RUN DATE 03/21/12 - SUP SUNNYSIDE CITYWIDE PAGE 1 - 1 SALES JRNL # 0273 LOC 001 SUNNYSIDE CITYWIDE REG NY NY SHP SENIOR HEALTH PARTNERS SALES REGISTER BILL WEEK ENDING 3/23/12 CUST NO CUSTOMER NAME INVOICE# DATE REFERENCE HOURS TAX AMT AMOUNT TYP SURPLUS SENIOR HEALTH PARTNERS
SIERRA, MIRIAM
SENIOR HEALTH PARTNERS
SIMON, LUPE
SENIOR HEALTH PARTNERS
SONIOR HEALTH PARTNERS
S ALVAREZ, ANGELA 4.00 187967 3/16/12 000082 SENIOR HEALTH PARTNERS 57.00 I 187968 3/16/12 000082 57.00 I 334.88 I 187969 3/16/12 000082 187970 3/16/12 000082 498.75 187971 3/16/12 000082 555.75 228.00 187972 3/16/12 000082 187973 3/16/12 000082 57.00 187974 3/16/12 000082 114.00 187975 3/16/12 000082 57.00 187976 3/16/12 000082 452.44 187977 3/16/12 000082 1,400.00 187978 3/16/12 000082 228.00 187979 3/16/12 000082 399.00 187980 3/16/12 000082 1,211.25 427.50 187981 3/16/12 000082 187982 3/16/12 71.26 000082 187983 3/16/12 1,083.00 000082 187984 3/16/12 000082 285.00 327.75 187985 3/16/12 000082 187986 3/16/12 000082 114.00 187987 3/16/12 000082 570.00 187988 3/16/12 000082 555.75 187989 3/16/12 000082 171.00 187990 3/16/12 57.00 I 000082 _____ -----CUSTOMER 562.25 0.00 9,312.33

CATEGORY

562.25 0.00

9,312.33

			YSIDE CITYWIDE	DEG NV NV			PAGE 1 -	2
SALES JRN	IL # U2/3	LOC 001		REGNY NY SALES REGISTER			ADU ADULT BILL WEEK ENDING	3/23/12
INVOICE#	DATE	CUST NO	CUSTOMER NAME	REFERENCE	HOURS	TAX AMT	AMOUNT TYP	SURPLUS
187991	3/16/12	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 # 0273	LOC 001	SUNNYSIDE CITYWIDE	REG NY NY			VCP CHOICE LHCS	
				SALES REGISTER			BILL WEEK ENDIN	IG 3/23/12
INVOICE#	DATE	CUST NO	CUSTOMER NAME	REFERENCE	HOURS	TAX AMT	AMOUNT TY	P SURPLUS
187992	3/16/12	000008	VISITING NURSE SERVICE	ABINANTI, IRENE	55.50		809.19	- -
187993	3/16/12	800000	VISITING NURSE SERVICE	ABREU, ANA	12.00		174.96	• •
				CUSTOMER	67.50	0.00	984.15	
				CATEGORY	67.50	0.00	984.15	

RUN DATE	03/21/12 -	- SUP SUNN	YSIDE CITYWIDE				PAGE 1 -	4
SALES JRN	NL # 0273	LOC 001	SUNNYSIDE CITYWIDE	REG NY NY			LTC NURSING HOMEW	•
			S	SALES REGISTER			BILL WEEK ENDING	3/23/12
INVOICE#	DATE	CUST NO	CUSTOMER NAME	REFERENCE	HOURS	TAX AMT	AMOUNT TYP	SURPLUS
187994	3/16/12	800000	VISITING NURSE SERVICE	ACUNA, JOSE	32.00		466.56 I	
				CATEGORY	32.00	0.00	466.56	

			YSIDE CITYWIDE	5-2				-	5
SALES JRN	L # U2/3	LOC 001	SUNNYSIDE CITYWIDE	REG NY NY SALES REGIST:	r D		VCP CHOICE L BILL WEEK EN		3/23/12
				SALES KEGISI	E K		DILL WEEK EN	DING	3/23/12
INVOICE#	DATE	CUST NO	CUSTOMER NAME	REFERENCE	HOURS	TAX AMT	AMOUNT	TYP	SURPLUS
100005	2/16/10	000000			05.00		264 50	_	
187995	3/16/12	800000	VISITING NURSE SERVI	E ADAMES, OLGA	25.00		364.50	Τ	
187996	3/16/12	000008	VISITING NURSE SERVI	E ADAMES, RICARDO	35.00		510.30	I	
187997	3/16/12	000008	VISITING NURSE SERVI	E ADAMS, MYRIAM	70.00		1,020.60	I	
187998	3/16/12	000008	VISITING NURSE SERVI	•	16.00		233.29	I	
187999	3/16/12	800000	VISITING NURSE SERVI	E AFZAL, AMIR	3.00		43.74	I	
				CUSTOMER	149.00	0.00	2,172.43		
				CATEGORY	149.00	0.00	2,172.43		
				CAILGORI	149.00	0.00	2,1/2.43		

