | 800000 | VISITING NURSE SERVICE | PARTAGAS, ANA | 20.00 | | 291.60 I | |
| | | | | | | | | |
| | | | | | | | 001 60 | |
| | | | | CATEGORY | 20.00 | 0.00 | 291.60 | |

| RUN DATE | 03/14/12 - | - SUP SUNN | YSIDE CITYWIDE | | | | PAGE 1 - 205 | 5 |
|-----------|------------|------------|------------------------|----------------|-------|---------|------------------|---------|
| SALES JRN | ъ # 0272 | LOC 001 | SUNNYSIDE CITYWIDE | REG NY NY | | | VCP CHOICE LHCSA | |
| | | | S | SALES REGISTER | | | BILL WEEK ENDING | 3/16/12 |
| INVOICE# | DATE | CUST NO | CUSTOMER NAME | REFERENCE | HOURS | TAX AMT | AMOUNT TYP | SURPLUS |
| 187574 | 3/09/12 | 000008 | VISITING NURSE SERVICE | PENA, VICTORIA | 30.25 | | 441.05 I | |
| 187575 | 3/09/12 | 000008 | VISITING NURSE SERVICE | PENAGOS, MARIA | 25.00 | | 364.50 I | |
| | | | | CUSTOMER | 55.25 | 0.00 | 805.55 | |
| | | | | CATEGORY | 55.25 | 0.00 | 805.55 | |

| | | | YSIDE CITYWIDE SUNNYSIDE CITYWIDE S | REG NY NY SALES REGISTER | | | PAGE 1 - 20 ADU ADULT BILL WEEK ENDING | 3/16/12 |
|----------|---------|---------|---|-----------------------------|-------|---------|--|---------|
| INVOICE# | DATE | CUST NO | CUSTOMER NAME | REFERENCE | HOURS | TAX AMT | AMOUNT TYP | SURPLUS |
| 187576 | 3/09/12 | 800000 | VISITING NURSE SERVICE | PENARANDA, CARM | 13.00 | | 189.54 I | |
| | | | | CATEGORY | 13.00 | 0.00 | 189.54 | |

| RUN DAT | E 03/14/12 | - SUP SUNN | YSIDE CITYWIDE | | | | PAGE 1 - 2 | 07 |
|---------|-------------|------------|------------------------|-----------------|-------|---------|------------------|---------|
| SALES 3 | TRNL # 0272 | LOC 001 | SUNNYSIDE CITYWIDE | REG NY NY | | | VCP CHOICE LHCSA | |
| | | | \$ | SALES REGISTER | | | BILL WEEK ENDING | 3/16/12 |
| INVOICE | E# DATE | CUST NO | CUSTOMER NAME | REFERENCE | HOURS | TAX AMT | AMOUNT TYP | SURPLUS |
| 187577 | 3/09/12 | 800000 | VISITING NURSE SERVICE | PEREZ MONSER, C | 42.00 | | 612.36 I | |
| | | | | CATEGORY | 42.00 | 0.00 | 612.36 | |

| RUN DATE SALES JRN | | | YSIDE CITYWIDE SUNNYSIDE CITYWIDE S | REGNY NY SALES REGISTER | | | PAGE 1 - 20 LTC NURSING HOMEW/ BILL WEEK ENDING | O WALLS (LT |
|-----------------------|---------|---------|---|----------------------------|-------|---------|---|-------------|
| INVOICE# | DATE | CUST NO | CUSTOMER NAME | REFERENCE | HOURS | TAX AMT | AMOUNT TYP | SURPLUS |
| 187578 | 3/09/12 | 800000 | VISITING NURSE SERVICE | PEREZ, DOMINGA | 36.00 | | 524.88 I | |
| | | | | CATEGORY | 36.00 | 0.00 | 524.88 | |

| RUN DATE | 03/14/12 - | - SUP SUNN | YSIDE CITYWIDE | | | | PAGE 1 - 2 | 209 |
|-----------|------------|------------|------------------------|----------------|-------|---------|------------------|---------|
| SALES JRN | L # 0272 | LOC 001 | | REG NY NY | | | VCP CHOICE LHCSA | |
| | | | : | SALES REGISTER | | | BILL WEEK ENDING | 3/16/12 |
| INVOICE# | DATE | CUST NO | CUSTOMER NAME | REFERENCE | HOURS | TAX AMT | AMOUNT TYP | SURPLUS |
| 187579 | 3/09/12 | 800000 | VISITING NURSE SERVICE | PEREZ, GLADYS | 30.00 | | 437.40 I | |
| | | | | CATEGORY | 30.00 | 0.00 | 437.40 | |

| RUN DATE 03/14/12 - SALES JRNL # 0272 | | | REG NY NY | | | PAGE 1 - 21 ADU ADULT | 0 |
|--|---------|------------------------|----------------|-----------|---------|--------------------------|---------|
| | | S A | LES REGISTER | | | BILL WEEK ENDING | 3/16/12 |
| INVOICE# DATE | CUST NO | CUSTOMER NAME | REFERENCE | HOURS | TAX AMT | AMOUNT TYP | SURPLUS |
| 187580 3/09/12 | 800000 | VISITING NURSE SERVICE | PEREZ, JOAQUIN | 28.25 | | 411.89 I | |
| | | | CATEGORY | 28.25 | 0.00 | 411.89 | |

| RUN DATE | 03/14/12 - | SUP SUNN | YSIDE CITYWIDE | | | | PAGE 1 - | 211 |
|-----------|------------|----------|------------------------|----------------|-------|---------|------------------|---------|
| SALES JRN | L # 0272 | LOC 001 | | REG NY NY | | | LTC NURSING HOME | • |
| | | | S | SALES REGISTER | | | BILL WEEK ENDING | 3/16/12 |
| INVOICE# | DATE | CUST NO | CUSTOMER NAME | REFERENCE | HOURS | TAX AMT | AMOUNT TYP | SURPLUS |
| 187581 | 3/09/12 | 800000 | VISITING NURSE SERVICE | PERSAUD, RITA | 25.00 | | 364.50 I | |
| | | | | CATEGORY | 25.00 | 0.00 | | |

| | | | YSIDE CITYWIDE SUNNYSIDE CITYWIDE | REGNY NY SALES REGISTER | | | PAGE 1 - VCP CHOICE LHCSA BILL WEEK ENDING | A |
|----------|---------|---------|--------------------------------------|----------------------------|-------|---------|--|---------|
| INVOICE# | DATE | CUST NO | CUSTOMER NAME | REFERENCE | HOURS | TAX AMT | AMOUNT TY | SURPLUS |
| 187582 | 3/09/12 | 800000 | VISITING NURSE SERVICE | PHILIPPS, MARY | 55.00 | | 801.90 I | |
| | | | | CATEGORY | 55.00 | 0.00 | 801.90 | |

| RUN DATE SALES JRN | | | | REGNY NY SALES REGISTER | | | PAGE 1 - ADU ADULT BILL WEEK ENDING | |
|-----------------------|---------|---------|------------------------|----------------------------|-------|---------|---|---------|
| INVOICE# | DATE | CUST NO | CUSTOMER NAME | REFERENCE | HOURS | TAX AMT | AMOUNT TYP | SURPLUS |
| 187583 | 3/09/12 | 800000 | VISITING NURSE SERVICE | PIAZZA, CONCETT | 2.00 | | 29.16 I | |
| | | | | CATEGORY | 2.00 | 0.00 | 29.16 | |

| RUN DATE SALES JRN | | | YSIDE CITYWIDE SUNNYSIDE CITYWIDE | REG NY NY | | | PAGE 1 VCP CHOICE L | - 21 HCSA | 14 |
|-----------------------|---------|---------|-----------------------------------|-----------------|-------|---------|------------------------|--------------|---------|
| | - " | | | SALES REGISTER | | | BILL WEEK EN | | 3/16/12 |
| INVOICE# | DATE | CUST NO | CUSTOMER NAME | REFERENCE | HOURS | TAX AMT | AMOUNT | TYP | SURPLUS |
| 187584 | 3/09/12 | 000008 | VISITING NURSE SERVICE | PLACIDO, GENARO | 14.75 | | 215.06 | I | |
| 187585 | 3/09/12 | 800000 | VISITING NURSE SERVICE | PLACIDO, MERCED | 18.00 | | 262.44 | I | |
| 187586 | 3/09/12 | 800000 | VISITING NURSE SERVICE | POGGI, EMERITA | 36.00 | | 524.88 | I | |
| | | | | CUSTOMER | 68.75 | 0.00 | 1,002.38 | | |
| | | | | CATEGORY | 68.75 | 0.00 | 1,002.38 | | |

| RUN DATE SALES JRN | | | | REG NY NY SALES REGISTER | | | PAGE 1 - LTC NURSING HOME BILL WEEK ENDING | EW/O WALLS (LT |
|-----------------------|---------|---------|------------------------|-----------------------------|-------|---------|--|----------------|
| INVOICE# | DATE | CUST NO | CUSTOMER NAME | REFERENCE | HOURS | TAX AMT | AMOUNT TYPE | P SURPLUS |
| 187587 | 3/09/12 | 800000 | VISITING NURSE SERVICE | PONCE, ALICIA | 40.00 | | 583.20 I | |
| | | | | CATEGORY | 40.00 | 0.00 | 583.20 | |

| RUN DATE SALES JRN | | SUP SUNN LOC 001 | YSIDE CITYWIDE SUNNYSIDE CITYWIDE | REGNY NY SALES REGISTER | | | PAGE 1 VCP CHOICE L BILL WEEK EN | | |
|--------------------------------------|--|--------------------------------------|--|-----------------------------------|---------------------------------|---------|-------------------------------------|-------------|--|
| INVOICE# | DATE | CUST NO | CUSTOMER NAME | REFERENCE | HOURS | TAX AMT | AMOUNT | TYP SURPLUS | |
| 187588 187589 187590 187591 | 3/09/12 3/09/12 3/02/12 3/09/12 | 000008 000008 000008 000008 | VISITING NURSE SERVICE VISITING NURSE SERVICE VISITING NURSE SERVICE VISITING NURSE SERVICE | PULLIZA, DIANNE QUINTERO, INES | 36.50 35.50 6.00 34.00 | | 532.17 517.59 87.48 495.72 | I I I | |
| | | | | CUSTOMER | 112.00 | 0.00 | 1,632.96 | | |
| | | | | CATEGORY | 112.00 | 0.00 | 1,632.96 | | |

| | | | YSIDE CITYWIDE SUNNYSIDE CITYWIDE S | REGNY NY SALES REGISTER | | | PAGE 1 - 217 LTC NURSING HOMEW/C BILL WEEK ENDING | WALLS (LT |
|----------|---------|---------|---|----------------------------|-------|---------|---|-----------|
| INVOICE# | DATE | CUST NO | CUSTOMER NAME | REFERENCE | HOURS | TAX AMT | AMOUNT TYP | SURPLUS |
| 187592 | 3/09/12 | 000008 | VISITING NURSE SERVICE | QUIZHPI, MARIA | 49.00 | | 714.42 I | |
| | | | | CATEGORY | 49.00 | 0.00 | 714.42 | |

| | | | YSIDE CITYWIDE | | | | PAGE 1 - | |
|---------|-------------|---------|------------------------|----------------|-------|---------|------------------|---------|
| SALES J | FRNL # 0272 | LOC 001 | SUNNYSIDE CITYWIDE | REG NY NY | | | LAP LOMBARDI AII | |
| | | | i | SALES REGISTER | | | BILL WEEK ENDING | 3/16/12 |
| INVOICE | E# DATE | CUST NO | CUSTOMER NAME | REFERENCE | HOURS | TAX AMT | AMOUNT TYPE | SURPLUS |
| 187593 | 3/09/12 | 800000 | VISITING NURSE SERVICE | RAMIREZ, ANA | 40.00 | | 583.20 I | |
| | | | | | | | | |
| | | | | CATEGORY | 40.00 | 0.00 | 583.20 | |

| RUN DATE | 03/14/12 - | - SUP SUNN | YSIDE CITYWIDE | | | | PAGE 1 - 2 | 19 |
|-----------|------------|------------|------------------------|-----------------|-------|---------|-------------------|---------------|
| SALES JRN | L # 0272 | LOC 001 | SUNNYSIDE CITYWIDE | REG NY NY | | | LTC NURSING HOMEW | //O WALLS (LT |
| | | | | SALES REGISTER | | | BILL WEEK ENDING | 3/16/12 |
| INVOICE# | DATE | CUST NO | CUSTOMER NAME | REFERENCE | HOURS | TAX AMT | AMOUNT TYP | SURPLUS |
| 187594 | 3/09/12 | 800000 | VISITING NURSE SERVICE | RAMIREZ, JUANA | 39.00 | | 568.62 I | |
| 187595 | 3/09/12 | 800000 | VISITING NURSE SERVICE | RAMLALL, LILOWT | 25.00 | | 364.50 I | |
| | | | | | C4 00 | 0.00 | | |
| | | | | CUSTOMER | 64.00 | 0.00 | 933.12 | |
| | | | | | | | | |
| | | | | CATEGORY | 64.00 | 0.00 | 933.12 | |

| | | | YSIDE CITYWIDE | | | | 11102 | - 220 |
|-----------|-----------|---------|------------------------|-----------------|-------|---------|---------------|-------------|
| SALES JRN | IL # 0272 | LOC 001 | SUNNYSIDE CITYWIDE | REG NY NY | | | AUR ADULT REH | |
| | | | S | SALES REGISTER | | | BILL WEEK END | ING 3/16/12 |
| INVOICE# | DATE | CUST NO | CUSTOMER NAME | REFERENCE | HOURS | TAX AMT | AMOUNT | TYP SURPLUS |
| 187596 | 2/24/12 | 000008 | VISITING NURSE SERVICE | RAMOS, JENNIFER | 8.00 | | 116.64 | I |
| 187597 | 3/09/12 | 800000 | VISITING NURSE SERVICE | RAMOS, JENNIFER | 45.00 | | 656.10 | I |
| | | | | CUSTOMER | 53.00 | 0.00 | 772.74 | |
| | | | | COSTOMER | 53.00 | 0.00 | 112.14 | |
| | | | | | | | | |
| | | | | CATEGORY | 53.00 | 0.00 | 772.74 | |

| RUN DATE SALES JRN | | - SUP SUNN LOC 001 | YSIDE CITYWIDE SUNNYSIDE CITYWIDE | REG NY NY | | | PAGE 1 - VCP CHOICE LHO | - 221 !SA |
|-----------------------|--------------------|-----------------------|---|------------------------------------|----------------|---------|----------------------------|--------------|
| | - " | | | GALES REGISTER | | | BILL WEEK ENDI | |
| INVOICE# | DATE | CUST NO | CUSTOMER NAME | REFERENCE | HOURS | TAX AMT | AMOUNT T | YP SURPLUS |
| 187598 187599 | 3/09/12 3/09/12 | 000008 000008 | VISITING NURSE SERVICE VISITING NURSE SERVICE | RAMPHAL, INDRIA RANDAZZO, ROSAL | 12.00 20.00 | | 174.96 291.60 | I |
| 107333 | 3/03/12 | 000000 | VIDITING NORDE DERVICE | CUSTOMER | 32.00 | 0.00 | 466.56 | |
| | | | | CUSTOMER | 32.00 | 0.00 | 400.50 | |
| | | | | CATEGORY | 32.00 | 0.00 | 466.56 | |

| RUN DATE | 03/14/12 - | - SUP SUNN | YSIDE CITYWIDE | | | | PAGE 1 - 222 | 2 |
|-----------|------------|------------|------------------------|-----------------|-------|---------|---------------------|---------|
| SALES JRN | L # 0272 | LOC 001 | SUNNYSIDE CITYWIDE | REG NY NY | | | AMH ADULT MENTAL HI | EALTH |
| | | | S | SALES REGISTER | | | BILL WEEK ENDING | 3/16/12 |
| | | | | | | | | |
| INVOICE# | DATE | CUST NO | CUSTOMER NAME | REFERENCE | HOURS | TAX AMT | AMOUNT TYP | SURPLUS |
| | | | | | | | | |
| 187600 | 3/09/12 | 800000 | VISITING NURSE SERVICE | RASMUSSEN, GEOR | 6.00 | | 87.48 I | |
| | | | | | | | | |
| | | | | | | | | |
| | | | | CATEGORY | 6.00 | 0.00 | 87.48 | |

| RUN DATE SALES JRN | | - SUP SUNN LOC 001 | YSIDE CITYWIDE SUNNYSIDE CITYWIDE | REG NY NY | | | PAGE 1 VCP CHOICE L | - 22 HCSA | 23 |
|-----------------------|-----------|-----------------------|--------------------------------------|-----------------|-------|---------|------------------------|--------------|---------|
| | 2 02/2 | 200 001 | | SALES REGISTER | | | BILL WEEK EN | | 3/16/12 |
| INVOICE# | DATE | CUST NO | CUSTOMER NAME | REFERENCE | HOURS | TAX AMT | AMOUNT | TYP | SURPLUS |
| 187601 | 3/09/12 | 000008 | VISITING NURSE SERVICE | REINA, JOSE | 20.00 | | 291.60 | I | |
| 187602 | 3/09/12 | 800000 | VISITING NURSE SERVICE | RICCA, MARIE | 26.50 | | 386.38 | I | |
| 187603 | 3/09/12 | 800000 | VISITING NURSE SERVICE | RIVADENEIRA, OL | 20.00 | | 291.60 | I | |
| | | | | CUSTOMER | 66.50 | 0.00 | 969.58 | | |
| | | | | CATEGORY | 66.50 | 0.00 | 969.58 | | |