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
188000	3/16/12	800000	VISITING NURSE SERVICE	AGUILAR, ZORAID	40.00		583.20 I	
				CATEGORY	40.00	0.00	583.20	

RUN DATE	03/21/12	- SUP SUNN	YSIDE CITYWIDE				PAGE 1 -	7
SALES JRN	L # 0273	LOC 001		REG NY NY SALES REGISTER			VCP CHOICE LHCSA BILL WEEK ENDING	3/23/12
INVOICE#	DATE	CUST NO	CUSTOMER NAME	REFERENCE	HOURS	TAX AMT	AMOUNT TYP	SURPLUS
188001	3/16/12	800000	VISITING NURSE SERVICE	AGUILAR-PROCE,	5.00		72.90 I	
				CATEGORY	5.00	0.00	 72.90	

RUN DATE SALES JRI		- SUP SUNN LOC 001		REG NY NY			PAGE 1 - ADU ADULT	8
				SALES REGISTER			BILL WEEK ENDING	
INVOICE#	DATE	CUST NO	CUSTOMER NAME	REFERENCE	HOURS	TAX AMT	AMOUNT TYP	SURPLUS
188002	2/03/12	800000	VISITING NURSE SERVICE	AIOSA, MARIE	3.00		43.74 I	
				CATEGORY	3.00	0.00	43.74	

RUN DATE SALES JRN				REG NY NY SALES REGISTER			PAGE 1 - CCL CONGREGATE (BILL WEEK ENDING	
INVOICE#	DATE	CUST NO	CUSTOMER NAME	REFERENCE	HOURS	TAX AMT	AMOUNT TYPE	SURPLUS
188003	3/16/12	800000	VISITING NURSE SERVICE	AIOSA, MARIE	6.00		87.48 I	
				CATEGORY	6.00	0.00	87.48	

RUN DATE SALES JRN		SUP SUNN LOC 001		REG NY NY			PAGE 1 - VCP CHOICE LHCS.	A
INVOICE#	DATE	CUCT NO	CUSTOMER NAME	SALES REGISTER	HOURS	TAV AMT	BILL WEEK ENDING	, -,
188004	DATE 3/16/12	O00008	VISITING NURSE SERVICE	REFERENCE AKBAR, NASEEM	20.00	TAX AMT	AMOUNT TY: 291.60 I	P SURPLUS
100004	3/10/12	000008	VISITING NORSE SERVICE	ANDAN, NASEEM	20.00		291.00 1	
				CATEGORY	20.00	0.00	291.60	

RUN DATE SALES JRN			YSIDE CITYWIDE SUNNYSIDE CITYWIDE	REG NY NY			PAGE 1 - ADU ADULT	11
DALLO OIGN	1L # 02/3	100 001		SALES REGISTER			BILL WEEK ENDIN	G 3/23/12
INVOICE#	DATE	CUST NO	CUSTOMER NAME	REFERENCE	HOURS	TAX AMT	AMOUNT TY	P SURPLUS
188005	3/16/12	000008	VISITING NURSE SERVICE	ALBANESE, IDA	15.00		218.70 I	
				CATEGORY	15.00	0.00	218.70	

RUN DATE	03/21/12 -	- SUP SUNN	YSIDE CITYWIDE				PAGE 1 -	12
SALES JRN	L # 0273	LOC 001	SUNNYSIDE CITYWIDE	REG NY NY			LTC NURSING HOMEW	/O WALLS (LT
			\$	SALES REGISTER	3		BILL WEEK ENDING	3/23/12
INVOICE#	DATE	CUST NO	CUSTOMER NAME	REFERENCE	HOURS	TAX AMT	AMOUNT TYP	SURPLUS
188006	3/16/12	000008	VISITING NURSE SERVICE	ALEKSANDORVA, S	10.00		145.80 I	
188007	3/16/12	800000	VISITING NURSE SERVICE	ALEKSANDORVA, S	5.00		72.90 I	
				CUSTOMER	15.00	0.00	218.70	
				CATEGORY	15.00	0.00	218.70	

RUN DATE SALES JRN		- SUP SUNN LOC 001	YSIDE CITYWIDE SUNNYSIDE CITYWIDE	REG NY NY			PAGE 1 VCP CHOICE L		13
Brilles Grav	1 0273	100 001		SALES REGISTER			BILL WEEK EN		3/23/12
INVOICE#	DATE	CUST NO	CUSTOMER NAME	REFERENCE	HOURS	TAX AMT	AMOUNT	TYP	SURPLUS
188008	3/16/12	000008	VISITING NURSE SERVICE	ALESSIU, AGRIPI	3.00		43.74	I	
188009	3/16/12	000008	VISITING NURSE SERVICE	ALFEREZ, GLORIA	1.00		14.58	I	
188010	3/16/12	800000	VISITING NURSE SERVICE	ALMANZAR, REMIG	1.00		14.58	I	
				CUSTOMER	5.00	0.00	72.90		
				CATEGORY	5.00	0.00	72.90		