| RUN DATE | 03/14/12 - | - SUP SUNN | YSIDE CITYWIDE | | | | PAGE 1 - 2 | 224 |
|-----------|------------|------------|------------------------|-----------------|-------|---------|------------------|---------|
| SALES JRN | IL # 0272 | LOC 001 | SUNNYSIDE CITYWIDE | REG NY NY | | | LTC NURSING HOME | • |
| | | | 2 | SALES REGISTER | | | BILL WEEK ENDING | 3/16/12 |
| INVOICE# | DATE | CUST NO | CUSTOMER NAME | REFERENCE | HOURS | TAX AMT | AMOUNT TYP | SURPLUS |
| 187604 | 3/09/12 | 800000 | VISITING NURSE SERVICE | RIVADENEIRA, RO | 48.00 | | 699.84 I | |
| | | | | CATEGORY | 48.00 | 0.00 | 699.84 | |

| | | | YSIDE CITYWIDE | | | | PAGE 1 | | 5 |
|-----------|----------|---------|------------------------|-----------------|-------|---------|---------------|-----|---------|
| SALES JRN | ъ # 0272 | LOC 001 | SUNNYSIDE CITYWIDE | REG NY NY | | | VCP CHOICE LH | | 0/16/10 |
| | | | : | SALES REGISTER | | | BILL WEEK END | ING | 3/16/12 |
| INVOICE# | DATE | CUST NO | CUSTOMER NAME | REFERENCE | HOURS | TAX AMT | AMOUNT | TYP | SURPLUS |
| 187605 | 3/09/12 | 000008 | VISITING NURSE SERVICE | RIVERA, CARMEN | 19.75 | | 287.96 | I | |
| 187606 | 3/09/12 | 800000 | VISITING NURSE SERVICE | RIVERA, ERNESTO | 20.00 | | 291.60 | I | |
| | | | | CUSTOMER | 39.75 | 0.00 | 579.56 | | |
| | | | | CODIONER | 33.73 | 0.00 | 373.30 | | |
| | | | | | | | | | |
| | | | | CATEGORY | 39.75 | 0.00 | 579.56 | | |

| | | | YYSIDE CITYWIDE SUNNYSIDE CITYWIDE S 2 | REG NY NY ALES REGISTER | | | PAGE 1 - LTC NURSING HOME BILL WEEK ENDING | W/O WALLS (LT |
|----------|---------|---------|--|----------------------------|-------|---------|--|---------------|
| INVOICE# | DATE | CUST NO | CUSTOMER NAME | REFERENCE | HOURS | TAX AMT | AMOUNT TYP | SURPLUS |
| 187607 | 3/09/12 | 800000 | VISITING NURSE SERVICE | RIVERA, GRACIEL | 20.00 | | 291.60 I | |
| | | | | CATEGORY | 20.00 | 0.00 | 291.60 | |

| RUN DATE SALES JRN | | - SUP SUNN LOC 001 | YSIDE CITYWIDE SUNNYSIDE CITYWIDE | REGNY NY SALES REGISTER | | | PAGE 1 - 227 ADU ADULT BILL WEEK ENDING 3/16/12 | |
|-----------------------|---------|-----------------------|--------------------------------------|----------------------------|-------|---------|---|--|
| INVOICE# | DATE | CUST NO | CUSTOMER NAME | REFERENCE | HOURS | TAX AMT | AMOUNT TYP SURPLUS | |
| 187608 | 3/09/12 | 800000 | VISITING NURSE SERVICE | RIVERA, RAQUEL | 28.00 | | 408.24 I | |
| | | | | CATEGORY | 28.00 | 0.00 | 408.24 | |

| RUN DATE SALES JRN | | SUP SUNN | YSIDE CITYWIDE SUNNYSIDE CITYWIDE | REG NY NY SALES REGISTE | D | | PAGE 1 - 228 LTC NURSING HOMEW/O BILL WEEK ENDING | |
|-----------------------|--------------------|------------------|--|----------------------------|----------------|---------|---|---------|
| | | | | SALES REGISTE | K | | BILL WEEK ENDING | 3/10/12 |
| INVOICE# | DATE | CUST NO | CUSTOMER NAME | REFERENCE | HOURS | TAX AMT | AMOUNT TYP | SURPLUS |
| 187609 187610 | 3/09/12 3/09/12 | 800000 800000 | VISITING NURSE SERVICE VISITING NURSE SERVICE | • | 36.50 12.00 | | 532.17 I 174.96 I | |
| | | | | CUSTOMER | 48.50 | 0.00 | 707.13 | |
| | | | | | | | | |
| | | | | CATEGORY | 48.50 | 0.00 | 707.13 | |

| ı | RUN DATE | 03/14/12 - | - SUP SUNN | YSIDE CITYWIDE | | | | PAGE 1 - | 229 | |
|---|-----------|---------------|------------|------------------------|-----------------|-------|---------|-----------------|------------|--|
| ı | SALES JRN | L # 0272 | LOC 001 | SUNNYSIDE CITYWIDE | REG NY NY | | | VCP CHOICE LHCS | 3A | |
| ı | | | | 5 | SALES REGISTER | | | BILL WEEK ENDIN | NG 3/16/12 | |
| ı | | | | | | | | | | |
| ı | INVOICE# | DATE | CUST NO | CUSTOMER NAME | REFERENCE | HOURS | TAX AMT | AMOUNT TY | YP SURPLUS | |
| ı | 105611 | 2 / 2 2 / 3 2 | | | | 40.00 | | F14 40 - | _ | |
| ı | 187611 | 3/09/12 | 800000 | VISITING NURSE SERVICE | ROBINSON, MARGA | 49.00 | | 714.42 | Ĺ | |
| ı | | | | | | | | | | |
| ı | | | | | CA EECODY | 40.00 | 0.00 | 714 40 | | |
| ı | | | | | CATEGORY | 49.00 | 0.00 | 714.42 | | |

| | | | YSIDE CITYWIDE SUNNYSIDE CITYWIDE S | REG NY NY A L E S R E G I S T E R | | | PAGE 1 - LTC NURSING HOME BILL WEEK ENDING | W/O WALLS (LT |
|----------|---------|---------|---|--------------------------------------|-------|---------|--|---------------|
| INVOICE# | DATE | CUST NO | CUSTOMER NAME | REFERENCE | HOURS | TAX AMT | AMOUNT TYP | SURPLUS |
| 187612 | 3/09/12 | 800000 | VISITING NURSE SERVICE | ROCCISANO, LOUI | 48.00 | | 699.84 I | |
| | | | | CATEGORY | 48.00 | 0.00 | 699.84 | |

| | | | YSIDE CITYWIDE | | | | PAGE 1 - 2 | 31 |
|-----------|----------|---------|------------------------|-----------------|-------|---------|------------------|---------|
| SALES JRN | L # 0272 | LOC 001 | SUNNYSIDE CITYWIDE | REG NY NY | | | VCP CHOICE LHCSA | |
| | | | i | SALES REGISTER | | | BILL WEEK ENDING | 3/16/12 |
| INVOICE# | DATE | CUST NO | CUSTOMER NAME | REFERENCE | HOURS | TAX AMT | AMOUNT TYP | SURPLUS |
| 187613 | 3/09/12 | 000008 | VISITING NURSE SERVICE | RODRIGUEZ, FERM | 25.00 | | 364.50 I | |
| 187614 | 3/09/12 | 800000 | VISITING NURSE SERVICE | RODRIGUEZ, IRMA | 35.75 | | 521.24 I | |
| | | | | CUSTOMER | 60.75 | 0.00 | 885.74 | |
| | | | | | | | | |
| | | | | CATEGORY | 60.75 | 0.00 | 885.74 | |

| RUN DATE (| 03/14/12 - | - SUP SUNN | YSIDE CITYWIDE | | | | PAGE 1 - 232 | |
|------------|------------|------------|------------------------|-----------------|-------|---------|------------------------|--------|
| SALES JRNI | և # 0272 | LOC 001 | SUNNYSIDE CITYWIDE | REG NY NY | | | CCL CONGREGATE CARE PI | ROGRAM |
| | | | Ş | SALES REGISTER | | | BILL WEEK ENDING 3/3 | 16/12 |
| INVOICE# | DATE | CUST NO | CUSTOMER NAME | REFERENCE | HOURS | TAX AMT | AMOUNT TYP SUE | RPLUS |
| 187615 | 3/09/12 | 800000 | VISITING NURSE SERVICE | RODRIGUEZ, MARC | 84.00 | | 1,224.72 I | |
| | | | | CATEGORY | 84.00 | 0.00 | 1,224.72 | |

| | | | YSIDE CITYWIDE | | | | PAGE 1 - 233 | |
|------------|----------|---------|------------------------|-----------------|-------|---------|--------------------|---------|
| SALES JRNI | L # 0272 | LOC 001 | SUNNYSIDE CITYWIDE | REG NY NY | | | ADU ADULT | (16 (10 |
| | | | : | SALES REGISTER | | | BILL WEEK ENDING 3 | /16/12 |
| INVOICE# | DATE | CUST NO | CUSTOMER NAME | REFERENCE | HOURS | TAX AMT | AMOUNT TYP S | URPLUS |
| 187616 | 2/24/12 | 800000 | VISITING NURSE SERVICE | RODRIGUEZ, MARI | 3.00 | | 43.74 I | |
| 187617 | 3/09/12 | 800000 | VISITING NURSE SERVICE | RODRIGUEZ, MARI | 3.00 | | 43.74 I | |
| | | | | CUSTOMER | 6.00 | 0.00 | 87.48 | |
| | | | | COSTONER | 0.00 | 0.00 | 07.40 | |
| | | | | | | | | |
| | | | | CATEGORY | 6.00 | 0.00 | 87.48 | |

| RUN DA | TE 03/14/12 - | - SUP SUNN | NYSIDE CITYWIDE | | | | PAGE 1 - : | 234 |
|--------|---------------|------------|------------------------|-----------------|-------|---------|------------------|---------------|
| SALES | JRNL # 0272 | LOC 001 | SUNNYSIDE CITYWIDE | REG NY NY | | | LTC NURSING HOME | W/O WALLS (LT |
| | | | | SALES REGISTER | | | BILL WEEK ENDING | 3/16/12 |
| INVOIC | E# DATE | CUST NO | CUSTOMER NAME | REFERENCE | HOURS | TAX AMT | AMOUNT TYP | SURPLUS |
| INVOIC | E# DAIE | CUSI NO | CUSTOMER NAME | REFERENCE | HOURS | IAA AMI | AMOUNI IIP | SURPLUS |
| 187618 | 3/09/12 | 000008 | VISITING NURSE SERVICE | RODRIGUEZ, OLGA | 23.50 | | 342.63 I | |
| | | | | | | | | |
| | | | | CATEGORY | 23.50 | 0.00 | 342.63 | |

| | | | NYSIDE CITYWIDE SUNNYSIDE CITYWIDE | REG NY NY | | | PAGE 1 - : VCP CHOICE LHCSA | |
|----------|------------|---------|------------------------------------|-----------------|-------|---------|-----------------------------|---------|
| SALES OF | TAT # 02/2 | TOC 001 | | SALES REGISTER | | | BILL WEEK ENDING | |
| INVOICE | DATE | CUST NO | CUSTOMER NAME | REFERENCE | HOURS | TAX AMT | AMOUNT TYP | SURPLUS |
| 187619 | 3/09/12 | 800000 | VISITING NURSE SERVICE | RODRIGUEZ, PORF | 49.00 | | 714.42 I | |
| | | | | CATEGORY | 49.00 | 0.00 | 714.42 | |

| R | RUN DATE (| 03/14/12 - | SUP SUNN | YSIDE CITYWIDE | | | | PAGE 1 - 23 | 36 |
|-----|------------|------------|----------|------------------------|-----------------|-------|---------|-------------------|-------------|
| S | SALES JRNI | L # 0272 | LOC 001 | SUNNYSIDE CITYWIDE | REG NY NY | | | LTC NURSING HOMEW | O WALLS (LT |
| | | | | S | SALES REGISTER | | | BILL WEEK ENDING | 3/16/12 |
| _ | NVOICE# | DATE | CUST NO | CUSTOMER NAME | REFERENCE | HOURS | TAX AMT | AMOUNT TYP | SURPLUS |
| 1 - | IN VOICE# | DAIL | COSI NO | CUSTOMER NAME | KEFEKENCE | HOURS | IAA AMI | AMOUNI 11P | SURPLUS |
| 1 | 87620 | 3/09/12 | 800000 | VISITING NURSE SERVICE | RODRIGUEZ, ROQU | 40.00 | | 583.20 I | |
| | | | | | | | | | |
| | | | | | CATEGORY | 40.00 | 0.00 | 583.20 | |

| | | | YSIDE CITYWIDE | 556 197 | | | PAGE 1 - 237 | |
|----------|-----------|---------|------------------------|----------------------------|-------|---------|----------------------------------|----|
| SALES JR | NL # 0272 | LOC 001 | | REGNY NY SALES REGISTER | | | ADU ADULT BILL WEEK ENDING 3/16/ | 12 |
| INVOICE# | DATE | CUST NO | CUSTOMER NAME | REFERENCE | HOURS | TAX AMT | AMOUNT TYP SURPL | US |
| 187621 | 3/09/12 | 800000 | VISITING NURSE SERVICE | RODRIGUEZ, YLMA | 39.75 | | 579.56 I | |
| | | | | CATEGORY | 39.75 | 0.00 | 579.56 | |

| RUN DATE SALES JRN | | | | REG NY NY SALES REGISTER | | | PAGE 1 - 2 LTC NURSING HOMEW BILL WEEK ENDING | /O WALLS (LT |
|-----------------------|---------|---------|------------------------|-----------------------------|-------|---------|---|--------------|
| INVOICE# | DATE | CUST NO | CUSTOMER NAME | REFERENCE | HOURS | TAX AMT | AMOUNT TYP | SURPLUS |
| 187622 | 3/09/12 | 800000 | VISITING NURSE SERVICE | ROLON, JUANITA | 40.00 | | 583.20 I | |
| | | | | CATEGORY | 40.00 | 0.00 | 583.20 | |

| RUN DATE SALES JRN | | | | REG NY NY SALES REGISTER | | | PAGE 1 - 239 ADU ADULT BILL WEEK ENDING 3/3 | 16/12 |
|-----------------------|---------|---------|------------------------|-----------------------------|-------|---------|---|-------|
| INVOICE# | DATE | CUST NO | CUSTOMER NAME | REFERENCE | HOURS | TAX AMT | AMOUNT TYP SUE | RPLUS |
| 187623 | 3/09/12 | 800000 | VISITING NURSE SERVICE | ROMERO, HERNAN | 33.00 | | 481.14 I | |
| | | | | CATEGORY | 33.00 | 0.00 | 481.14 | |

| | 03/14/12 - L # 0272 | | YSIDE CITYWIDE SUNNYSIDE CITYWIDE | REG NY NY SALES REGISTER | | | PAGE 1 - VCP CHOICE LHO BILL WEEK END | |
|----------|------------------------|---------|--------------------------------------|-----------------------------|-------|---------|---|-------------|
| INVOICE# | DATE | CUST NO | CUSTOMER NAME | REFERENCE | HOURS | TAX AMT | AMOUNT T | TYP SURPLUS |
| 187624 | 3/09/12 | 800000 | VISITING NURSE SERVICE | ROMERO, SANTHY | 56.00 | | 816.48 | I |
| | | | | CATEGORY | 56.00 | 0.00 | 816.48 | |

| RUN DATE 0 SALES JRNL | | | YSIDE CITYWIDE SUNNYSIDE CITYWIDE | - | NY E G I S T E F | R | | PAGE 1 LTC NURSING BILL WEEK EN | | |
|--------------------------|--------------------|------------------|--|------|---------------------|----------------|---------|---------------------------------------|-----|---------|
| INVOICE# | DATE | CUST NO | CUSTOMER NAME | REFE | RENCE | HOURS | TAX AMT | AMOUNT | TYP | SURPLUS |
| | 3/09/12 3/09/12 | 800000 800000 | VISITING NURSE SERVICE VISITING NURSE SERVICE | , | FLOR ANA | 56.00 32.00 | | 816.48 466.56 | I | |
| | | | | | CUSTOMER | 88.00 | 0.00 | 1,283.04 | | |
| | | | | | CATEGORY | 88.00 | 0.00 | 1,283.04 | | |

| | | | YSIDE CITYWIDE SUNNYSIDE CITYWIDE S | REG NY NY ALES REGISTER | | | PAGE 1 - 242 ADU ADULT BILL WEEK ENDING 3/16/ | 12 |
|----------|---------|---------|-------------------------------------|----------------------------|-------|---------|---|----|
| INVOICE# | DATE | CUST NO | CUSTOMER NAME | REFERENCE | HOURS | TAX AMT | AMOUNT TYP SURPL | |
| 187627 | 3/09/12 | 800000 | VISITING NURSE SERVICE | ROSA, LUZ E | 47.50 | | 692.55 I | |
| | | | | CATEGORY | 47.50 | 0.00 | 692.55 | |

| RUN DATE SALES JRN | | - SUP SUNN | YSIDE CITYWIDE SUNNYSIDE CITYWIDE | REG NY NY | | | PAGE 1 VCP CHOICE L | - 24 | 13 |
|-----------------------|---------|------------|-----------------------------------|----------------|-------|---------|------------------------|------|---------|
| | _ " | | | SALES REGISTER | | | BILL WEEK EN | | 3/16/12 |
| INVOICE# | DATE | CUST NO | CUSTOMER NAME | REFERENCE | HOURS | TAX AMT | AMOUNT | TYP | SURPLUS |
| 187628 | 3/09/12 | 000008 | VISITING NURSE SERVICE | ROSA, MANOLO | 16.00 | | 233.28 | I | |
| 187629 | 3/09/12 | 800000 | VISITING NURSE SERVICE | ROSARIO, ELSA | 34.50 | | 503.01 | I | |
| 187630 | 3/09/12 | 800000 | VISITING NURSE SERVICE | ROSARIO, MARIA | 23.50 | | 342.64 | I | |
| | | | | CUSTOMER | 74.00 | 0.00 | 1,078.93 | | |
| | | | | CATEGORY | 74.00 | 0.00 | 1,078.93 | | |

| RUN DATE 03/14/12 | 2 - SUP SUN | NYSIDE CITYWIDE | | | | PAGE 1 - | 244 |
|-------------------|-------------|------------------------|----------------|-------|---------|-----------------|-----------|
| SALES JRNL # 0272 | 2 LOC 001 | SUNNYSIDE CITYWIDE | REG NY NY | | | ADU ADULT | |
| | | S | ALES REGISTER | | | BILL WEEK ENDIN | G 3/16/12 |
| INVOICE# DATE | CUST NO | CUSTOMER NAME | REFERENCE | HOURS | TAX AMT | AMOUNT TY | P SURPLUS |
| 187631 3/09/12 | 2 000008 | VISITING NURSE SERVICE | ROSSI, RAYMOND | 20.00 | | 291.60 I | |
| 187632 3/09/12 | 2 000008 | VISITING NURSE SERVICE | RUBIN, EVGENY | 20.00 | | 291.60 I | |
| | | | OHOMON D | 40.00 | | | |
| | | | CUSTOMER | 40.00 | 0.00 | 583.20 | |
| | | | | | | | |
| | | | CATEGORY | 40.00 | 0.00 | 583.20 | |

| RUN DATE | 03/14/12 - | SUP SUNN | YSIDE CITYWIDE | | | | PAGE 1 - 2 | 45 |
|-----------|------------|----------|------------------------|----------------|----------|---------|------------------|-----------|
| SALES JRN | L # 0272 | LOC 001 | SUNNYSIDE CITYWIDE | REG NY NY | | | VCP CHOICE LHCSA | |
| | | | | SALES REGISTER | | | BILL WEEK ENDING | 3/16/12 |
| INVOICE# | DATE | CUST NO | CUSTOMER NAME | REFERENCE | HOURS | TAX AMT | AMOUNT TYP | SURPLUS |
| 111101011 | 21112 | 0001 1.0 | 00010111111111111 | TEL ETTELOE | 110 0110 | | 11100111 111 | 50111 205 |
| 187633 | 3/09/12 | 800000 | VISITING NURSE SERVICE | RUEDA, INES | 45.25 | | 659.75 I | |
| | | | | | | | | |
| | | | | CATEGORY | 45.25 | 0.00 | 659.75 | |

| RUN DATE | 03/14/12 - | - SUP SUNN | YSIDE CITYWIDE | | | | PAGE 1 - 2 | 246 |
|-----------|------------|------------|------------------------|----------------|-------|---------|------------------|---------------|
| SALES JRN | ъ # 0272 | LOC 001 | SUNNYSIDE CITYWIDE | REG NY NY | | | LTC NURSING HOME | W/O WALLS (LT |
| | | | S | SALES REGISTER | | | BILL WEEK ENDING | 3/16/12 |
| INVOICE# | DATE | CUST NO | CUSTOMER NAME | REFERENCE | HOURS | TAX AMT | AMOUNT TYP | SURPLUS |
| 187634 | 3/09/12 | 800000 | VISITING NURSE SERVICE | RUFFEN, SANDRA | 30.00 | | 437.40 I | |
| | | | | CATEGORY | 30.00 | 0.00 | 437.40 | |

| RUN DATE SALES JRN | , | | YSIDE CITYWIDE SUNNYSIDE CITYWIDE S | REGNY NY BALES REGISTER | | | PAGE 1 - ADU ADULT BILL WEEK ENDING | 247 |
|-----------------------|---------|---------|---|----------------------------|-------|---------|---|---------|
| INVOICE# | DATE | CUST NO | CUSTOMER NAME | REFERENCE | HOURS | TAX AMT | AMOUNT TYP | SURPLUS |
| 187635 | 3/09/12 | 000008 | VISITING NURSE SERVICE | RUSSO, MONICA | 36.00 | | 524.88 I | |
| | | | | CATEGORY | 36.00 | 0.00 | 524.88 | |

| ı | RUN DATE | 03/14/12 - | SUP SUNN | YSIDE CITYWIDE | | | | PAGE 1 - : | 248 |
|---|-----------|------------|----------|------------------------|-----------------|-------|---------|------------------|---------------|
| ı | SALES JRN | L # 0272 | LOC 001 | SUNNYSIDE CITYWIDE | REG NY NY | | | LTC NURSING HOME | W/O WALLS (LT |
| ı | | | | 5 | SALES REGISTER | | | BILL WEEK ENDING | 3/16/12 |
| ı | | | | | | | | | |
| ı | INVOICE# | DATE | CUST NO | CUSTOMER NAME | REFERENCE | HOURS | TAX AMT | AMOUNT TYP | SURPLUS |
| ı | | | | | | | | | |
| ı | 187636 | 3/09/12 | 800000 | VISITING NURSE SERVICE | SAAVEDRA, STELL | 33.00 | | 481.14 I | |
| ı | | | | | | | | | |
| ı | | | | | | | | | |
| ı | | | | | CATEGORY | 33.00 | 0.00 | 481.14 | |

| ı | RUN DATE | 03/14/12 - | - SUP SUNN | YSIDE CITYWIDE | | | | PAGE 1 - 2 | 49 |
|---|-----------|---------------|------------|------------------------|----------------|-------|---------|------------------|---------|
| ı | SALES JRN | L # 0272 | LOC 001 | SUNNYSIDE CITYWIDE | REG NY NY | | | VCP CHOICE LHCSA | |
| ı | | | | 5 | SALES REGISTER | | | BILL WEEK ENDING | 3/16/12 |
| ı | | | | | | | | | |
| ı | INVOICE# | DATE | CUST NO | CUSTOMER NAME | REFERENCE | HOURS | TAX AMT | AMOUNT TYP | SURPLUS |
| ı | 100600 | 2 / 2 2 / 1 2 | | | | | | 1 100 66 - | |
| ı | 187637 | 3/09/12 | 800000 | VISITING NURSE SERVICE | SALADIN, MARIA | 77.00 | | 1,122.66 I | |
| ı | | | | | | | | | |
| ı | | | | | | | | 1 100 66 | |
| ı | | | | | CATEGORY | 77.00 | 0.00 | 1,122.66 | |

| RUN DATE | 03/14/12 - | - SUP SUNN | NYSIDE CITYWIDE | | | | PAGE 1 - : | 250 |
|-----------|------------|------------|------------------------|-----------------|-------|---------|------------------|---------------|
| SALES JRN | IL # 0272 | LOC 001 | SUNNYSIDE CITYWIDE | REG NY NY | | | LTC NURSING HOME | W/O WALLS (LT |
| | | | S | SALES REGISTER | | | BILL WEEK ENDING | 3/16/12 |
| INVOICE# | DATE | CUST NO | CUSTOMER NAME | REFERENCE | HOURS | TAX AMT | AMOUNT TYP | SURPLUS |
| 187638 | 3/09/12 | 800000 | VISITING NURSE SERVICE | SALVATIERRA, TE | 36.00 | | 524.88 I | |
| | | | | CATEGORY | 36.00 | 0.00 | 524.88 | |

| | | | YSIDE CITYWIDE | | | | PAGE 1 - 251 | |
|-----------|----------|---------|------------------------|-----------------------------|-------|---------|--|--------|
| SALES JRN | L # 0272 | LOC 001 | SUNNYSIDE CITYWIDE | REG NY NY SALES REGISTER | | | VCP CHOICE LHCSA BILL WEEK ENDING 3 | /16/12 |
| INVOICE# | DATE | CUST NO | CUSTOMER NAME | REFERENCE | HOURS | TAX AMT | AMOUNT TYP S | URPLUS |
| | | | | | | IAX ANI | | OKFLOS |
| 187639 | 3/09/12 | 000008 | VISITING NURSE SERVICE | SALVUCCI, YOLAN | 18.00 | | 262.44 I | |
| | | | | | | | | |
| | | | | CATEGORY | 18.00 | 0.00 | 262.44 | |

| | | | YSIDE CITYWIDE | | | | | | - 25 | 52 | |
|-----------|----------|---------|------------------------|------------------------|-------------|-------|---------|---------------------------|------|---------|--|
| SALES JRN | L # 0272 | LOC 001 | SUNNYSIDE CITYWIDE | REG NY NY SALES REO | GISTER | | | ADU ADULT BILL WEEK EN | DING | 3/16/12 | |
| INVOICE# | DATE | CUST NO | CUSTOMER NAME | REFERE | NCE | HOURS | TAX AMT | AMOUNT | TYP | SURPLUS | |
| 187640 | 3/09/12 | 800000 | VISITING NURSE SERVICE | SALZ, H | ELENA | 12.00 | | 174.96 | I | | |
| | | | | C | ATEGORY | 12.00 | 0.00 | 174.96 | | | |

| RUN DATE 0 | 3/14/12 - | SUP SUNN | YSIDE CITYWIDE | | | | PAGE 1 - 253 | 3 |
|------------|-----------|----------|------------------------|----------------|-------|---------|------------------|---------|
| SALES JRNL | # 0272 | LOC 001 | SUNNYSIDE CITYWIDE | REG NY NY | | | VCP CHOICE LHCSA | |
| | | | : | SALES REGISTER | | | BILL WEEK ENDING | 3/16/12 |
| INVOICE# | DATE | CUST NO | CUSTOMER NAME | REFERENCE | HOURS | TAX AMT | AMOUNT TYP | SURPLUS |
| 187641 | 3/09/12 | 000008 | VISITING NURSE SERVICE | SAMPOGNA, LUCY | 20.00 | | 291.60 I | |
| 187642 | 3/09/12 | 800000 | VISITING NURSE SERVICE | SANCHEZ, LIDIA | 41.50 | | 605.07 I | |
| | | | | CUSTOMER | 61.50 | 0.00 | 896.67 | |
| | | | | | | | | |
| | | | | CATEGORY | 61.50 | 0.00 | 896.67 | |

| RUN DATE | 03/14/12 - | - SUP SUNN | YSIDE CITYWIDE | | | | PAGE 1 - 254 | |
|-----------|------------|------------|------------------------|----------------|-------|---------|-------------------------|-------|
| SALES JRN | rL # 0272 | LOC 001 | SUNNYSIDE CITYWIDE | REG NY NY | | | CCL CONGREGATE CARE PRO | OGRAM |
| | | | S | SALES REGISTER | | | BILL WEEK ENDING 3/16 | 5/12 |
| INVOICE# | DATE | CUST NO | CUSTOMER NAME | REFERENCE | HOURS | TAX AMT | AMOUNT TYP SURE | PLUS |
| 187643 | 3/09/12 | 800000 | VISITING NURSE SERVICE | SANCHEZ, MARIA | 30.00 | | 437.40 I | |
| | | | | CATEGORY | 30.00 | 0.00 | 437.40 | |

| RUN DATE SALES JRN | | | YSIDE CITYWIDE SUNNYSIDE CITYWIDE | REG NY NY | | | PAGE 1 - 25 ADU ADULT | |
|-----------------------|---------|---------|--------------------------------------|--------------------------|-------|---------|------------------------------|--------------------|
| INVOICE# | DATE | CUST NO | CUSTOMER NAME | SALES REGISTER REFERENCE | HOURS | TAX AMT | BILL WEEK ENDING AMOUNT TYP | 3/16/12 SURPLUS |
| 187644 | 3/09/12 | 000008 | VISITING NURSE SERVICE | | 24.00 | IAX AMI | 349.92 I | SURPLUS |
| 10,011 | 3,03,12 | 000000 | VIDITING NONDE DERVIOE | | | | | |
| | | | | CATEGORY | 24.00 | 0.00 | 349.92 | |

|] | RUN DATE | 03/14/12 - | - SUP SUNN | YSIDE CITYWIDE | | | | PAGE 1 - 25 | 56 |
|---|-----------|------------|------------|------------------------|-----------------|-------|---------|------------------|---------|
| 1 | SALES JRN | L # 0272 | LOC 001 | SUNNYSIDE CITYWIDE | REG NY NY | | | VCP CHOICE LHCSA | |
| | | | | | SALES REGISTER | | | BILL WEEK ENDING | 3/16/12 |
| | INVOICE# | DATE | CUST NO | CUSTOMER NAME | REFERENCE | HOURS | TAX AMT | AMOUNT TYP | SURPLUS |
| | 187645 | 1/13/12 | 800000 | VISITING NURSE SERVICE | SCOTT, CATHERIN | 4.00 | | 58.32 I | |
| | | | | | CATEGORY | 4.00 | 0.00 | 58.32 | |

| RUN DATE 0 | | | YSIDE CITYWIDE SUNNYSIDE CITYWIDE R | EG NY NY | | | PAGE 1 - 257 ADU ADULT | |
|-------------|---------|---------|-------------------------------------|-----------------|-----------|---------|---------------------------|--|
| DIEED GIGVE | 0272 | 100 001 | | ES REGISTER | | | BILL WEEK ENDING 3/16/12 | |
| INVOICE# | DATE | CUST NO | CUSTOMER NAME | REFERENCE | HOURS | TAX AMT | AMOUNT TYP SURPLUS | |
| 187646 | 3/09/12 | 000008 | VISITING NURSE SERVICE | SCOTT, CATHERIN | 56.00 | | 816.48 I | |
| | | | | CATEGORY | 56.00 | 0.00 | 816.48 | |

| | | | YSIDE CITYWIDE | | | | - | 258 |
|------------|----------|---------|------------------------|-----------------|-------|---------|------------------|---------|
| SALES JRNI | L # 0272 | LOC 001 | SUNNYSIDE CITYWIDE | REG NY NY | | | VCP CHOICE LHCSA | 2/16/10 |
| | | | | SALES REGISTER | | | BILL WEEK ENDING | 3/16/12 |
| INVOICE# | DATE | CUST NO | CUSTOMER NAME | REFERENCE | HOURS | TAX AMT | AMOUNT TYP | SURPLUS |
| 187647 | 2/24/12 | 000008 | VISITING NURSE SERVICE | SEGOVIA, BEATRI | 6.00 | | 87.48 I | |
| 187648 | 3/09/12 | 800000 | VISITING NURSE SERVICE | SEGOVIA, BEATRI | 30.00 | | 437.40 I | |
| | | | | CUSTOMER | 36.00 | 0.00 | 524.88 | |
| | | | | | | | | |
| | | | | CATEGORY | 36.00 | 0.00 | 524.88 | |

| RUN DATE | 03/14/12 - | SUP SUNN | YSIDE CITYWIDE | | | | PAGE 1 - | 259 |
|-----------|------------|----------|------------------------|---------------|-------|---------|------------------|----------------|
| SALES JRN | L # 0272 | LOC 001 | SUNNYSIDE CITYWIDE | REG NY NY | | | LTC NURSING HOME | EW/O WALLS (LT |
| | | | S | ALES REGISTER | | | BILL WEEK ENDING | G 3/16/12 |
| INVOICE# | DATE | CUST NO | CUSTOMER NAME | REFERENCE | HOURS | TAX AMT | AMOUNT TY | P SURPLUS |
| 187649 | 3/09/12 | 800000 | VISITING NURSE SERVICE | SEO, INJA | 30.00 | | 437.40 I | |
| | | | | CATEGORY | 30.00 | 0.00 | 437.40 | |

| RUN DATE 03/14/12 SALES JRNL # 0272 | | SUNNYSIDE CITYWIDE | REG NY NY SALES REGISTER | | | PAGE 1 - 260 VCP CHOICE LHCSA BILL WEEK ENDING 3, | /16/12 |
|--|----------------------------|--|--|----------------------------------|---------|---|--------|
| INVOICE# DATE | CUST NO | CUSTOMER NAME | REFERENCE | HOURS | TAX AMT | AMOUNT TYP ST | URPLUS |
| 187650 3/09/12 187651 3/09/12 187652 3/09/12 187653 3/09/12 | 000008 000008 000008 | VISITING NURSE SERVICE VISITING NURSE SERVICE VISITING NURSE SERVICE VISITING NURSE SERVICE | SERAFIN, WALTER SERRANO, AGUEDA SHANNON, ELNORA SIFFETI, ROHAFZ | 55.75 56.00 41.75 10.00 | | 812.84 I 816.48 I 608.72 I 145.80 I | |
| | | | CUSTOMER | 163.50 | 0.00 | 2,383.84 | |
| | | | CATEGORY | 163.50 | 0.00 | 2,383.84 | |

| | 03/14/12 NL # 0272 | | YSIDE CITYWIDE SUNNYSIDE CITYWIDE | REG NY NY | | | PAGE 1 - LTC NURSING HOME | |
|------------|-----------------------|---------|-----------------------------------|----------------|-------|---------|------------------------------|---------|
| 511225 014 | 112 0272 | 200 001 | | SALES REGISTER | | | BILL WEEK ENDING | • |
| INVOICE# | DATE | CUST NO | CUSTOMER NAME | REFERENCE | HOURS | TAX AMT | AMOUNT TYP | SURPLUS |
| 187654 | 3/09/12 | 000008 | VISITING NURSE SERVICE | SILLS, JAMES | 42.00 | | 612.36 I | |
| | | | | CATECODY | 42.00 | | 612.36 | |
| | | | | CATEGORY | 42.00 | 0.00 | 012.30 | |

| RUN DATE 03/ SALES JRNL ‡ | /14/12 - SUP SUNN # 0272 LOC 001 | SUNNYSIDE CITYWIDE | REG NY NY SALES REGISTER | | | PAGE 1 - VCP CHOICE LHO BILL WEEK END | CSA | |
|------------------------------|-------------------------------------|---|-----------------------------|----------------|---------|---|-------------|--|
| INVOICE# I | DATE CUST NO | CUSTOMER NAME | REFERENCE | HOURS | TAX AMT | AMOUNT T | TYP SURPLUS | |
| | /09/12 000008 /09/12 000008 | VISITING NURSE SERVICE VISITING NURSE SERVICE | - , | 30.00 15.00 | | 437.40 218.70 | I I | |
| | | | CUSTOMER | 45.00 | 0.00 | 656.10 | | |
| | | | CATEGORY | 45.00 | 0.00 | 656.10 | | |