RUN DATE	03/21/12 -	- SUP SUNN	YSIDE CITYWIDE				PAGE 1 -	14
SALES JRN	rL # 0273	LOC 001	SUNNYSIDE CITYWIDE	REG NY NY			HOA HOSPICE ADULT	
			S	SALES REGISTER			BILL WEEK ENDING	3/23/12
INVOICE#	DATE	CUST NO	CUSTOMER NAME	REFERENCE	HOURS	TAX AMT	AMOUNT TYP	SURPLUS
188011	3/16/12	800000	VISITING NURSE SERVICE	ALVAREZ, NAZARE	56.00		816.48 I	
				CATEGORY	56.00	0.00	816.48	

			YSIDE CITYWIDE				PAGE 1		15
SALES JRN	IL # 0273	LOC 001	SUNNYSIDE CITYWIDE	REG NY NY SALES REGISTER			VCP CHOICE LI		3/23/12
							DIDD WEEK EN	DING	3/23/12
INVOICE#	DATE	CUST NO	CUSTOMER NAME	REFERENCE	HOURS	TAX AMT	AMOUNT	TYP	SURPLUS
188012 188013	3/16/12 3/16/12	000008 000008	VISITING NURSE SERVICE VISITING NURSE SERVICE	, -	56.00 49.75		816.48 725.36	I I	
				CUSTOMER	105.75	0.00	1,541.84		
				CATEGORY	105.75	0.00	1,541.84		

		03/21/12 - L # 0273			REG NY NY			PAGE 1 - ADU ADULT	
				S	ALES REGISTER			BILL WEEK ENDING	3/23/12
INVO	OICE#	DATE	CUST NO	CUSTOMER NAME	REFERENCE	HOURS	TAX AMT	AMOUNT TYP	SURPLUS
1880	014	3/16/12	800000	VISITING NURSE SERVICE	ANGRISANO, RUTH	12.00		174.96 I	
					CATEGORY	12.00	0.00	174.96	

RUN DATE	03/21/12 -	- SUP SUNN	YSIDE CITYWIDE				PAGE 1	- 17	
SALES JRN	L # 0273	LOC 001	SUNNYSIDE CITYWIDE	REG NY NY			LTC NURSING H	OMEW/O WAL	LS (LT
			5	SALES REGISTER			BILL WEEK END	ING 3/23	/12
INVOICE#	DATE	CUST NO	CUSTOMER NAME	REFERENCE	HOURS	TAX AMT	AMOUNT	TYP SURP	LUS
188015	3/16/12	000008	VISITING NURSE SERVICE	ANGULO, ELCY	20.00		291.60	I	
188016	3/02/12	800000	VISITING NURSE SERVICE	ANUT, ALICE	6.50		94.77	I	
188017	3/16/12	800000	VISITING NURSE SERVICE	ANUT, ALICE	61.00		889.38	I	
					07.50		1 085 85		
				CUSTOMER	87.50	0.00	1,275.75		
				CATEGORY	87.50	0.00	1,275.75		

RUN DATE 03/21/12 - SALES JRNL # 0273	- SUP SUNN LOC 001	SUNNYSIDE CITYWIDE	REG NY NY ALES REGISTER			PAGE 1 - 18 VCP CHOICE LHCSA BILL WEEK ENDING 3/23/12	
INVOICE# DATE	CUST NO	CUSTOMER NAME	REFERENCE	HOURS	TAX AMT	AMOUNT TYP SURPLUS	
188018 3/16/12 188019 3/09/12 188020 3/16/12 188021 3/16/12	000008 000008 000008 000008	VISITING NURSE SERVICE VISITING NURSE SERVICE VISITING NURSE SERVICE VISITING NURSE SERVICE	AOUN, ODETTE ARIAS, LEOPOLDI ARIAS, LEOPOLDI ARIAS, MAGDALEN	12.00 23.25 36.75 41.25		174.96 I 339.00 I 535.82 I 601.44 I	
			CUSTOMER	113.25	0.00	1,651.22	
			CATEGORY	113.25	0.00	1,651.22	

			YSIDE CITYWIDE				PAGE 1 -	19
SALES JRN	L # 0273	LOC 001	SUNNYSIDE CITYWIDE	REG NY NY			ADU ADULT	
			2	SALES REGISTER			BILL WEEK ENDING	3/23/12
INVOICE#	DATE	CUST NO	CUSTOMER NAME	REFERENCE	HOURS	TAX AMT	AMOUNT TYP	SURPLUS
188022	3/16/12	000008	VISITING NURSE SERVICE	ASADOURIAN, COR	21.00		306.18 I	
188023	3/16/12	800000	VISITING NURSE SERVICE	ASH, MARIE	12.00		174.96 I	
				CUSTOMER	33.00	0.00	481.14	
				COSTOMER	33.00	0.00	401.14	
				CATEGORY	33.00	0.00	481.14	

RUN DATE (03/21/12 -	SUP SUNN	YSIDE CITYWIDE				PAGE 1	- 2	0
SALES JRNI	և # 0273	LOC 001	SUNNYSIDE CITYWIDE	REG NY NY			LTC NURSING	HOMEW/	,
				SALES REGISTER			BILL WEEK EN	DING	3/23/12
INVOICE#	DATE	CUST NO	CUSTOMER NAME	REFERENCE	HOURS	TAX AMT	AMOUNT	TYP	SURPLUS
188024	2/24/12	800000	VISITING NURSE SERVICE	ASHLEY, CLYDE	7.00		102.06	I	
188025	3/16/12	800000	VISITING NURSE SERVICE	ASHLEY, CLYDE	22.95		494.99	I	
				CHOMOMED	20.05	0.00			
				CUSTOMER	29.95	0.00	597.05		
				CATEGORY	29.95	0.00	597.05		

RUN DATE SALES JRN		- SUP SUNN LOC 001	YSIDE CITYWIDE SUNNYSIDE CITYWIDE	REG NY NY			VCP CHOICE L	HCSA	21
			S	SALES REGISTER			BILL WEEK EN	DING	3/23/12
INVOICE#	DATE	CUST NO	CUSTOMER NAME	REFERENCE	HOURS	TAX AMT	AMOUNT	TYP	SURPLUS
188026	3/16/12	800000	VISITING NURSE SERVICE	AVILA, ENIDIA	16.00		233.28	I	
188027	3/16/12	800000	VISITING NURSE SERVICE	BADILLO, JOVITA	8.00		116.64	I	
188028	3/16/12	000008	VISITING NURSE SERVICE	BAEZ, JUAN	26.00		379.08	I	
				CUSTOMER	50.00	0.00	729.00		
				CATEGORY	50.00	0.00	729.00		

RUN DATE (03/21/12 -	SUP SUNN	YSIDE CITYWIDE				PAGE 1	- 2	22
SALES JRNI	և # 0273	LOC 001	SUNNYSIDE CITYWIDE	REG NY NY			LTC NURSING	HOMEW/	O WALLS (LT
			:	SALES REGISTER			BILL WEEK EN	DING	3/23/12
INVOICE#	DATE	CUST NO	CUSTOMER NAME	REFERENCE	HOURS	TAX AMT	AMOUNT	TYP	SURPLUS
188029	3/16/12	800000	VISITING NURSE SERVICE	BALLAS, VIOLA	30.00		437.40	I	
188030	3/16/12	800000	VISITING NURSE SERVICE	BAQUERIZO, ANNA	56.00		816.48	I	
188031	3/16/12	800000	VISITING NURSE SERVICE	BARDEANU, VICTO	45.00		656.10	I	
				CUSTOMER	131.00	0.00	1,909.98		
				CATEGORY	131.00	0.00	1,909.98		

- 1				YSIDE CITYWIDE	DEG NY NY				23	
	SALES JRN	⊔ # 02/3	LOC 001		REGNY NY SALES REGISTER			ADU ADULT BILL WEEK ENDING	3/23/12	
	INVOICE#	DATE	CUST NO	CUSTOMER NAME	REFERENCE	HOURS	TAX AMT	AMOUNT TYP	SURPLUS	
	188032	3/16/12	800000	VISITING NURSE SERVICE	BARLIS, GEORGE	2.00		29.16 I		
					CATEGORY	2.00	0.00	29.16		

RUN DATE	03/21/12	- SUP SUNN	NYSIDE CITYWIDE				PAGE 1 - 24	
SALES JR	NL # 0273	LOC 001	SUNNYSIDE CITYWIDE	REG NY NY			LTC NURSING HOMEW/O W	ALLS (LT
			S	SALES REGISTER			BILL WEEK ENDING 3/	23/12
INVOICE#	DATE	CUST NO	CUSTOMER NAME	REFERENCE	HOURS	TAX AMT	AMOUNT TYP SU	IRPLUS
188033	3/16/12	800000	VISITING NURSE SERVICE	BATTLE, JEANETT	49.00		714.42 I	
				CATEGORY	49.00	0.00	714.42	

			YSIDE CITYWIDE				PAGE 1 -	
SALES JRNI	և # 0273	LOC 001	SUNNYSIDE CITYWIDE	REG NY NY			HOA HOSPICE AD	-
			\$	SALES REGISTER			BILL WEEK ENDI	NG 3/23/12
INVOICE#	DATE	CUST NO	CUSTOMER NAME	REFERENCE	HOURS	TAX AMT	AMOUNT T	YP SURPLUS
188034	3/16/12	800000	VISITING NURSE SERVICE	BECERRA, FELIPE	6.00		87.48	I
				CATEGORY	6.00	0.00	87.48	