| | | | YSIDE CITYWIDE SUNNYSIDE CITYWIDE | REG NY NY | | | PAGE 1 - 263 ADU ADULT | |
|----------|---------|---------|-----------------------------------|-----------------|-------|---------|---------------------------|-----|
| | " | | | SALES REGISTER | | | BILL WEEK ENDING 3/16 | /12 |
| INVOICE# | DATE | CUST NO | CUSTOMER NAME | REFERENCE | HOURS | TAX AMT | AMOUNT TYP SURP | LUS |
| 187657 | 3/09/12 | 800000 | VISITING NURSE SERVICE | SKOUTELAS, ARIS | 1.00 | | 14.58 I | |
| | | | | CATEGORY | 1.00 | 0.00 | 14.58 | |

| | 03/14/12 - NL # 0272 | | | REGNY NY SALES REGISTER | | | PAGE 1 - 2 LTC NURSING HOMEW BILL WEEK ENDING | /O WALLS (LT |
|----------|-------------------------|---------|------------------------|----------------------------|-------|---------|---|--------------|
| INVOICE# | DATE | CUST NO | CUSTOMER NAME | REFERENCE | HOURS | TAX AMT | AMOUNT TYP | SURPLUS |
| 187658 | 3/09/12 | 800000 | VISITING NURSE SERVICE | SOLDATI, RONDA | 5.00 | | 72.90 I | |
| | | | | CATEGORY | 5.00 | 0.00 | 72.90 | |

| RUN DATE | 03/14/12 - | - SUP SUNN | YSIDE CITYWIDE | | | | PAGE 1 - 2 | 65 |
|-----------|------------|------------|------------------------|-----------------|-------|---------|-------------------|------------|
| SALES JRN | ъ # 0272 | LOC 001 | SUNNYSIDE CITYWIDE | REG NY NY | | | CCL CONGREGATE CA | RE PROGRAM |
| | | | S | SALES REGISTER | | | BILL WEEK ENDING | 3/16/12 |
| INVOICE# | DATE | CUST NO | CUSTOMER NAME | REFERENCE | HOURS | TAX AMT | AMOUNT TYP | SURPLUS |
| 187659 | 3/09/12 | 800000 | VISITING NURSE SERVICE | SOPCHEK, SAMUEL | 12.00 | | 174.96 I | |
| | | | | CATEGORY | 12.00 | 0.00 | 174.96 | |

| RUN DATE | 03/14/12 - | SUP SUNN | YSIDE CITYWIDE | | | | PAGE 1 - | 266 |
|-----------|------------|----------|------------------------|----------------|-------|---------|------------------|---------------|
| SALES JRN | L # 0272 | LOC 001 | SUNNYSIDE CITYWIDE | REG NY NY | | | LTC NURSING HOME | W/O WALLS (LT |
| | | | S | SALES REGISTER | | | BILL WEEK ENDING | 3/16/12 |
| INVOICE# | DATE | CUST NO | CUSTOMER NAME | REFERENCE | HOURS | TAX AMT | AMOUNT TYP | SURPLUS |
| 187660 | 3/09/12 | 800000 | VISITING NURSE SERVICE | SORIA, ROLANDO | 30.00 | | 437.40 I | |
| | | | | CATEGORY | 30.00 | 0.00 | 437.40 | |

| RUN DATE SALES JRN | | | YSIDE CITYWIDE SUNNYSIDE CITYWIDE | REG NY NY | | | PAGE 1 - 2 ADU ADULT | 67 |
|-----------------------|--------------------|------------------|---|----------------|---------------|---------|-------------------------|---------|
| SALES URN | L # 02/2 | LOC 001 | | SALES REGISTER | | | BILL WEEK ENDING | 3/16/12 |
| INVOICE# | DATE | CUST NO | CUSTOMER NAME | REFERENCE | HOURS | TAX AMT | AMOUNT TYP | SURPLUS |
| 187661 187662 | 3/09/12 3/09/12 | 800000 800000 | VISITING NURSE SERVICE VISITING NURSE SERVICE | | 1.00 20.00 | | 14.58 I 291.60 I | |
| | | | | CUSTOMER | 21.00 | 0.00 | 306.18 | |
| | | | | CATEGORY | 21.00 | 0.00 | 306.18 | |

| RUN DATE | 03/14/12 - | - SUP SUNN | YSIDE CITYWIDE | | | | PAGE 1 - 2 | 268 |
|-----------|------------|------------|------------------------|-----------------|-------|---------|------------------|---------|
| SALES JRN | IL # 0272 | LOC 001 | SUNNYSIDE CITYWIDE | REG NY NY | | | VCP CHOICE LHCSA | |
| | | | i | SALES REGISTER | | | BILL WEEK ENDING | 3/16/12 |
| INVOICE# | DATE | CUST NO | CUSTOMER NAME | REFERENCE | HOURS | TAX AMT | AMOUNT TYP | SURPLUS |
| 187663 | 3/09/12 | 800000 | VISITING NURSE SERVICE | STAMBOULIDIS, V | 56.00 | | 816.48 I | |
| | | | | CATEGORY | 56.00 | 0.00 | 816.48 | |

| RUN DATE (| | SUP SUNN | YSIDE CITYWIDE SUNNYSIDE CITYWIDE | REG NY NY | | | PAGE 1 - HOA HOSPICE ADUL | |
|-------------|-----------|----------|--------------------------------------|-----------------|-------|---------|------------------------------|---------|
| 011220 0144 | - 11 0272 | 200 001 | | SALES REGISTER | | | BILL WEEK ENDING | |
| INVOICE# | DATE | CUST NO | CUSTOMER NAME | REFERENCE | HOURS | TAX AMT | AMOUNT TYP | SURPLUS |
| 187664 | 3/09/12 | 800000 | VISITING NURSE SERVICE | STEIN, STEPHANI | 18.00 | | 262.44 I | |
| | | | | | | | | |
| | | | | CATEGORY | 18.00 | 0.00 | 262.44 | |

| RUN DATE SALES JRN | | | YSIDE CITYWIDE SUNNYSIDE CITYWIDE | REG NY NY | | | VCP CHOICE L | | |
|-----------------------|---------|---------|--------------------------------------|-----------------|-------|---------|--------------|------|---------|
| | | | 2 | SALES REGISTER | | | BILL WEEK EN | DING | 3/16/12 |
| INVOICE# | DATE | CUST NO | CUSTOMER NAME | REFERENCE | HOURS | TAX AMT | AMOUNT | TYP | SURPLUS |
| 187665 | 3/09/12 | 000008 | VISITING NURSE SERVICE | STERGIOU, GLORI | 15.00 | | 218.70 | I | |
| 187666 | 3/09/12 | 800000 | VISITING NURSE SERVICE | STICKELL, BLANC | 23.50 | | 342.63 | I | |
| 187667 | 3/09/12 | 800000 | VISITING NURSE SERVICE | STROBL, ALFRED | 36.00 | | 524.88 | I | |
| | | | | CUSTOMER | 74.50 | 0.00 | 1,086.21 | | |
| | | | | CATEGORY | 74.50 | 0.00 | 1,086.21 | | |

| | | | YSIDE CITYWIDE SUNNYSIDE CITYWIDE | REG NY NY | | | PAGE 1 - : LTC NURSING HOME | 271 W/O WALLS (LT |
|-------------|-----------|---------|-----------------------------------|----------------|-------|---------|--------------------------------|----------------------|
| 511225 0141 | 2 02/2 | 200 001 | | SALES REGISTER | | | BILL WEEK ENDING | • |
| INVOICE# | DATE | CUST NO | CUSTOMER NAME | REFERENCE | HOURS | TAX AMT | AMOUNT TYP | SURPLUS |
| 187668 | 3/09/12 | 800000 | VISITING NURSE SERVICE | SUAREZ, TULIA | 17.00 | | 247.86 I | |
| | | | | CAREGODY | 17.00 | | 247.86 | |
| 1 | | | | CATEGORY | 17.00 | 0.00 | 247.80 | |

| SALES JRNL # 0272 LOC 001 SUNNYSIDE CITYWIDE REG NY NY ADU ADULT S A L E S R E G I S T E R BILL WEEK ENDING 3/16/ | |
|--|----|
| | 12 |
| INVOICE# DATE CUST NO CUSTOMER NAME REFERENCE HOURS TAX AMT AMOUNT TYP SURPL | JS |
| 187669 3/09/12 000008 VISITING NURSE SERVICE SULLIVAN, MADAL 9.00 131.22 I | |
| CATEGORY 9.00 0.00 131.22 | |

| RUN DATE SALES JRN | | | YSIDE CITYWIDE SUNNYSIDE CITYWIDE | REG NY NY | | | VCP CHOICE LE | | |
|-----------------------|--------------------|------------------|---|------------------------------------|----------------|---------|--------------------|--------|---------|
| | | | S | ALES REGISTER | | | BILL WEEK ENI | DING | 3/16/12 |
| INVOICE# | DATE | CUST NO | CUSTOMER NAME | REFERENCE | HOURS | TAX AMT | AMOUNT | TYP | SURPLUS |
| 187670 187671 | 3/02/12 3/09/12 | 800000 800000 | VISITING NURSE SERVICE VISITING NURSE SERVICE | TABOADA, ELIZAB TABOADA, ELIZAB | 11.75 74.00 | | 171.32 1,078.94 | I I | |
| | | | | CUSTOMER | 85.75 | 0.00 | 1,250.26 | | |
| | | | | CATEGORY | 85.75 | 0.00 | 1,250.26 | | |

| RUN DATE 03 SALES JRNL | | | YSIDE CITYWIDE SUNNYSIDE CITYWIDE | REG NY NY SALES REGISTER | | | PAGE 1 LTC NURSING F BILL WEEK ENI | , | |
|---------------------------|--|----------------------------|--|--|--------------------------------|---------|--|-------------|---------|
| INVOICE# | DATE | CUST NO | CUSTOMER NAME | REFERENCE | HOURS | TAX AMT | AMOUNT | TYP | SURPLUS |
| 187673 3 187674 3 | 3/02/12 3/09/12 3/02/12 3/09/12 | 000008 000008 000008 | VISITING NURSE SERVICE VISITING NURSE SERVICE VISITING NURSE SERVICE VISITING NURSE SERVICE | TADDEO, LENA TADDEO, LENA TAVERAS ARIAS, TAVERAS ARIAS, | 8.00 48.00 4.00 20.00 | | 116.64 699.84 58.32 291.60 | I I I | |
| | | | | CUSTOMER | 80.00 | 0.00 | 1,166.40 | | |
| | | | | CATEGORY | 80.00 | 0.00 | 1,166.40 | | |

| RUN DATE SALES JRN | | | YSIDE CITYWIDE SUNNYSIDE CITYWIDE | REG NY NY SALES REGISTER | | | PAGE 1 - 27 ADU ADULT BILL WEEK ENDING | 75 3/16/12 |
|-----------------------|---------|---------|--------------------------------------|-----------------------------|-------|---------|--|---------------|
| | | | | SALES REGISIER | | | BILL WEEK ENDING | 3/10/12 |
| INVOICE# | DATE | CUST NO | CUSTOMER NAME | REFERENCE | HOURS | TAX AMT | AMOUNT TYP | SURPLUS |
| 187676 | 3/09/12 | 000008 | VISITING NURSE SERVICE | TAWADROUS, ANWA | 6.00 | | 87.48 I | |
| 187677 | 3/09/12 | 000008 | VISITING NURSE SERVICE | | 5.00 | | 72.90 I | |
| 187678 | 3/09/12 | 000008 | VISITING NURSE SERVICE | TEJADA, BALDOME | 20.00 | | 291.60 I | |
| | | | | CUSTOMER | 31.00 | 0.00 | 451.98 | |
| | | | | | | | | |
| | | | | CATEGORY | 31.00 | 0.00 | 451.98 | |

| | | | YSIDE CITYWIDE | | | | PAGE 1 - 2 | |
|------------|----------|---------|------------------------|-----------------|-------|---------|-------------------|---------|
| SALES JRNI | L # 0272 | LOC 001 | SUNNYSIDE CITYWIDE | REG NY NY | | | AUR ADULT REHAB (| |
| | | | S | SALES REGISTER | | | BILL WEEK ENDING | 3/16/12 |
| INVOICE# | DATE | CUST NO | CUSTOMER NAME | REFERENCE | HOURS | TAX AMT | AMOUNT TYP | SURPLUS |
| 187679 | 3/09/12 | 000008 | VISITING NURSE SERVICE | TEJADA, MARIALU | 24.75 | | 360.86 I | |
| | | | | | | | | |
| | | | | CATEGORY | 24.75 | 0.00 | 360.86 | |

| | | | YSIDE CITYWIDE | | | | PAGE 1 - 2 | |
|------------|----------|---------|------------------------|----------------------------|-------|---------|---------------------------------------|---------|
| SALES JRNI | L # 0272 | LOC 001 | SUNNYSIDE CITYWIDE | REGNY NY SALES REGISTER | | | HOA HOSPICE ADULT BILL WEEK ENDING | 3/16/12 |
| | | | Š | SALES REGISIER | | | BILL WEEK ENDING | 3/10/12 |
| INVOICE# | DATE | CUST NO | CUSTOMER NAME | REFERENCE | HOURS | TAX AMT | AMOUNT TYP | SURPLUS |
| 187680 | 3/09/12 | 800000 | VISITING NURSE SERVICE | TEMBELIS, DAPHN | 15.00 | | 218.70 I | |
| | | | | CATEGORY | 15.00 | 0.00 | 218.70 | |

| | 03/14/12 - JL # 0272 | | | REGNY NY SALES REGISTER | | | PAGE 1 - 278 ADU ADULT BILL WEEK ENDING 3/16/12 | |
|----------|-------------------------|---------|------------------------|----------------------------|-------|---------|---|--|
| INVOICE# | DATE | CUST NO | CUSTOMER NAME | REFERENCE | HOURS | TAX AMT | AMOUNT TYP SURPLUS | |
| 187681 | 3/09/12 | 800000 | VISITING NURSE SERVICE | TERRERO, RAMONI | 15.00 | | 218.70 I | |
| | | | | CATEGORY | 15.00 | 0.00 | 218.70 | |

| RUN DATE | 03/14/12 - | - SUP SUNN | YSIDE CITYWIDE | | | | PAGE 1 | - 27 | 79 |
|-----------|------------|------------|------------------------|-----------------|-------|---------|--------------|------|---------|
| SALES JRN | IL # 0272 | LOC 001 | SUNNYSIDE CITYWIDE | REG NY NY | | | VCP CHOICE L | | |
| | | | S | SALES REGISTER | | | BILL WEEK EN | DING | 3/16/12 |
| INVOICE# | DATE | CUST NO | CUSTOMER NAME | REFERENCE | HOURS | TAX AMT | AMOUNT | TYP | SURPLUS |
| 187682 | 3/09/12 | 000008 | VISITING NURSE SERVICE | TERZIAN, ASDGHI | 35.00 | | 510.30 | I | |
| 187683 | 3/09/12 | 800000 | VISITING NURSE SERVICE | TINOCO, INES | 42.00 | | 612.36 | I | |
| | | | | CUSTOMER | 77.00 | 0.00 | 1,122.66 | | |
| | | | | | | | | | |
| | | | | CATEGORY | 77.00 | 0.00 | 1,122.66 | | |

| RUN DATE 03/14/12 SALES JRNL # 0272 | | | REG NY NY | | | PAGE 1 - 28 ADU ADULT | 30 |
|-------------------------------------|---------|------------------------|-----------------|-------|---------|--------------------------|---------|
| | | S A | ALES REGISTER | | | BILL WEEK ENDING | 3/16/12 |
| INVOICE# DATE | CUST NO | CUSTOMER NAME | REFERENCE | HOURS | TAX AMT | AMOUNT TYP | SURPLUS |
| 187684 3/09/12 | 800000 | VISITING NURSE SERVICE | TORO VEGA, LUZV | 20.00 | | 291.60 I | |
| | | | CATEGORY | 20.00 | 0.00 | 291.60 | |

| | | | YSIDE CITYWIDE | | | | PAGE 1 - 281 | |
|------------|----------|---------|------------------------|----------------|-------|---------|--------------------|--------|
| SALES JRNI | և # 0272 | LOC 001 | SUNNYSIDE CITYWIDE | REG NY NY | | | VCP CHOICE LHCSA | |
| | | | 2 | SALES REGISTER | | | BILL WEEK ENDING 3 | /16/12 |
| INVOICE# | DATE | CUST NO | CUSTOMER NAME | REFERENCE | HOURS | TAX AMT | AMOUNT TYP S | URPLUS |
| 187685 | 3/09/12 | 800000 | VISITING NURSE SERVICE | TORO, PURA | 84.00 | | 1,224.72 I | |
| | | | | | | | | |
| | | | | CATEGORY | 84.00 | 0.00 | 1,224.72 | |

| RUN DATE (| | | YSIDE CITYWIDE SUNNYSIDE CITYWIDE | REG NY NY SALES REGISTER | | | PAGE 1 - 282 ADU ADULT BILL WEEK ENDING 3/1 | 6/12 |
|------------|---------|---------|--------------------------------------|-----------------------------|-------|---------|---|-------|
| INVOICE# | DATE | CUST NO | CUSTOMER NAME | REFERENCE | HOURS | TAX AMT | | RPLUS |
| 187686 | 3/09/12 | 800000 | VISITING NURSE SERVICE | TORRES, EMELINA | 40.00 | | 583.20 I | |
| | | | | CATEGORY | 40.00 | 0.00 | 583.20 | |