RUN DATE	03/21/12 -	SUP SUNN	YSIDE CITYWIDE				PAGE 1 -	- 26
SALES JRN	ъ # 0273	LOC 001	SUNNYSIDE CITYWIDE	REG NY NY			VCP CHOICE LHO	CSA
				SALES REGISTER			BILL WEEK ENDI	ING 3/23/12
INVOICE#	DATE	CUST NO	CUSTOMER NAME	REFERENCE	HOURS	TAX AMT	AMOUNT 7	TYP SURPLUS
188035	3/16/12	000008	VISITING NURSE SERVICE	E BELLOROFONTE, M	151.00		2,201.58	т
100033	3/10/12	000006	VISITING NURSE SERVICE	E BELLOROFONIE, M	151.00		2,201.30	Τ.
				CATEGORY	151.00	0.00	2,201.58	
				CHILDON	00	0.00	2,201.30	

RUN DATE SALES JRN				REG NY NY ALES REGISTER			PAGE 1 - ADU ADULT BILL WEEK ENDING	3/23/12
INVOICE#	DATE	CUST NO	CUSTOMER NAME	REFERENCE	HOURS	TAX AMT	AMOUNT TYP	SURPLUS
188036	3/16/12	800000	VISITING NURSE SERVICE	BERENBLIT, SARA	6.00		87.48 I	
				CATEGORY	6.00	0.00	87.48	

RUN DATE	03/21/12 -	- SUP SUNN	YSIDE CITYWIDE				PAGE 1	- 28
SALES JRN	ъ # 0273	LOC 001	SUNNYSIDE CITYWIDE	REG NY NY			LTC NURSING H	OMEW/O WALLS (LT
			:	SALES REGISTER			BILL WEEK END	OING 3/23/12
INVOICE#	DATE	CUST NO	CUSTOMER NAME	REFERENCE	HOURS	TAX AMT	AMOUNT	TYP SURPLUS
188037	3/16/12	000008	VISITING NURSE SERVICE	BETHUNE, HARRYD	20.00		291.60	I
188038	3/16/12	800000	VISITING NURSE SERVICE	BHAWNANI, BISHU	30.75		448.34	I
				CUSTOMER	50.75	0.00	739.94	
				CATEGORY	50.75	0.00	739.94	

RUN DATE	03/21/12 -	- SUP SUNN	YSIDE CITYWIDE				PAGE 1 -	-	29
SALES JRN	r∟ # 0273	LOC 001		REG NY NY			VCP CHOICE LHO		
			\$	SALES REGISTER			BILL WEEK END	NG	3/23/12
INVOICE#	DATE	CUST NO	CUSTOMER NAME	REFERENCE	HOURS	TAX AMT	AMOUNT T	TYP	SURPLUS
188039	3/09/12	800000	VISITING NURSE SERVICE	BHULLA, JIWAN	6.00		87.48	I	
				CATEGORY	6.00	0.00	87.48		

RUN DATE	03/21/12 -	SUP SUNN	YSIDE CITYWIDE				PAGE 1 -	30
SALES JRN	ъ # 0273	LOC 001	SUNNYSIDE CITYWIDE	REG NY NY			ADU ADULT	
				SALES REGISTER			BILL WEEK ENDING	3/23/12
INVOICE#	DATE	CUST NO	CUSTOMER NAME	REFERENCE	HOURS	TAX AMT	AMOUNT TYPE	SURPLUS
100040	2/16/10	00000		D.T.11760	00 00		001 60 7	
188040	3/16/12	800000	VISITING NURSE SERVICE	BIANCO HOPKINS,	20.00		291.60 I	
				CATEGORY	20.00	0.00	291.60	
				CAILGORI	20.00	0.00	291.60	

ı	RUN DATE	03/21/12 -	SUP SUNN	YSIDE CITYWIDE				PAGE 1 -	31
ı	SALES JRN	L # 0273	LOC 001	SUNNYSIDE CITYWIDE	REG NY NY			LTC NURSING HOME	·
ı					SALES REGISTER			BILL WEEK ENDING	3/23/12
	INVOICE#	DATE	CUST NO	CUSTOMER NAME	REFERENCE	HOURS	TAX AMT	AMOUNT TYP	SURPLUS
	188041	3/16/12	800000	VISITING NURSE SERVICE	BLANCAFLOR, PUR	40.00		583.20 I	
					CATEGORY	40.00	0.00	583.20	

			YSIDE CITYWIDE				-	32
SALES J	RNL # 0273	LOC 001		REGNY NY SALES REGISTER			ADU ADULT BILL WEEK ENDING	3/23/12
T1770 T GT		G11GE 310	GUGEOLER MANE		********			GTTD DT TTG
INVOICE	# DATE	CUST NO	CUSTOMER NAME	REFERENCE	HOURS	TAX AMT	AMOUNT TYP	SURPLUS
188042	3/16/12	800000	VISITING NURSE SERVICE	BLUMENTHAL, EST	9.00		131.22 I	
				CATEGORY	9.00	0.00	131.22	

RUN DATE	03/21/12 -	- SUP SUNN	YSIDE CITYWIDE				PAGE 1 -	33
SALES JRN	rL # 0273	LOC 001	SUNNYSIDE CITYWIDE	REG NY NY			VCP CHOICE LHCSA	
			5	SALES REGISTER			BILL WEEK ENDING	3/23/12
INVOICE#	DATE	CUST NO	CUSTOMER NAME	REFERENCE	HOURS	TAX AMT	AMOUNT TYP	SURPLUS
188043	3/16/12	800000	VISITING NURSE SERVICE	BLUNNIE, ELIZAB	20.00		291.60 I	
				CATEGORY	20.00	0.00	291.60	

RUN DATE SALES JRN		- SUP SUNN LOC 001	YSIDE CITYWIDE SUNNYSIDE CITYWIDE	REG NY NY			PAGE 1 - ADU ADULT	34
	.2 02/3	200 001		SALES REGISTER			BILL WEEK ENDING	3/23/12
INVOICE#	DATE	CUST NO	CUSTOMER NAME	REFERENCE	HOURS	TAX AMT	AMOUNT TYP	SURPLUS
188044	3/16/12	000008	VISITING NURSE SERVICE		20.00		291.60 I	
188045 188046	3/09/12 3/16/12	000008 000008	VISITING NURSE SERVICE VISITING NURSE SERVICE	, -	7.00 49.00		102.06 I 714.42 I	
				CUSTOMER	76.00	0.00	1,108.08	
				CATEGORY	76.00	0.00	1,108.08	

			YSIDE CITYWIDE					35
SALES JRN	L # 0273	LOC 001	SUNNYSIDE CITYWIDE	REGNY NY SALES REGISTER			VCP CHOICE LHCSA BILL WEEK ENDING	3/23/12
			•	SALES REGISIER			PILL MEEK ENDING	3/23/12
INVOICE#	DATE	CUST NO	CUSTOMER NAME	REFERENCE	HOURS	TAX AMT	AMOUNT TYP	SURPLUS
188047	3/16/12	800000	VISITING NURSE SERVICE	BONILLA, LYDIA	20.00		291.60 I	
				CATEGORY	20.00	0.00	291.60	

ı	RUN DATE	03/21/12 -	SUP SUNN	YSIDE CITYWIDE				PAGE 1 -	36
ı	SALES JRN	L # 0273	LOC 001	SUNNYSIDE CITYWIDE	REG NY NY			LTC NURSING HOME	W/O WALLS (LT
ı					SALES REGISTER			BILL WEEK ENDING	3/23/12
	INVOICE#	DATE	CUST NO	CUSTOMER NAME	REFERENCE	HOURS	TAX AMT	AMOUNT TYP	SURPLUS
	188048	3/16/12	000008	VISITING NURSE SERVICE	BONSIGNORE, GAE	25.00		364.50 I	
ı									
					CATEGORY	25.00	0.00	364.50	

RUN DATE	03/21/12 -	SUP SUNN	YSIDE CITYWIDE				PAGE 1 -	37
SALES JRN	L # 0273	LOC 001	SUNNYSIDE CITYWIDE	REG NY NY			VCP CHOICE LHCSA	1
				SALES REGISTER			BILL WEEK ENDING	3/23/12
INVOICE#	DATE	CUST NO	CUSTOMER NAME	REFERENCE	HOURS	TAX AMT	AMOUNT TYP	SURPLUS
188049	3/16/12	800000	VISITING NURSE SERVICE	BORYSEWICZ, MAR	12.00		174.96 I	
				CATEGORY	12.00	0.00	174.96	

ı	RUN DATE	03/21/12 -	- SUP SUNN	YSIDE CITYWIDE				PAGE 1 - 38	}
ı	SALES JRN	L # 0273	LOC 001	SUNNYSIDE CITYWIDE	REG NY NY			LTC NURSING HOMEW/C) WALLS (LT
ı				S	SALES REGISTER			BILL WEEK ENDING	3/23/12
ı									
ı	INVOICE#	DATE	CUST NO	CUSTOMER NAME	REFERENCE	HOURS	TAX AMT	AMOUNT TYP	SURPLUS
ı									
ı	188050	3/16/12	800000	VISITING NURSE SERVICE	BOYADJIAN, ZARO	35.00		510.30 I	
ı									
ı									
ı					CATEGORY	35.00	0.00	510.30	