| RUN DATE | 03/14/12 - | - SUP SUNN | YSIDE CITYWIDE | | | | PAGE 1 - 28 | 83 |
|-----------|------------|------------|------------------------|----------------|-------|---------|------------------|---------|
| SALES JRN | ь # 0272 | LOC 001 | | REG NY NY | | | VCP CHOICE LHCSA | |
| | | | 5 | SALES REGISTER | | | BILL WEEK ENDING | 3/16/12 |
| INVOICE# | DATE | CUST NO | CUSTOMER NAME | REFERENCE | HOURS | TAX AMT | AMOUNT TYP | SURPLUS |
| 187687 | 3/09/12 | 800000 | VISITING NURSE SERVICE | TORRES, LUZ M | 70.00 | | 1,020.60 I | |
| | | | | CATEGORY | 70.00 | 0.00 | 1,020.60 | |

| RUN DATE SALES JRN | | | YSIDE CITYWIDE SUNNYSIDE CITYWIDE | REG NY NY | | | PAGE 1 - 2 LTC NURSING HOME | 284 N/O WALLS (LT |
|-----------------------|---------|---------|--------------------------------------|----------------|-------|---------|--------------------------------|----------------------|
| | | | | ALES REGISTER | | | BILL WEEK ENDING | • |
| INVOICE# | DATE | CUST NO | CUSTOMER NAME | REFERENCE | HOURS | TAX AMT | AMOUNT TYP | SURPLUS |
| 187688 | 3/09/12 | 800000 | VISITING NURSE SERVICE | TORRES, MARGOT | 36.00 | | 524.88 I | |
| | | | | CATECORY | 26 00 | | | |
| | | | | CATEGORY | 36.00 | 0.00 | 524.88 | |

| | | | YSIDE CITYWIDE | DEG MY MY | | | PAGE 1 - 285 | |
|-----------|----------|---------|------------------------|----------------------------|-------|---------|-----------------------------------|----|
| SALES JRN | L # UZ/Z | LOC 001 | SUNNYSIDE CITYWIDE | REGNY NY SALES REGISTER | | | ADU ADULT BILL WEEK ENDING 3/16/1 | .2 |
| INVOICE# | DATE | CUST NO | CUSTOMER NAME | REFERENCE | HOURS | TAX AMT | AMOUNT TYP SURPLU | IS |
| 187689 | 3/09/12 | 800000 | VISITING NURSE SERVICE | TOUMA, MATTA | 12.00 | | 174.96 I | |
| | | | | CATEGORY | 12.00 | 0.00 | 174.96 | |

| | | | YSIDE CITYWIDE | DEC NY NY | | | - | - 28 | 36 |
|-----------|----------|---------|-------------------------|----------------------------|--------|---------|--------------------------------|------|---------|
| SALES JRN | L # UZ/Z | LOC 001 | SUNNYSIDE CITYWIDE S | REG NY NY ALES REGISTER | | | VCP CHOICE LE BILL WEEK ENI | | 3/16/12 |
| | | ~ | | | | | | | |
| INVOICE# | DATE | CUST NO | CUSTOMER NAME | REFERENCE | HOURS | TAX AMT | AMOUNT | TYP | SURPLUS |
| 187690 | 3/02/12 | 000008 | VISITING NURSE SERVICE | TRUJILLO, AMPAR | 4.00 | | 58.32 | I | |
| 187691 | 3/09/12 | 000008 | VISITING NURSE SERVICE | TRUJILLO, AMPAR | 12.00 | | 174.96 | I | |
| 187692 | 3/09/12 | 800000 | VISITING NURSE SERVICE | TSOLISOS, FOTIN | 56.00 | | 816.48 | I | |
| 187693 | 3/09/12 | 800000 | VISITING NURSE SERVICE | TZOUMAS, EFFIE | 48.00 | | 699.84 | I | |
| 187694 | 3/09/12 | 800000 | VISITING NURSE SERVICE | UGURLUYAN, KARA | 7.00 | | 1,224.72 | I | |
| | | | | CUSTOMER | 127.00 | 0.00 | 2,974.32 | | |
| | | | | CATEGORY | 127.00 | 0.00 | 2,974.32 | | |

| RUN DATE 03 SALES JRNL | | SUP SUNN LOC 001 | YSIDE CITYWIDE SUNNYSIDE CITYWIDE | REG NY NY | | | | - 287 HOMEW/O WALLS (LT |
|---------------------------|--------------------|---------------------|---|----------------|---------------|---------|-----------------|---------------------------------------|
| SALES URNL | # 0272 | LOC 001 | | SALES REGISTER | | | BILL WEEK EN | · · · · · · · · · · · · · · · · · · · |
| INVOICE# | DATE | CUST NO | CUSTOMER NAME | REFERENCE | HOURS | TAX AMT | AMOUNT | TYP SURPLUS |
| | 3/02/12 3/09/12 | 000008 000008 | VISITING NURSE SERVICE VISITING NURSE SERVICE | • | 5.00 35.00 | | 72.90 510.30 | I |
| 18/090 | 3/09/12 | 000008 | VISITING NURSE SERVICE | URBINA, ANA | 35.00 | | 510.30 | |
| | | | | CUSTOMER | 40.00 | 0.00 | 583.20 | |
| | | | | | | | | |
| | | | | CATEGORY | 40.00 | 0.00 | 583.20 | |

| ı | RUN DATE | 03/14/12 - | SUP SUNN | YSIDE CITYWIDE | | | | PAGE 1 - | 288 | |
|---|-----------|---------------|----------|------------------------|-----------------|-------|---------|------------------|---------|--|
| ı | SALES JRN | L # 0272 | LOC 001 | SUNNYSIDE CITYWIDE | REG NY NY | | | VCP CHOICE LHCSA | | |
| ı | | | | S | SALES REGISTER | | | BILL WEEK ENDING | 3/16/12 | |
| ı | | | | | | | | | | |
| ı | INVOICE# | DATE | CUST NO | CUSTOMER NAME | REFERENCE | HOURS | TAX AMT | AMOUNT TYP | SURPLUS | |
| ı | 100600 | 2 / 2 2 / 1 2 | | | | 44.00 | | 641 50 - | | |
| ı | 187697 | 3/09/12 | 000008 | VISITING NURSE SERVICE | VALENCIANO-ROJ, | 44.00 | | 641.52 I | | |
| ı | | | | | | | | | | |
| ı | | | | | CA EECODY | 44.00 | 0.00 | | | |
| ı | | | | | CATEGORY | 44.00 | 0.00 | 641.52 | | |

| | | | YSIDE CITYWIDE | | | | PAGE 1 - 289 | - |
|-----------|----------|---------|------------------------|----------------|-------|---------|---------------------|---------|
| SALES JRN | L # 0272 | LOC 001 | | REG NY NY | | | CCL CONGREGATE CARE | |
| | | | | SALES REGISTER | | | BILL WEEK ENDING | 3/16/12 |
| INVOICE# | DATE | CUST NO | CUSTOMER NAME | REFERENCE | HOURS | TAX AMT | AMOUNT TYP | SURPLUS |
| | | | | | | | | |
| 187698 | 3/09/12 | 800000 | VISITING NURSE SERVICE | VALENTI, HELEN | 8.00 | | 116.64 I | |
| | | | | | | | | |
| | | | | CATEGORY | 8.00 | 0.00 | 116.64 | |

| RUN DATE 03 SALES JRNL | /14/12 - SUP SUNN # 0272 LOC 001 | NYSIDE CITYWIDE SUNNYSIDE CITYWIDE | REG NY NY | | | PAGE 1 - : LTC NURSING HOME | 290 W/O WALLS (LT |
|---------------------------|-------------------------------------|---------------------------------------|----------------|-------|---------|--------------------------------|----------------------|
| DIEED OILVE | 11 0272 100 001 | | SALES REGISTE | R | | BILL WEEK ENDING | |
| INVOICE# | DATE CUST NO | CUSTOMER NAME | REFERENCE | HOURS | TAX AMT | AMOUNT TYP | SURPLUS |
| | /09/12 000008 | VISITING NURSE SERVICE | | 5.75 | | 83.84 I | |
| 187700 3 | /09/12 000008 | VISITING NURSE SERVICE | VAROL, MUSTAFA | 5.00 | | 72.90 I | |
| | | | CUSTOMER | 10.75 | 0.00 | 156.74 | |
| | | | CATEGORY | 10.75 | 0.00 | 156.74 | |

| RUN DATE | 03/14/12 - | - SUP SUNN | YSIDE CITYWIDE | | | | PAGE 1 - 2 | 91 |
|-----------|------------|------------|------------------------|-----------------|-------|---------|------------------|---------|
| SALES JRN | IL # 0272 | LOC 001 | SUNNYSIDE CITYWIDE | REG NY NY | | | VCP CHOICE LHCSA | |
| | | | S | SALES REGISTER | | | BILL WEEK ENDING | 3/16/12 |
| INVOICE# | DATE | CUST NO | CUSTOMER NAME | REFERENCE | HOURS | TAX AMT | AMOUNT TYP | SURPLUS |
| 187701 | 3/09/12 | 800000 | VISITING NURSE SERVICE | VASQUEZ, ARTURO | 13.75 | | 200.48 I | |
| | | | | CATEGORY | 13.75 | 0.00 | 200.48 | |

| RUN DATE | 03/14/12 - | - SUP SUNN | YSIDE CITYWIDE | | | | PAGE 1 | - 292 | |
|-----------|------------|------------|------------------------|-----------------|-------|---------|---------------|---------|-----------|
| SALES JRN | L # 0272 | LOC 001 | SUNNYSIDE CITYWIDE | REG NY NY | | | LTC NURSING H | IOMEW/O | WALLS (LT |
| | | | \$ | SALES REGISTER | | | BILL WEEK END | ING 3 | 3/16/12 |
| INVOICE# | DATE | CUST NO | CUSTOMER NAME | REFERENCE | HOURS | TAX AMT | AMOUNT | TYP S | SURPLUS |
| 187702 | 3/09/12 | 000008 | VISITING NURSE SERVICE | VASQUEZ, EUSTAG | 33.00 | | 481.14 | I | |
| 187703 | 3/09/12 | 800000 | VISITING NURSE SERVICE | VASQUEZ, RAPHAE | 21.00 | | 306.18 | I | |
| 187704 | 3/09/12 | 800000 | VISITING NURSE SERVICE | VAZQUEZ, ESTHER | 23.00 | | 335.34 | I | |
| | | | | CUSTOMER | 77.00 | 0.00 | 1,122.66 | | |
| | | | | CATEGORY | 77.00 | 0.00 | 1,122.66 | | |

| RUN DATE | 03/14/12 - | - SUP SUNN | YSIDE CITYWIDE | | | | PAGE 1 - | 293 | |
|-----------|---------------|------------|------------------------|-----------------|-------|---------|------------------|---------|--|
| SALES JRN | ъ # 0272 | LOC 001 | SUNNYSIDE CITYWIDE | REG NY NY | | | VCP CHOICE LHCSA | 4 | |
| | | | S | SALES REGISTER | | | BILL WEEK ENDING | 3/16/12 | |
| | | | | | | | | | |
| INVOICE# | DATE | CUST NO | CUSTOMER NAME | REFERENCE | HOURS | TAX AMT | AMOUNT TYP | SURPLUS | |
| 10000 | 2 / 2 2 / 1 2 | | | | 10.00 | | 0.50 44 - | | |
| 187705 | 3/09/12 | 800000 | VISITING NURSE SERVICE | VELASQUEZ, NELL | 18.00 | | 262.44 I | | |
| | | | | | | | | | |
| | | | | GA EED GODY | 10.00 | 0.00 | 262 44 | | |
| | | | | CATEGORY | 18.00 | 0.00 | 262.44 | | |

| | | | YSIDE CITYWIDE | | | | | 294 |
|-----------|----------|---------|------------------------|-----------------------------|-------|---------|--------------------------------------|-----------|
| SALES JRN | L # 0272 | LOC 001 | | REG NY NY SALES REGISTER | | | LTC NURSING HOMB BILL WEEK ENDING | • |
| INVOICE# | DATE | CUST NO | CUSTOMER NAME | REFERENCE | HOURS | TAX AMT | AMOUNT TY | P SURPLUS |
| 187706 | 3/09/12 | 800000 | VISITING NURSE SERVICE | VENTURA, ROSA | 49.00 | | 714.42 I | |
| | | | | | | | | |
| | | | | CATEGORY | 49.00 | 0.00 | 714.42 | |

| RUN DATE | 03/14/12 - | - SUP SUNN | YSIDE CITYWIDE | | | | PAGE 1 - | 295 |
|-----------|------------|------------|------------------------|----------------|-------|---------|------------------|---------|
| SALES JRN | IL # 0272 | LOC 001 | | REG NY NY | | | VCP CHOICE LHCSA | |
| | | | : | SALES REGISTER | | | BILL WEEK ENDING | 3/16/12 |
| INVOICE# | DATE | CUST NO | CUSTOMER NAME | REFERENCE | HOURS | TAX AMT | AMOUNT TYP | SURPLUS |
| 187707 | 3/09/12 | 800000 | VISITING NURSE SERVICE | VERAS, JUANA | 41.00 | | 597.78 I | |
| | | | | CATEGORY | 41.00 | 0.00 | 597.78 | |

| RUN DATE (| | | YSIDE CITYWIDE SUNNYSIDE CITYWIDE | REG NY NY | | | PAGE 1 - 296 HOA HOSPICE ADULT | |
|------------|----------|---------|--------------------------------------|----------------|-------|---------|-----------------------------------|---------|
| DALLS OWN | L # 0272 | 100 001 | | SALES REGISTER | | | | 3/16/12 |
| INVOICE# | DATE | CUST NO | CUSTOMER NAME | REFERENCE | HOURS | TAX AMT | AMOUNT TYP | SURPLUS |
| 187708 | 3/09/12 | 800000 | VISITING NURSE SERVICE | VIGORITO, ANN | 20.00 | | 291.60 I | |
| | | | | | | | | |
| | | | | CATEGORY | 20.00 | 0.00 | 291.60 | |

| RUN DATE | 03/14/12 - | - SUP SUNN | YSIDE CITYWIDE | | | | PAGE 1 - | 297 |
|-----------|------------|------------|------------------------|----------------|-------|---------|----------------|------------|
| SALES JRN | IL # 0272 | LOC 001 | SUNNYSIDE CITYWIDE | REG NY NY | | | VCP CHOICE LHC | |
| | | | S | SALES REGISTER | | | BILL WEEK ENDI | NG 3/16/12 |
| INVOICE# | DATE | CUST NO | CUSTOMER NAME | REFERENCE | HOURS | TAX AMT | AMOUNT T | YP SURPLUS |
| 187709 | 3/09/12 | 800000 | VISITING NURSE SERVICE | VILLAPOL, ANNA | 30.00 | | 437.40 | I |
| | | | | CATEGORY | 30.00 | 0.00 | 437.40 | |

| RUN DATE | 03/14/12 | - SUP SUNN | YSIDE CITYWIDE | | | | PAGE 1 - 2 | 298 |
|-----------|----------|------------|------------------------|-----------------|-------|---------|-------------------|-------------|
| SALES JRN | L # 0272 | LOC 001 | SUNNYSIDE CITYWIDE | REG NY NY | | | CCL CONGREGATE CA | ARE PROGRAM |
| | | | Ş | SALES REGISTER | | | BILL WEEK ENDING | 3/16/12 |
| INVOICE# | DATE | CUST NO | CUSTOMER NAME | REFERENCE | HOURS | TAX AMT | AMOUNT TYP | SURPLUS |
| 187710 | 3/09/12 | 000008 | VISITING NURSE SERVICE | VISCONTI, JASON | 4.00 | | 58.32 I | |
| | | | | CATEGORY | 4.00 | 0.00 | 58.32 | |

| RUN | DATE 03/14/12 | 2 - SUP SUN | NYSIDE CITYWIDE | | | | PAGE 1 - 2 | 299 |
|------|---------------|-------------|------------------------|----------------|-------|---------|------------------|---------------|
| SALE | S JRNL # 0272 | LOC 001 | SUNNYSIDE CITYWIDE | REG NY NY | | | LTC NURSING HOME | N/O WALLS (LT |
| | | | : | SALES REGISTER | | | BILL WEEK ENDING | 3/16/12 |
| | | | | | | | | |
| INVO | ICE# DATE | CUST NO | CUSTOMER NAME | REFERENCE | HOURS | TAX AMT | AMOUNT TYP | SURPLUS |
| | | | | | | | | |
| 1877 | 11 3/09/12 | 000008 | VISITING NURSE SERVICE | VITO, CARMEN | 28.00 | | 408.24 I | |
| | | | | | | | | |
| | | | | | | | | |
| | | | | CATEGORY | 28.00 | 0.00 | 408.24 | |

| | | | YSIDE CITYWIDE | | | | PAGE 1 - | 300 |
|-----------|----------|---------|------------------------|-----------------|--------|---------|----------------|------------|
| SALES JRN | L # 0272 | LOC 001 | SUNNYSIDE CITYWIDE | REG NY NY | | | VCP CHOICE LHC | |
| | | | S | SALES REGISTER | | | BILL WEEK ENDI | NG 3/16/12 |
| INVOICE# | DATE | CUST NO | CUSTOMER NAME | REFERENCE | HOURS | TAX AMT | AMOUNT T | YP SURPLUS |
| 187712 | 3/09/12 | 000008 | VISITING NURSE SERVICE | VIVACQUA, EMMA | 50.00 | | 729.00 | I |
| 187713 | 3/09/12 | 800000 | VISITING NURSE SERVICE | WALLE, ILEANA | 20.00 | | 291.60 | I |
| 187714 | 3/09/12 | 800000 | VISITING NURSE SERVICE | WEINHAUS, SUSAN | 30.00 | | 437.40 | I |
| 187715 | 3/02/12 | 800000 | VISITING NURSE SERVICE | YAGHDJIAN, SIRA | 4.00 | | 58.32 | I |
| 187716 | 3/09/12 | 800000 | VISITING NURSE SERVICE | YAGHDJIAN, SIRA | 16.00 | | 233.28 | I |
| | | | | CUSTOMER | 120.00 | 0.00 | 1,749.60 | |
| | | | | CATEGORY | 120.00 | 0.00 | 1,749.60 | |

| RUN DATE | 03/14/12 - | - SUP SUNN | YSIDE CITYWIDE | | | | PAGE 1 - 30 |)1 |
|-----------|------------|------------|------------------------|-----------------|-------|---------|--------------------|------------|
| SALES JRN | L # 0272 | LOC 001 | SUNNYSIDE CITYWIDE | REG NY NY | | | CCL CONGREGATE CAR | RE PROGRAM |
| | | | 2 | SALES REGISTER | | | BILL WEEK ENDING | 3/16/12 |
| INVOICE# | DATE | CUST NO | CUSTOMER NAME | REFERENCE | HOURS | TAX AMT | AMOUNT TYP | SURPLUS |
| 187717 | 3/09/12 | 800000 | VISITING NURSE SERVICE | YELLAPAH, DOLLI | 12.00 | | 174.96 I | |
| | | | | | | | | |
| | | | | CATEGORY | 12.00 | 0.00 | 174.96 | |

| RUN DATE SALES JRN | | | YSIDE CITYWIDE SUNNYSIDE CITYWIDE | REG NY NY | | | PAGE 1 - 30 ADU ADULT | 2 |
|-----------------------|--------------------|------------------|--|-----------------|----------------|---------|--------------------------|---------|
| | | | | SALES REGISTER | | | BILL WEEK ENDING | 3/16/12 |
| INVOICE# | DATE | CUST NO | CUSTOMER NAME | REFERENCE | HOURS | TAX AMT | AMOUNT TYP | SURPLUS |
| 187718 187719 | 3/09/12 3/09/12 | 000008 000008 | VISITING NURSE SERVICE VISITING NURSE SERVICE | -, | 28.00 14.75 | | 408.24 I 215.06 I | |
| 10//19 | 3/09/12 | 000008 | VISITING NURSE SERVICE | ZAMBRANO, VICIO | 14.75 | | 215.00 1 | |
| | | | | CUSTOMER | 42.75 | 0.00 | 623.30 | |
| | | | | | | | | |
| | | | | CATEGORY | 42.75 | 0.00 | 623.30 | |