RUN DATE	03/21/12 -	- SUP SUNN	YSIDE CITYWIDE				PAGE 1	- 3	39
SALES JRN	L # 0273	LOC 001	SUNNYSIDE CITYWIDE	REG NY NY			VCP CHOICE LE		
			S	SALES REGISTER			BILL WEEK ENI	DING	3/23/12
INVOICE#	DATE	CUST NO	CUSTOMER NAME	REFERENCE	HOURS	TAX AMT	AMOUNT	TYP	SURPLUS
188051	3/16/12	000008	VISITING NURSE SERVICE	BOYLAN, FRANK	54.00		787.32	I	
188052	3/16/12	800000	VISITING NURSE SERVICE	BURNS, MARGARET	55.25		805.56	I	
				CUSTOMER	109.25	0.00	1,592.88		
				CATEGORY	109.25	0.00	1,592.88		

				YSIDE CITYWIDE				PAGE 1 -	- 0	
SA	LES JRN	L # 0273	LOC 001		REG NY NY			LAD NURSING HO		
					SALES REGISTER			BILL WEEK ENDI	NG 3	/23/12
IN	WOICE#	DATE	CUST NO	CUSTOMER NAME	REFERENCE	HOURS	TAX AMT	AMOUNT T	YP SI	URPLUS
18	88053	3/16/12	800000	VISITING NURSE SERVICE	BUSCARELLO, JOH	58.00		845.64	I	
								0.45 .64		
1					CATEGORY	58.00	0.00	845.64		

RUN DATE SALES JRN			YSIDE CITYWIDE SUNNYSIDE CITYWIDE	REG NY NY			PAGE 1 VCP CHOICE L	- A	41
	_			SALES REGISTER			BILL WEEK EN		3/23/12
INVOICE#	DATE	CUST NO	CUSTOMER NAME	REFERENCE	HOURS	TAX AMT	AMOUNT	TYP	SURPLUS
188054	3/16/12	000008	VISITING NURSE SERVICE	CABA, PURA	8.00		116.64	I	
188055	3/16/12	800000	VISITING NURSE SERVICE	CALDERON, FRANC	41.50		605.07	I	
188056	3/16/12	800000	VISITING NURSE SERVICE	CALDERON, VIRGI	42.00		612.36	I	
				CUSTOMER	91.50	0.00	1,334.07		
				CATEGORY	91.50	0.00	1,334.07		

RUN DATE	03/21/12 -	- SUP SUNN	YSIDE CITYWIDE				PAGE 1 -	42	
SALES JRN	ъ # 0273	LOC 001		REG NY NY			HOA HOSPICE ADUL		
			5	SALES REGISTER			BILL WEEK ENDING	3/23/12	
INVOICE#	DATE	CUST NO	CUSTOMER NAME	REFERENCE	HOURS	TAX AMT	AMOUNT TYP	SURPLUS	
188057	3/16/12	800000	VISITING NURSE SERVICE	CALKOSZ, JOSEFI	63.00		918.54 I		
				CATEGORY	63.00	0.00	918.54		

RUN D	ATE 03/21/12	- SUP SUNN	YSIDE CITYWIDE				PAGE 1	_	43
SALES	JRNL # 0273	LOC 001	SUNNYSIDE CITYWIDE	REG NY NY			VCP CHOICE L		
			i	SALES REGISTER			BILL WEEK EN	DING	3/23/12
INVOI	CE# DATE	CUST NO	CUSTOMER NAME	REFERENCE	HOURS	TAX AMT	AMOUNT	TYP	SURPLUS
18805	3/16/12	000008	VISITING NURSE SERVICE	CAMBARA, JOSEFA	56.00		816.48	I	
				CATEGORY	56.00	0.00	816.48	-	

ı	RUN DATE (03/21/12 -	SUP SUNN	YSIDE CITYWIDE				PAGE 1 -	44	
ı	SALES JRNI	L # 0273	LOC 001		REG NY NY			LTC NURSING HOMEW		
				:	SALES REGISTER			BILL WEEK ENDING	3/23/12	
	INVOICE#	DATE	CUST NO	CUSTOMER NAME	REFERENCE	HOURS	TAX AMT	AMOUNT TYP	SURPLUS	
	188059	3/16/12	800000	VISITING NURSE SERVICE	CANO, ADELINA	42.00		612.36 I		
					CATEGORY	42.00	0.00	612.36		

- 1				YSIDE CITYWIDE SUNNYSIDE CITYWIDE	REG NY NY			PAGE 1 - ADU ADULT	45
	DILLED CITY	L 0273	100 001		SALES REGISTER			BILL WEEK ENDING	3/23/12
	INVOICE#	DATE	CUST NO	CUSTOMER NAME	REFERENCE	HOURS	TAX AMT	AMOUNT TYP	SURPLUS
	188060	3/16/12	800000	VISITING NURSE SERVICE	CANO, GLORIA	4.00		58.32 I	
ı					CATEGORY	4.00	0.00	58.32	