RUN DATE 03/14/12 - SUP SUNNYSIDE CITYWIDE PAGE 1 - 303 SALES JRNL # 0272 LOC 001 SUNNYSIDE CITYWIDE REG NY NY GUI GUILDNET SALES REGISTER BILL WEEK ENDING 3/16/12 R NAME

REFERENCE

HOURS

TAX AMT

AMOUNT

ACERNO, CLAIRE
25.00

332.00

1 ALI, AMRUNISSA
20.00

1 ALI, AMRUNISSA
20.00

1 ANABLE, ANTOIN
7 .00

1 AYALA, ERRIQUE
55.00

873.84

1 BEGUM, JAMILA
69.00

916.32

1 CEPEDA, TOMASA
29.75

395.08

1 COLAVITTI, JEAN
53.50

710.48

1 COLEMAN, REGINA
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571. INVOICE# DATE CUST NO CUSTOMER NAME REFERENCE HOURS TAX AMT AMOUNT TYP SURPLUS 187720 332.00 I 3/09/12 000010 GUILDNET 265.60 I 187721 3/02/12 000010 GUILDNET 187722 3/09/12 000010 GUILDNET 187723 3/02/12 000010 GUILDNET GUILDNET 187724 3/09/12 000010 GUILDNET 187725 3/09/12 000010 187726 3/09/12 000010 GUILDNET 187727 3/09/12 000010 GUILDNET 187728 3/09/12 000010 GUILDNET 187729 3/09/12 000010 GUILDNET 187730 3/09/12 000010 GUILDNET GUILDNET 187731 3/09/12 000010 187732 3/09/12 000010 GUILDNET 187733 3/09/12 000010 GUILDNET 187734 3/09/12 000010 GUILDNET 187735 3/09/12 000010 GUILDNET 187736 3/09/12 000010 GUILDNET 187737 3/09/12 000010 GUILDNET 187738 3/09/12 000010 GUILDNET 187739 3/09/12 000010 GUILDNET 187740 3/09/12 GUILDNET 000010 187741 GUILDNET 3/09/12 000010 187742 3/09/12 000010 GUILDNET 187743 3/09/12 000010 GUILDNET 187744 3/09/12 000010 GUILDNET 187745 3/09/12 000010 GUILDNET 187746 3/02/12 000010 GUILDNET 187747 3/09/12 000010 GUILDNET 187748 3/09/12 000010 GUILDNET 187749 3/02/12 000010 GUILDNET 187750 3/09/12 000010 GUILDNET 187751 3/09/12 000010 GUILDNET 187752 3/09/12 000010 GUILDNET 3/09/12 187753 000010 GUILDNET 187754 3/09/12 000010 GUILDNET 3/09/12 187755 000010 GUILDNET 187756 3/09/12 000010 GUILDNET 187757 3/09/12 000010 GUILDNET 187758 3/09/12 000010 GUILDNET 187759 3/09/12 000010 GUILDNET 187760 3/09/12 000010 GUILDNET 187761 000010 GUILDNET 3/09/12 187762 3/09/12 000010 GUILDNET 187763 3/09/12 000010 GUILDNET 187764 3/09/12 000010 GUILDNET 187765 3/09/12 000010 GUILDNET 187766 3/09/12 000010 GUILDNET

187767

187768

3/09/12

000010

3/09/12 000010 GUILDNET

GUILDNET

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|-----------|----------|---------|--|------------------------------|----------|---------|---------------------------|------|---------|
| SALES JRN | L # UZ/Z | TOC 001 | SUNNYSIDE CITYWIDE | REG NY NY SALES REGISTER | | | GUI GUILDNET BILL WEEK EN | DING | 3/16/12 |
| | | | | SALES REGISIER | | | DILL MEEV EN | DING | 3/10/12 |
| INVOICE# | DATE | CUST NO | CUSTOMER NAME | REFERENCE | HOURS | TAX AMT | AMOUNT | TYP | SURPLUS |
| | | | GUILDNET | | | | | | |
| 187769 | 3/09/12 | 000010 | GUILDNET | RIVAS, GERTRUDI | | | 212.48 | I | |
| 187770 | 3/09/12 | 000010 | GUILDNET | RODRIGUEZ, HOLG | 63.00 | | 836.64 | I | |
| 187771 | 3/09/12 | 000010 | GUILDNET | ROJAS, ANGEL | | | 199.20 | I | |
| 187772 | 3/09/12 | 000010 | GUILDNET | ROJAS, HAYDEE | 20.00 | | 265.60 | I | |
| 187773 | 3/09/12 | 000010 | GUILDNET | RUBIANO, MARIA | 15.75 | | 209.16 | I | |
| 187774 | 3/09/12 | 000010 | GUILDNET | SALJANIN, DILJA | 16.00 | | 212.48 | I | |
| 187775 | 3/09/12 | 000010 | GUILDNET | SANCHEZ, ELIZAB | 43.00 | | 571.04 | I | |
| 187776 | 3/09/12 | 000010 | GUILDNET | SHELTON, AGUEDA | 35.00 | | 464.80 | I | |
| 187777 | 3/09/12 | 000010 | GUILDNET | SOMRAJ, UMILLA | 12.00 | | 159.36 | I | |
| 187778 | 3/09/12 | 000010 | GUILDNET | TOROSSIAN, PARI | 28.00 | | 371.84 | I | |
| 187779 | 3/09/12 | 000010 | GUILDNET | VILLACRES, LUZ | 8.00 | | 106.24 | I | |
| 187780 | 3/09/12 | 000010 | GUILDNET | VLAHOS, MARIE | 70.00 | | 929.60 | I | |
| 187781 | 3/09/12 | 000010 | GUILDNET | WEISZ, KLARA | | | 53.12 | I | |
| 187782 | 3/09/12 | 000010 | GUILDNET | WEST, BALDWIN | 16.00 | | 212.48 | I | |
| 187783 | 3/09/12 | 000010 | GUILDNET | WHITE, GLORIA | | | 53.12 | I | |
| 187784 | 3/09/12 | 000010 | GUILDNET | WHITTLEY, MYRNA | 20.00 | | 265.60 | Ī | |
| 187785 | 3/09/12 | 000010 | GUILDNET | WHITLEY, MYRNA YI, CARLOS | 24 00 | | 318.72 | Ī | |
| 187786 | 3/09/12 | 000010 | GUILDNET | YIANTSELIS, VIR | 7.00 | | | Ī | |
| 187787 | 3/09/12 | 000010 | GUILDNET | ZARE, GLORIA | 83 00 | | 1 102 24 | Ī | |
| 187788 | 3/09/12 | 000010 | GUILDNET GUILDNET | ZUMAETA, FANNY | 54.00 | | 717 12 | Ī | |
| 107700 | 3/03/12 | 000010 | COLDINGI | | | | | | |
| | | | | CUSTOMER | 2,259.75 | 0.00 | 34,987.80 | | |
| | | | | | | | | | |
| | | | | CATEGORY | 2,259.75 | 0.00 | 34,987.80 | | |

| RUN DATE | 03/14/12 - | - SUP SUNN | YSIDE CITYWIDE | REG NY NY SALES REGISTEI | | | PAGE 1 | - 30 |)5 |
|-----------|---------------|------------|--------------------|--|----------|---------|---------------|------|---------|
| SALES JRN | L # 0272 | LOC 001 | SUNNYSIDE CITYWIDE | REG NY NY | | | HFS HEALTH FI | RST | |
| | | | | SALES REGISTER | R | | BILL WEEK ENI | OING | 3/16/12 |
| | | | | | | | | | |
| INVOICE# | DATE | CUST NO | CUSTOMER NAME | REFERENCE | HOURS | TAX AMT | AMOUNT | TYP | SURPLUS |
| 107700 | 2 / 0 0 / 1 0 | 000100 | HEALEH BIDGE | DUATRO MONGTI I | F.C. 0.0 | | 045 00 | - | |
| 187789 | 3/09/12 | 000122 | HEALTH FIRST | BHAIRO, KOWSILI | 56.00 | | 945.28 | | |
| 187790 | 3/09/12 | 000122 | HEALTH FIRST | BOCHENEC, JOLAN | 42.00 | | /08.96 | | |
| 187791 | 3/09/12 | 000122 | HEALTH FIRST | CARMONA, LUZ | 40.00 | | 6/5.20 | | |
| 187792 | 3/09/12 | 000122 | HEALTH FIRST | CARRION, MARIA | 46.50 | | /84.92 | Τ. | |
| 187793 | 3/09/12 | 000122 | HEALTH FIRST | CEBALLOS, ANA | 40.00 | | 675.20 | Ţ | |
| 187794 | 3/09/12 | 000122 | HEALTH FIRST | CHARITAR, RAMKA | 20.00 | | 337.60 | Ţ | |
| 187795 | 3/09/12 | 000122 | HEALTH FIRST | CORTES DE GALIN | 6.00 | | 101.28 | Ţ | |
| 187796 | 3/09/12 | 000122 | HEALTH FIRST | CORTES DE GALIN | 24.00 | | 405.12 | | |
| 187797 | 3/09/12 | 000122 | HEALTH FIRST | DENNISON, KELVI | 8.00 | | 135.04 | Τ. | |
| 187798 | 3/09/12 | 000122 | HEALTH FIRST | DORNELLAS, STEL | 24.00 | | 405.12 | Ţ | |
| 187799 | 3/09/12 | 000122 | HEALTH FIRST | ESPAILLAT, AMPA | 27.75 | | 468.42 | Ţ | |
| 187800 | 3/09/12 | 000122 | HEALTH FIRST | ESTEVES, JOSE | 63.00 | | 1,063.44 | I | |
| 187801 | 3/09/12 | 000122 | HEALTH FIRST | FERGERSON, TINA | 35.00 | | 590.80 | I | |
| 187802 | 3/09/12 | 000122 | HEALTH FIRST | FERRERA, FRANCI | 15.00 | | 253.20 | I | |
| 187803 | 1/13/12 | 000122 | HEALTH FIRST | FONTANES, PEDRO | 50.25 | | 848.22 | I | |
| 187804 | 3/09/12 | 000122 | HEALTH FIRST | FRANCISCO, RICH | 48.00 | | 810.24 | I | |
| 187805 | 3/09/12 | 000122 | HEALTH FIRST | HERRING, CHARLE | 12.00 | | 202.56 | I | |
| 187806 | 3/09/12 | 000122 | HEALTH FIRST | KAUR, HARBANS | 49.00 | | 827.12 | I | |
| 187807 | 3/09/12 | 000122 | HEALTH FIRST | LARA, TOMASA | 28.00 | | 472.64 | I | |
| 187808 | 3/09/12 | 000122 | HEALTH FIRST | LAZALA, GLADYS | 168.00 | | 34,030.08 | I | |
| 187809 | 3/09/12 | 000122 | HEALTH FIRST | LOPEZ-RAMIREZ, | 55.00 | | 928.40 | I | |
| 187810 | 3/09/12 | 000122 | HEALTH FIRST | LOPEZ-RAMIREZ, | 22.00 | | 371.36 | I | |
| 187811 | 3/09/12 | 000122 | HEALTH FIRST | MACARENA, SAHAR | 63.00 | | 1,063.44 | I | |
| 187812 | 3/09/12 | 000122 | HEALTH FIRST | MARTIN, ARIANA | 12.00 | | 202.56 | I | |
| 187813 | 3/09/12 | 000122 | HEALTH FIRST | ORTIZ, TULA | 25.00 | | 422.00 | I | |
| 187814 | 3/09/12 | 000122 | HEALTH FIRST | RIVERA, CHRISTO | 21.00 | | 354.48 | I | |
| 187815 | 3/09/12 | 000122 | HEALTH FIRST | RIVERA, EDDIE | 21.00 | | 354.48 | I | |
| 187816 | 3/09/12 | 000122 | HEALTH FIRST | RODRIGUEZ, MARG | 20.00 | | 337.60 | I | |
| 187817 | 3/09/12 | 000122 | HEALTH FIRST | RUIZ JR, SAMUEL | 17.00 | | 286.96 | I | |
| 187818 | 3/09/12 | 000122 | HEALTH FIRST | SALAZAR, LUZ MA | 56.00 | | 945.28 | I | |
| 187819 | 3/09/12 | 000122 | HEALTH FIRST | SALHUANA, YOLAN | 40.00 | | 675.20 | I | |
| 187820 | 2/03/12 | 000122 | HEALTH FIRST | SPIVEY, PATRICI | 10.00 | | 168.80 | I | |
| 187821 | 3/09/12 | 000122 | HEALTH FIRST | SPIVEY, PATRICI | 23.25 | | 392.46 | I | |
| 187822 | 3/09/12 | 000122 | HEALTH FIRST | ST ROMAINE, CLA | 66.00 | | 1,114.08 | I | |
| 187823 | 1/13/12 | 000122 | HEALTH FIRST | SURIEL, GERTRUD | 28.00 | | 472.64 | I | |
| 187824 | 1/06/12 | 000122 | HEALTH FIRST | TEJADA, PAULA | 47.00 | | 793.36 | I | |
| 187825 | 3/09/12 | 000122 | HEALTH FIRST | VEGA, GLORIA | 14.00 | | 236.32 | I | |
| 187826 | 3/09/12 | 000122 | HEALTH FIRST | WILLIAMS, RODNE | 24.00 | | 405.12 | I | |
| | | | | REFERENCE BHAIRO, KOWSILI BOCHENEC, JOLAN CARMONA, LUZ CARRION, MARIA CEBALLOS, ANA CHARITAR, RAMKA CORTES DE GALIN CORTES DE GALIN CORTES DE GALIN DENNISON, KELVI DORNELLAS, STEL ESPAILLAT, AMPA ESTEVES, JOSE FERGERSON, TINA FERREA, FRANCI FONTANES, PEDRO FRANCISCO, RICH HERRING, CHARLE KAUR, HARBANS LARA, TOMASA LAZALA, GLADYS LOPEZ-RAMIREZ, MACARENA, SAHAR MARTIN, ARIANA ORTIZ, TULA RIVERA, CHRISTO RIVERA, EDDIE RODRIGUEZ, MARG RUIZ JR, SAMUEL SALAZAR, LUZ MA SALHUANA, YOLAN SPIVEY, PATRICI ST ROMAINE, CLA SURIEL, GERTRUD TEJADA, PAULA VEGA, GLORIA WILLIAMS, RODNE | 1,366.75 | 0.00 | 54,264.98 | | |
| | | | | CATEGORY | 1,366.75 | 0.00 | 54,264.98 | | |

| RUN DATE | 03/14/12 - L # 0272 | - SUP SUNN | YSIDE CITYWIDE SUNNYSIDE CITYWIDE | REG | NY NY | | | PAGE 1 | - 30 1 OOD 1 | 06 HEALTH |
|----------|------------------------|------------|--|-----------|-----------------|--------|---------|---------------|-----------------|--------------|
| | | | | SALE | S REGISTER | | | BILL WEEK ENI | DING | 3/16/12 |
| INVOICE# | DATE | CUST NO | CUSTOMER NAME | | REFERENCE | HOURS | TAX AMT | AMOUNT | TYP | SURPLUS |
| 187827 | 3/09/12 | 000120 | NEIGHBORHOOD HEALTH I | PROVIDERS | AKHTER, SELINA | 45.00 | | 759.60 | I | |
| 187828 | 3/09/12 | 000120 | NEIGHBORHOOD HEALTH E | PROVIDERS | ARDITTO, PATRIC | 30.00 | | 506.40 | I | |
| 187829 | 3/09/12 | 000120 | NEIGHBORHOOD HEALTH E | PROVIDERS | BRATHWAITE, DON | 35.00 | | 590.80 | I | |
| 187830 | 3/09/12 | 000120 | NEIGHBORHOOD HEALTH E | PROVIDERS | CHUKWUJIORAH, T | 50.00 | | 844.00 | I | |
| 187831 | 3/09/12 | 000120 | NEIGHBORHOOD HEALTH E | PROVIDERS | DIAZ, CARMEN | 20.00 | | 337.60 | I | |
| 187832 | 3/09/12 | 000120 | NEIGHBORHOOD HEALTH E | PROVIDERS | FERNANDEZ, MARI | 12.00 | | 202.56 | I | |
| 187833 | 3/09/12 | 000120 | NEIGHBORHOOD HEALTH E | PROVIDERS | FLORES, MARITZA | 70.00 | | 1,181.60 | I | |
| 187834 | 3/09/12 | 000120 | NEIGHBORHOOD HEALTH E | PROVIDERS | JONES, CYNTHIA | 45.00 | | 759.60 | I | |
| 187835 | 3/09/12 | 000120 | NEIGHBORHOOD HEALTH E | PROVIDERS | KHALIL, RASHAN | 35.75 | | 603.46 | I | |
| 187836 | 3/09/12 | 000120 | NEIGHBORHOOD HEALTH E | PROVIDERS | KHAN, FARUQUE | 30.00 | | 506.40 | I | |
| 187837 | 3/09/12 | 000120 | NEIGHBORHOOD HEALTH E | PROVIDERS | KROLL, KATHERIN | 28.00 | | 472.64 | I | |
| 187838 | 3/09/12 | 000120 | NEIGHBORHOOD HEALTH E | PROVIDERS | MORALES, EDWIN | 42.00 | | 708.96 | I | |
| 187839 | 3/09/12 | 000120 | NEIGHBORHOOD HEALTH E | PROVIDERS | MOSKOWITZ, RONA | 18.00 | | 303.84 | I | |
| 187840 | 3/09/12 | 000120 | NEIGHBORHOOD HEALTH E | PROVIDERS | OCASIO, VIRGINI | 21.00 | | 354.48 | I | |
| 187841 | 3/09/12 | 000120 | NEIGHBORHOOD HEALTH E | PROVIDERS | RODRIGUEZ, MARI | 12.00 | | 202.56 | I | |
| 187842 | 3/09/12 | 000120 | NEIGHBORHOOD HEALTH I | PROVIDERS | SALVATO, MARY | 56.00 | | 945.28 | I | |
| 187843 | 3/09/12 | 000120 | NEIGHBORHOOD HEALTH E | PROVIDERS | SCOTT, MICHAEL | 36.00 | | 607.68 | I | |
| 187844 | 3/09/12 | 000120 | NEIGHBORHOOD HEALTH | PROVIDERS | SHEPPARD, ERMA | 69.00 | | 1,164.72 | I | |
| 187845 | 3/09/12 | 000120 | NEIGHBORHOOD HEALTH | PROVIDERS | WELLS, WYNORIA | 16.00 | | 270.08 | I | |
| 187846 | 3/09/12 | 000120 | NEIGHBORHOOD HEALTH INEIGHBORHOOD HEALTH INEIGHBORH | PROVIDERS | WILSON, SHERYL | 38.00 | | 641.44 | I | |
| | | | | | CUSTOMER | 708.75 | 0.00 | 11,963.70 | | |
| | | | | | CATEGORY | | 0.00 | | | |

| | | | YSIDE CITYWIDE | | | | PAGE 1 | - 30 | 17 |
|------------|---------|---------|----------------------|-----------------|--------|---------|---------------|--------|---------|
| SALES JRNL | # 0272 | LOC 001 | SUNNYSIDE CITYWIDE | REG NY NY | | | FID NY CATHOL | IC/FI | DELIS |
| | | | | SALES REGISTER | | | BILL WEEK END | ING | 3/16/12 |
| | | | | | | | | | |
| INVOICE# | DATE | CUST NO | CUSTOMER NAME | REFERENCE | HOURS | TAX AMT | AMOUNT | TYP | SURPLUS |
| | | | | | | | | | |
| 187847 | 3/09/12 | 000126 | NYS CATHOLIC/FIDELIS | BATISTA, JOSE | 54.00 | | 910.98 | I | |
| 187848 | 3/09/12 | 000126 | NYS CATHOLIC/FIDELIS | BERGES, MARITZA | 16.00 | | 269.92 | I | |
| 187849 | 3/09/12 | 000126 | NYS CATHOLIC/FIDELIS | LITMAN, GAIL | 25.00 | | 421.75 | I | |
| 187850 | 3/09/12 | 000126 | NYS CATHOLIC/FIDELIS | MARTINEZ, LUISA | 84.00 | | 1,417.08 | I | |
| 187851 | 3/09/12 | 000126 | NYS CATHOLIC/FIDELIS | MULLOKONDOVA, S | 13.00 | | 219.31 | I | |
| | 3/09/12 | 000126 | NYS CATHOLIC/FIDELIS | PANOS, DESPINA | 63.00 | | 1,062.81 | T | |
| | 1/27/12 | 000126 | NYS CATHOLIC/FIDELIS | PEREZ, MARIA E | 4.00 | | 67.48 | T | |
| | 3/09/12 | 000126 | NYS CATHOLIC/FIDELIS | PURNELL, ROSE | 28.00 | | 472.36 | Ť | |
| | 2/03/12 | 000126 | NYS CATHOLIC/FIDELIS | ROMERO AYALA, A | 56.00 | | 944.72 | ± T | |
| | 3/09/12 | 000126 | NYS CATHOLIC/FIDELIS | SAMOJEDNY, MICH | 40.00 | | 674.80 | | |
| | | | | • | | | | _ _ | |
| 187857 | 3/09/12 | 000126 | NYS CATHOLIC/FIDELIS | SZE, BECKY | 33.00 | | 556.71 | Τ | |
| | | | | | 416 00 | | | | |
| | | | | CUSTOMER | 416.00 | 0.00 | 7,017.92 | | |
| | | | | | | | | | |
| | | | | CATEGORY | 416.00 | 0.00 | 7,017.92 | | |
| 1 | | | | CALEGORI | 410.00 | 0.00 | 1,011.92 | | |

| RUN DATE SALES JRN | | - SUP SUNN LOC 001 | YSIDE CITYWIDE SUNNYSIDE CITYWIDE | REG NY NY | | | PAGE 1 UHC UNITED HE | 500 | |
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| | | | | SALES REGISTER | | | BILL WEEK END | ING 3 | 3/16/12 |
| INVOICE# | DATE | CUST NO | CUSTOMER NAME | REFERENCE | HOURS | TAX AMT | AMOUNT ' | TYP S | SURPLUS |
| 187858 | 3/09/12 | 000128 | UNITED HEALTH CARE | AHMED, UMARA | 56.00 | | 960.96 | I | |
| 187859 | 3/09/12 | 000128 | UNITED HEALTH CARE | CALDERON, MIGDA | 49.00 | | 840.84 | I | |
| 187860 | 3/09/12 | 000128 | UNITED HEALTH CARE | MILLAN, ARMIDA | 38.00 | | 652.08 | I | |
| 187861 | 3/09/12 | 000128 | UNITED HEALTH CARE | MUSHAYEV, BORIS | 56.00 | | 960.96 | I | |
| 187862 | 3/09/12 | 000128 | UNITED HEALTH CARE | SAFOS, PATRA | 56.00 | | 960.96 | I | |
| 187863 | 3/09/12 | 000128 | UNITED HEALTH CARE | SANTOS, MILAGRO | 20.00 | | 343.20 | I | |
| 187864 | 3/09/12 | 000128 | UNITED HEALTH CARE | YUSUPOV, PULAT | 28.00 | | 480.48 | I | |
| 187865 | 3/09/12 | 000128 | UNITED HEALTH CARE | ZANE, GEORGE | 18.00 | | 308.88 | I | |
| | | | | CUSTOMER | 321.00 | 0.00 | 5,508.36 | | |
| | | | | CATEGORY | 321.00 | 0.00 | 5,508.36 | | |

| RUN DATE SALES JRN | | - SUP SUNN LOC 001 | YSIDE CITYWIDE SUNNYSIDE CITYWIDE | REG NY NY | | | PAGE 1 EHP EMBLEM HE | - 30 | 19 |
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| | 2 02/2 | 200 001 | | SALES REGISTER | | | BILL WEEK END | | 3/16/12 |
| INVOICE# | DATE | CUST NO | CUSTOMER NAME | REFERENCE | HOURS | TAX AMT | AMOUNT | TYP | SURPLUS |
| 187866 | 3/09/12 | 000114 | EMBLEM HEALTH | COPE, WILLIE | 78.50 | | 1,099.00 | I | |
| 187867 | 3/09/12 | 000114 | EMBLEM HEALTH | COPELAND, ELISE | 30.00 | | 427.50 | I | |
| 187868 | 3/09/12 | 000114 | EMBLEM HEALTH | GAFFNEY, FREDER | 20.00 | | 280.00 | I | |
| 187869 | 3/09/12 | 000114 | EMBLEM HEALTH | KEATON, CATHERI | 84.00 | | 1,176.00 | I | |
| 187870 | 3/09/12 | 000114 | EMBLEM HEALTH | REYNOLDS, HARRI | 8.00 | | 112.00 | I | |
| 187871 | 3/09/12 | 000114 | EMBLEM HEALTH | WESTFIELD, BREN | 55.75 | | 780.50 | I | |
| | | | | CUSTOMER | 276.25 | 0.00 | 3,875.00 | | |
| | | | | CATEGORY | 276.25 | 0.00 | 3,875.00 | | |

| | | | YSIDE CITYWIDE | | | | | | - 31 | |
|-----------|----------|---------|-----------------------|-------|-----------------|--------|---------|---------------|------|---------|
| SALES JRN | L # 0272 | LOC 001 | SUNNYSIDE CITYWIDE | REG | | | | HIP HEALTH II | | |
| | | | i | SALE | S REGISTER | { | | BILL WEEK EN | DING | 3/16/12 |
| INVOICE# | DATE | CUST NO | CUSTOMER NAME | | REFERENCE | HOURS | TAX AMT | AMOUNT | TYP | SURPLUS |
| 187872 | 3/09/12 | 000136 | HEALTH INSURANCE PLAN | OF NY | AHMAD, AMATUL | 14.00 | | 236.32 | I | |
| 187873 | 3/02/12 | 000136 | HEALTH INSURANCE PLAN | OF NY | BORLAZA, FRANCI | 180.00 | | 3,038.40 | I | |
| 187874 | 2/10/12 | 000136 | HEALTH INSURANCE PLAN | OF NY | CIPRIAN, JACQUE | 16.00 | | 270.08 | I | |
| 187875 | 3/09/12 | 000136 | HEALTH INSURANCE PLAN | OF NY | DE JESUS, TIBUR | 63.00 | | 1,063.44 | I | |
| 187876 | 3/09/12 | 000136 | HEALTH INSURANCE PLAN | OF NY | GOMES, AGUSTINA | 63.00 | | 1,063.44 | I | |
| 187877 | 3/09/12 | 000136 | HEALTH INSURANCE PLAN | OF NY | LOYOLA, MARIA | 50.00 | | 844.00 | I | |
| 187878 | 3/09/12 | 000136 | HEALTH INSURANCE PLAN | OF NY | ORR, LOUISE | 30.00 | | 506.40 | I | |
| 187879 | 3/09/12 | 000136 | HEALTH INSURANCE PLAN | OF NY | SHAH, HANSIKABE | 5.00 | | 84.40 | I | |
| 187880 | 3/09/12 | 000136 | HEALTH INSURANCE PLAN | OF NY | TOWLES, ADA | 4.00 | | 67.52 | I | |
| 187881 | 3/09/12 | 000136 | HEALTH INSURANCE PLAN | OF NY | WILLIAMS, DIANE | 20.00 | | 337.60 | I | |
| 187882 | 3/09/12 | 000136 | HEALTH INSURANCE PLAN | OF NY | ZAMBRANO, ZOILA | 16.00 | | 270.08 | I | |
| | | | | | CUSTOMER | 461.00 | 0.00 | 7,781.68 | | |
| | | | | | CATEGORY | 461.00 | 0.00 | 7,781.68 | | |

| RUN DATE SALES JRN | 03/14/12 | - SUP SUNN | YSIDE CITYWIDE SUNNYSIDE CITYWIDE | REG NY NY | | | PAGE 1 HPS HEALTH PI | - 31 | .1 |
|-----------------------|----------|------------|-----------------------------------|-----------------|-------|---------|-------------------------|------|---------|
| Brille ord | 02/2 | 100 001 | DOWNIDIDE CITIVIDE | SALES REGISTER | | | BILL WEEK ENI | | 3/16/12 |
| INVOICE# | DATE | CUST NO | CUSTOMER NAME | REFERENCE | HOURS | TAX AMT | AMOUNT | TYP | SURPLUS |
| 187883 | 3/09/12 | 000138 | HEALTH PLUS PHSP, INC | DENNISON, KELVI | 12.00 | | 204.00 | I | |
| 187884 | 3/09/12 | 000138 | HEALTH PLUS PHSP, INC | HARDING, EDNA | 12.00 | | 204.00 | I | |
| 187885 | 3/09/12 | 000138 | HEALTH PLUS PHSP, INC | HARDING, EDNA | 12.00 | | 204.00 | I | |
| 187886 | 3/09/12 | 000138 | HEALTH PLUS PHSP, INC | VEGA, GLORIA | 14.00 | | 238.00 | I | |
| 187887 | 3/02/12 | 000138 | HEALTH PLUS PHSP, INC | WALTERS, BYRON | 16.00 | | 272.00 | I | |
| 187888 | 3/02/12 | 000138 | HEALTH PLUS PHSP, INC | WALTERS, BYRON | 9.00 | | 153.00 | I | |
| 187889 | 3/09/12 | 000138 | HEALTH PLUS PHSP, INC | YOUNG, KALEILE | 18.00 | | 306.00 | I | |
| | | | | CUSTOMER | 93.00 | 0.00 | 1,581.00 | | |
| | | | | CATEGORY | 93.00 | 0.00 | 1,581.00 | | |

| | | | YSIDE CITYWIDE | | | | PAGE 1 | - 312 | |
|-----------|-----------|---------|--|--|--------|---------|------------------------------|--------|---------|
| SALES JRN | IL # 0272 | LOC 001 | SUNNYSIDE CITYWIDE | REG NY NY SALES REGISTER | | | MPH METROPLUS | HEAL'I | |
| | | | | SALES REGISTER | | | BILL WEEK END | ING | 3/16/12 |
| INVOICE# | DATE | CUST NO | CUSTOMER NAME | REFERENCE | HOURS | TAX AMT | AMOUNT ' | TYP | SURPLUS |
| 187890 | 3/09/12 | 000130 | MERDODI IIG. HEALEH | ADDAG GENOMADA | 24.00 | | 411 60 | I | |
| 187891 | 3/09/12 | 000130 | METROPLUS HEALTH METROPLUS HEALTH METROPLUS HEALTH | ABBAS, SENOWARA ABBAS, SENOWARA ANDERSON, BETH ARIAS, NORA | 60 00 | | 1 020 00 | I | |
| 187892 | 3/09/12 | 000130 | METROPLUS REALIR | ADDAD, SENUWAKA | 42.00 | | 720 20 | I | |
| | | | METROPLUS HEALIH | ANDERSON, BEIH | 42.00 | | 1 166 20 | I | |
| 187893 | 3/09/12 | 000130 | METROPLUS HEALTH | ARIAS, NORA | 08.00 | | 1,166.20 | | |
| 187894 | 3/09/12 | 000130 | METROPLUS HEALTH | BEDOYA, MONICA BRACERO, HELEN | 35.00 | | 000.25 | I | |
| 187895 | 3/09/12 | 000130 | METROPLUS HEALTH | BRACERO, HELEN | 54.00 | | 600.25 926.10 1,029.00 | I | |
| 187896 | 3/09/12 | 000130 | METROPLUS HEALTH | BRIGGS, LOUIS CHAPMAN, ESTREL | 60.00 | | 1,029.00 | I | |
| 187897 | 3/09/12 | 000130 | METROPLUS HEALTH | CHAPMAN, ESTREL CORDERO, ROSEND DAVIS, ANGIE DEWANJEE, MIRA DURHAM, CYNTHIA GALAS, TERESA | 15.00 | | 257.25 | I | |
| 187898 | 3/09/12 | 000130 | METROPLUS HEALTH | CORDERO, ROSEND | 40.00 | | 686.00 | I | |
| 187899 | 3/09/12 | 000130 | METROPLUS HEALTH | DAVIS, ANGIE | 102.00 | | 1,749.30 | I | |
| 187900 | 3/09/12 | 000130 | METROPLUS HEALTH | DEWANJEE, MIRA | 20.00 | | 343.00 | I | |
| 187901 | 3/09/12 | 000130 | METROPLUS HEALTH | DURHAM, CYNTHIA | 20.00 | | 343.00 | I | |
| 187902 | 3/09/12 | 000130 | METROPLUS HEALTH | GALAS, TERESA | 35.00 | | 600.25 | I | |
| 187903 | 3/09/12 | 000130 | METROPLUS HEALTH | MANIACI, VINCEN | 84.00 | | 1,440.60 | I | |
| 187904 | 3/09/12 | 000130 | METROPLUS HEALTH | MURDOCK, GERTRU | 32.00 | | 548.80 | I | |
| 187905 | 3/09/12 | 000130 | METROPLUS HEALTH | PERSAD, USHA | 60.00 | | 1,029.00 | I | |
| 187906 | 3/09/12 | 000130 | METROPLUS HEALTH | PUCHUELA, MARIA | 56.00 | | 960.40 | I | |
| 187907 | 1/20/12 | 000130 | METROPLUS HEALTH | RAMPERSAID, ALI | 26.00 | | 445.90 | I | |
| 187908 | 3/09/12 | 000130 | METROPLUS HEALTH | RYALS, CHARLES | 7.00 | | 120.05 | I | |
| 187909 | 3/09/12 | 000130 | METROPLUS HEALTH | CORDERO, ROSEND DAVIS, ANGIE DEWANJEE, MIRA DURHAM, CYNTHIA GALAS, TERESA MANIACI, VINCEN MURDOCK, GERTRU PERSAD, USHA PUCHUELA, MARIA RAMPERSAID, ALI RYALS, CHARLES SANTORO, MATTHE SHIMON NUK-FNU | 12.00 | | 205.80 | I | |
| 187910 | 3/09/12 | 000130 | METROPLUS HEALTH | BHOHOW, NOW INC | 28.00 | | 480.20 | I | |
| | | | | CUSTOMER | | | 15,092.00 | | |
| | | | | CATEGORY | 880.00 | 0.00 | 15,092.00 | | |

| RUN DATE | 03/14/12 - | | YSIDE CITYWIDE | | | | | PAGE 1 - | 313 |
|-----------|------------|---------|----------------------|------|-----------------|--------|---------|-----------------|-----------|
| SALES JRN | L # 0272 | LOC 001 | SUNNYSIDE CITYWIDE | REG | NY NY | | | WEL WELCARE OF | NY |
| | | | | SALE | S REGISTER | | | BILL WEEK ENDIN | G 3/16/12 |
| INVOICE# | DATE | CUST NO | CUSTOMER NAME | | REFERENCE | HOURS | TAX AMT | AMOUNT TY | P SURPLUS |
| 187911 | 3/09/12 | 000124 | WELCARE OF NEW YORK, | INC. | GENAO, DANIELA | 54.50 | | 937.40 I | |
| 187912 | 3/09/12 | 000124 | WELCARE OF NEW YORK, | INC. | MARTINEZ, MARIA | 42.00 | | 722.40 I | |
| 187913 | 3/09/12 | 000124 | WELCARE OF NEW YORK, | INC. | PEREZ, MAURA | 60.00 | | 1,032.00 I | |
| 187914 | 3/09/12 | 000124 | WELCARE OF NEW YORK, | INC. | RAMIREZ, ALIDA | 62.50 | | 1,075.00 I | |
| | | | | | CUSTOMER | 219.00 | 0.00 | 3,766.80 | |
| | | | | | CATEGORY | 219.00 | 0.00 | 3,766.80 | |

| - 1 | | | | TYSIDE CITYWIDE | | | | | | 314 |
|-----|-----------|----------|---------|------------------------|--------|-----------------|-------|---------|------------------------------------|-----------|
| SA | ALES JRNI | L # 0272 | TOC 001 | SUNNYSIDE CITYWIDE | REG I | | | | NPS NY PRESBYTE BILL WEEK ENDIN | |
| | | | | | | | | | | , -, |
| II | NVOICE# | DATE | CUST NO | CUSTOMER NAME | | REFERENCE | HOURS | TAX AMT | AMOUNT TY | P SURPLUS |
| 18 | 87915 | 3/09/12 | 000134 | NY-PRESBYTERIAN SYSTEM | SELECT | KARASSAVIDIS, A | 35.00 | | 600.60 | |
| | | | | | | | | | | |
| | | | | | | CATEGORY | 35.00 | 0.00 | 600.60 | |

| RUN DATE 03/14/12 SALES JRNL # 0272 | | IYSIDE CITYWIDE SUNNYSIDE CITYWIDE | REG NY NY SALES REO | GISTER | | | PAGE 1 AMG AMERIGRO BILL WEEK EN | _ | 3/16/12 |
|--|---------|--|--------------------------------|---------|------------------------|---------|--|-------------|---------|
| INVOICE# DATE | CUST NO | CUSTOMER NAME | REFERE | ICE | HOURS | TAX AMT | AMOUNT | TYP | SURPLUS |
| 187916 3/09/12 187917 2/24/12 187918 3/09/12 | 000132 | AMERIGROUP AMERIGROUP AMERIGROUP | FERNANDI GUERRA, PRUITT, | LORRAIN | 41.75 80.00 8.00 | | 704.32 1,349.60 135.04 | I I I | |
| | | | Ct | USTOMER | 129.75 | 0.00 | 2,188.96 | | |
| | | | CA | ATEGORY | 129.75 | 0.00 | 2,188.96 | | |

| | | | YSIDE CITYWIDE | | | | - | - 32 | 16 |
|-----------|----------|---------|-------------------------------|-----------------|-----------|---------|--------------|------|---------|
| SALES JRN | L # 0272 | LOC 001 | | | | | PAR PRIVATE | | |
| | | | SALE | S REGISTER | | | BILL WEEK EN | DING | 3/16/12 |
| INVOICE# | DATE | CUST NO | CUSTOMER NAME | REFERENCE | HOURS | TAX AMT | AMOUNT | TYP | SURPLUS |
| 187919 | 3/09/12 | 000002 | SUNNYSIDE COMMUNITY SERVICES | BURY, GLADYS | 4.00 | | 58.00 | Т | |
| 187920 | 3/09/12 | 000002 | SUNNYSIDE COMMUNITY SERVICES | GRECH, JANE | 3.00 | | 43.50 | T | |
| 187921 | 3/09/12 | 000002 | SUNNYSIDE COMMUNITY SERVICES | KRITSONIS-KOLLA | 1.75 | | 25.38 | T | |
| 187922 | 3/09/12 | 000002 | SUNNYSIDE COMMUNITY SERVICES | MAZZA, ROLAND | 4.00 | | 58.00 | T | |
| 107722 | 3/03/12 | 000002 | SOUNTSIDE CONTINUE DERVICES | | | | | | |
| | | | | CUSTOMER | 12.75 | 0.00 | 184.88 | | |
| 187923 | 3/09/12 | 000040 | DUISIN, CHRISTINE | DUISIN, XENIA | 20.00 | | 310.00 | I | |
| 187924 | 3/09/12 | 000049 | ELIZABETH SETON PEDIATRIC CTR | DIOP, SERIGNE | 20.00 | | 275.80 | т | |
| 187925 | 3/09/12 | 000049 | ELIZABETH SETON PEDIATRIC CTR | MORSHELINA, NAS | 12.00 | | 165.48 | T | |
| 107523 | 3/03/12 | 000019 | DDIBNODIN OBION I BOINING CIN | | | | | | |
| | | | | CUSTOMER | 32.00 | 0.00 | 441.28 | | |
| 187926 | 3/09/12 | 000069 | AMY L. WELTMAN | LUSKIND, FRANCE | 7.00 | | 1,338.00 | I | |
| 187927 | 3/09/12 | 000078 | MCDERMOTT, LOUISE | MCDERMOTT, LOUI | 8.00 | | 124.00 | I | |
| | | | | CATEGORY | 79.75 | 0.00 | 2,398.16 | | |

| RUN DATE | UN DATE 03/14/12 - SUP SUNNYSIDE CITYWIDE PAGE 1 - 317 | | | | | | | | | | | | |
|-----------|--|---------|------------------------|-----------------|--------|---------|--------------|--------|---------|--|--|--|--|
| SALES JRN | L # 0272 | LOC 001 | SUNNYSIDE CITYWIDE | REG NY NY | | | CAS CHILDREN | 'S AII | SOCIETY | | | | |
| | | | S A | LES REGISTER | 2 | | BILL WEEK EN | DING | 3/16/12 | | | | |
| | | | | | | | | | | | | | |
| INVOICE# | DATE | CUST NO | CUSTOMER NAME | REFERENCE | HOURS | TAX AMT | AMOUNT | TYP | SURPLUS | | | | |
| | | | | | | | | | | | | | |
| 187928 | 3/09/12 | 000088 | CHILDREN'S AID SOCIETY | DUNNE, MYEISHA | 20.00 | | 310.00 | I | | | | | |
| 187929 | 1/06/12 | 000088 | CHILDREN'S AID SOCIETY | GIL, GENEVIEVE | 2.00 | | 31.00 | I | | | | | |
| 187930 | 3/09/12 | 000088 | CHILDREN'S AID SOCIETY | GIL, GENEVIEVE | 6.00 | | 93.00 | I | | | | | |
| 187931 | 1/06/12 | 000088 | CHILDREN'S AID SOCIETY | GIL, MARANGELI | 2.00 | | 31.00 | I | | | | | |
| 187932 | 3/09/12 | 000088 | CHILDREN'S AID SOCIETY | GIL, MARANGELI | 6.00 | | 93.00 | I | | | | | |
| 187933 | 3/09/12 | 000088 | CHILDREN'S AID SOCIETY | JOHNSON, CAMRYN | 20.00 | | 310.00 | I | | | | | |
| 187934 | 3/09/12 | 000088 | CHILDREN'S AID SOCIETY | REDDICK, LORENZ | 23.00 | | 356.50 | I | | | | | |
| 187935 | 3/09/12 | 000088 | CHILDREN'S AID SOCIETY | REDDICK, TRINIT | 20.00 | | 310.00 | I | | | | | |
| 187936 | 3/09/12 | 000088 | CHILDREN'S AID SOCIETY | SALAS, HELENA | 24.00 | | 372.00 | I | | | | | |
| | .,, | | | | | | | | | | | | |
| | | | | CUSTOMER | 123.00 | 0.00 | 1,906.50 | | | | | | |
| | | | | | | | | | | | | | |
| | | | | | | | | | | | | | |
| | | | | CATEGORY | 123.00 | 0.00 | 1,906.50 | | | | | | |

| | | | NYSIDE CITYWIDE | | | | PAGE 1 - | 318 |
|-----------|-----------|---------|--------------------|----------------------------|-------|---------|------------------------------|---------|
| SALES JRI | NL # 0272 | LOC 001 | SUNNYSIDE CITYWIDE | REGNY NY SALES REGISTER | | | PAR PRIVATE BILL WEEK ENDING | 3/16/12 |
| | | | | SALES REGISIER | | | BILL MEEK ENDING | 3/10/12 |
| INVOICE# | DATE | CUST NO | CUSTOMER NAME | REFERENCE | HOURS | TAX AMT | AMOUNT TYP | SURPLUS |
| 187937 | 3/09/12 | 000000 | MILDRED PANSE | DANCE MILDDED | 20.00 | | 310.00 I | |
| 10/93/ | 3/09/12 | 000098 | MILDRED PANSE | PANSE, MILDRED | 20.00 | | 310.00 I | |
| | | | | | | | | |
| | | | | CATEGORY | 20.00 | 0.00 | 310.00 | |

| RUN DATE SALES JRN | | - SUP SUNN LOC 001 | YSIDE CITYWIDE SUNNYSIDE CITYWIDE | REGNY NY SALES REGISTER | | | PAGE 1 - ELD ELDERSERVEHE BILL WEEK ENDING | |
|-----------------------|--------------------|-----------------------|--------------------------------------|--------------------------------|---------------|---------|--|---------|
| INVOICE# | DATE | CUST NO | CUSTOMER NAME | REFERENCE | HOURS | TAX AMT | AMOUNT TYP | SURPLUS |
| 187938 187939 | 3/09/12 3/09/12 | 000101 000101 | ELDERSERVEHEALTH ELDERSERVEHEALTH | BEAN, ELMIRA BLACK, DOROTHY | 20.00 7.75 | | 285.00 I 110.44 I | |
| | | | | CUSTOMER | 27.75 | 0.00 | 395.44 | |
| | | | | CATEGORY | 27.75 | 0.00 | 395.44 | |

| | 03/14/12 - NL # 0272 | | YSIDE CITYWIDE SUNNYSIDE CITYWIDE | REG NY NY SALES REGISTER | | | PAGE 1 - 3 PAR PRIVATE BILL WEEK ENDING | 3/16/12 |
|----------|-------------------------|---------|--------------------------------------|-----------------------------|-------|---------|---|---------|
| INVOICE# | DATE | CUST NO | CUSTOMER NAME | REFERENCE | HOURS | TAX AMT | AMOUNT TYP | SURPLUS |
| 187940 | 3/09/12 | 000143 | ETTORE COPPOLA | COPPOLA, ETTORE | 16.00 | | 254.00 I | |
| 187941 | 3/09/12 | 000145 | LARRY EISENBERG | BERGER, TESS | 51.00 | | 817.50 I | |
| | | | | CATEGORY | 67.00 | 0.00 | 1,071.50 | |

| | | | YSIDE CITYWIDE SUNNYSIDE CITYWIDE | REG N S A L E S | NY NY S REGISTER | | | PAGE 1 CCM COMPREHEN BILL WEEK END | - | CARE MGMT |
|----------|---------|---------|--------------------------------------|--------------------|---------------------|-------|---------|--|-----|-----------|
| INVOICE# | DATE | CUST NO | CUSTOMER NAME | | REFERENCE | HOURS | TAX AMT | AMOUNT | TYP | SURPLUS |
| 187942 | 3/09/12 | 000150 | COMPREHENSIVE CARE M | ANAGEMENT | ROSARIO, CELEST | 36.00 | | 472.32 | I | |
| | | | | | CATEGORY | 36.00 | 0.00 | 472.32 | | |

| RUN DATE SALES JRN | | - SUP SUNN LOC 001 | IYSIDE CITYWIDE REG SUNNYSIDE CITYWIDE S A L E | NY NY S R E G I S T E | : R | | PAGE 1 PAR PRIVATE BILL WEEK ENI | - 32 DING | 3/16/12 |
|-----------------------|---------|-----------------------|---|--------------------------|-----------|---------|--|--------------|---------|
| INVOICE# | DATE | CUST NO | CUSTOMER NAME | REFERENCE | HOURS | TAX AMT | AMOUNT | TYP | SURPLUS |
| 187943 | 3/09/12 | 000151 | MICHAEL SIANO | SIANO, ANDREW | 16.00 | | 216.00 | I | |
| 187944 | 3/09/12 | 000153 | PATRICIA RUECKHER | RUECKHER, PATRI | 15.00 | | 232.50 | I | |
| 187945 | 3/09/12 | 000155 | ROSEMARY JIBAJA | JIBAJA, ROSEMAR | 156.00 | | 2,490.00 | I | |
| 187946 | 3/09/12 | 002215 | KEITH SALMON | LAWRANCE, LILLA | 19.50 | | 313.50 | I | |
| 187947 | 3/09/12 | 003108 | NIGRO, CATHERINE | NIGRO, CATHERIN | 20.00 | | 310.00 | I | |
| 187948 | 3/09/12 | 003743 | VICTOR NICASSIO | NICASSIO, VICTO | 9.00 | | 139.50 | I | |
| 187949 | 3/09/12 | 004784 | CAMILLERI, JOSEPH | CAMILLERI, JOSE | 25.00 | | 337.50 | I | |
| 187950 | 3/09/12 | 006337 | STEPHEN EDEL | EDEL, CANDACE | 72.75 | | 1,151.63 | I | |
| 187951 | 3/09/12 | 007521 | DOROTHY GILBERT | GILBERT, DOROTH | 30.00 | | 465.00 | I | |
| 187952 | 3/09/12 | 007630 | MAUREEN MAIORANA | MAIORANA, MAURE | 8.00 | | 130.00 | I | |
| 187953 | 3/09/12 | 007631 | MICHAEL MAIRANO | MAIORANA, MICHE | 12.00 | | 195.00 | I | |
| 187954 | 3/09/12 | 007883 | ABBAMONTE, RUTH | ABBAMONTE, RUTH | 6.00 | | 99.00 | I | |
| 187955 | 3/09/12 | 009498 | LOUIS LE NOACH | LENOACH, LOUIS | 9.00 | | 148.50 | I | |
| 187956 | 3/09/12 | 009566 | ELIZABETH CERNY | CERNY, ELIZABET | 9.00 | | 139.50 | I | |
| 187957 | 3/09/12 | 009605 | OLGA OBYMAKO | OBYMAKO, OLGA | 6.00 | | 93.00 | I | |
| 187958 | 3/09/12 | 009752 | PETER CAPORASO | CAPORASO, VINCE | 24.00 | | 408.00 | I | |
| 187959 | 3/09/12 | 009788 | ARIADNI GLYPTIS | GLYPTIS, ARIADN | 3.00 | | 46.50 | I | |
| 187960 | 3/09/12 | 009854 | HELEN TAYLOR | HERNANDEZ, FRAN | 4.00 | | 62.00 | I | |
| 187961 | 3/09/12 | 009857 | ALZHEIMER'S ASSOCIATION, NYC | MARTIN, RUTH | 8.00 | | 124.00 | I | |
| 187962 | 3/09/12 | 009932 | JOSEPH SCANDARIATO | SCANDARIATOR, J | 3.00 | | 46.50 | I | |
| 187963 | 3/09/12 | 009933 | VICKY GOULINUS POULOS | GOULIMIS, GEORG | 3.00 | | 46.50 | I | |
| 187964 | 3/09/12 | 010007 | DOROTHY TUCCI | TUCCI, DOROTHY | 4.00 | | 65.00 | I | |
| 187965 | 3/09/12 | 010008 | LOUIS TUCCI | TUCCI, LOUIS | 4.00 | | 65.00 | I | |
| 187966 | 3/09/12 | 997760 | MARASA, ANTONIO | MARASA, ANTONIO | 9.00 | | 121.50 | I | |
| | | | | CATEGORY | 475.25 | | 7,445.63 | | |
| | | | | LOCATION | 22,023.00 | 0.00 | 369,354.04 | | |
| | | | | COMPANY | 22,023.00 | | 369,354.04 | | |

RUN DATE 03/14/12 - SUP SUNNYSIDE CITYWIDE PAGE 1 - 323
SALES JRNL # 0272 LOC 001 SUNNYSIDE CITYWIDE REG NY NY PAR PRIVATE

ALES JRNL # 0272 LOC 001 SUNNYSIDE CITYWIDE REG NY NY PAR PRIVATE
S A L E S R E G I S T E R BILL WEEK ENDING 3/16/12

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