ı	RUN DATE	03/21/12 -	- SUP SUNN	YSIDE CITYWIDE				PAGE 1 -	46	
ı	SALES JRN	L # 0273	LOC 001	SUNNYSIDE CITYWIDE	REG NY NY			VCP CHOICE LHCSA	A	
ı				Ş	SALES REGISTER			BILL WEEK ENDING	3/23/12	
ı										
ı	INVOICE#	DATE	CUST NO	CUSTOMER NAME	REFERENCE	HOURS	TAX AMT	AMOUNT TY	SURPLUS	
ı										
ı	188061	3/16/12	800000	VISITING NURSE SERVICE	CAPORASO, VINCE	84.00		1,224.72 I		
ı										
ı										
ı					CATEGORY	84.00	0.00	1,224.72		

RUN DATE (03/21/12 -	SUP SUNN	YSIDE CITYWIDE				PAGE 1 - 47	7
SALES JRNI	L # 0273	LOC 001	SUNNYSIDE CITYWIDE	REG NY NY			LTC NURSING HOMEW/C	O WALLS (LT
				SALES REGISTER			BILL WEEK ENDING	3/23/12
INVOICE#	DATE	CUST NO	CUSTOMER NAME	REFERENCE	HOURS	TAX AMT	AMOUNT TYP	SURPLUS
188062	3/16/12	800000	VISITING NURSE SERVICE	CARBAJAL, MERCE	35.00		510.30 I	
				CATEGORY	35.00	0.00	510.30	

RUN DATE SALES JRN				REGNY NY BALES REGISTER			PAGE 1 - ADU ADULT BILL WEEK ENDING	3/23/12
INVOICE#	DATE	CUST NO	CUSTOMER NAME	REFERENCE	HOURS	TAX AMT	AMOUNT TYP	SURPLUS
188063	3/16/12	800000	VISITING NURSE SERVICE	CARDONA, MARIA	67.25		980.51 I	
				CATEGORY	67.25	0.00	980.51	

RUN DATE SALES JRN			YSIDE CITYWIDE SUNNYSIDE CITYWIDE	REG NY NY			PAGE 1 VCP CHOICE L		49
DIEED OIL	1 1 0273	100 001		SALES REGISTER			BILL WEEK EN		3/23/12
INVOICE#	DATE	CUST NO	CUSTOMER NAME	REFERENCE	HOURS	TAX AMT	AMOUNT	TYP	SURPLUS
188064	3/16/12	000008	VISITING NURSE SERVICE	CARDOSO, ORLAND	54.00		787.32	I	
188065	3/16/12	800000	VISITING NURSE SERVICE	CARELA-REYES, M	20.00		291.60	I	
188066	3/16/12	800000	VISITING NURSE SERVICE	CARRALERO, ROSA	36.00		524.88	I	
				CUSTOMER	110.00	0.00	1,603.80		
				CATEGORY	110.00	0.00	1,603.80		

			TYSIDE CITYWIDE					50
SALES JRN	IL # 0273	TOC 001	SUNNYSIDE CITYWIDE	REG NY NY ALES REGISTER			LTC NURSING HOMEW, BILL WEEK ENDING	•
			S				DILL WEEK ENDING	-, -,
INVOICE#	DATE	CUST NO	CUSTOMER NAME	REFERENCE	HOURS	TAX AMT	AMOUNT TYP	SURPLUS
188067	3/16/12	000008	VISITING NURSE SERVICE	CARTAGENA, FRAN	56.00		816.48 I	
				CATEGORY	56.00	0.00	816.48	

RUN DATE SALES JRN		- SUP SUNN LOC 001	YSIDE CITYWIDE SUNNYSIDE CITYWIDE	REG NY NY			PAGE 1 - ADU ADULT	- 51
	_ 02/3	200 001		SALES REGISTER			BILL WEEK END	ING 3/23/12
INVOICE#	DATE	CUST NO	CUSTOMER NAME	REFERENCE	HOURS	TAX AMT	AMOUNT 1	TYP SURPLUS
188068	3/16/12	000008	VISITING NURSE SERVICE	CARUSO, GIUSEPP	15.00		218.70	Ī
188069 188070	3/16/12 3/16/12	800000 000008	VISITING NURSE SERVICE VISITING NURSE SERVICE	CARUSO, MARIANN CASEY, JUDITH	6.00 9.00		87.48 131.22	I
				CUSTOMER	30.00	0.00	437.40	
				CATEGORY	30.00	0.00	437.40	

			YSIDE CITYWIDE SUNNYSIDE CITYWIDE	REGNY NY SALES REGISTER			PAGE 1 - VCP CHOICE LHCS: BILL WEEK ENDING	
INVOICE#	DATE	CUST NO	CUSTOMER NAME	REFERENCE	HOURS	TAX AMT	AMOUNT TY	P SURPLUS
188071	3/16/12	800000	VISITING NURSE SERVICE	CEBALLOS, CLEME	20.00		291.60 I	
				CATEGORY	20.00	0.00	291.60	

RUN DATE 03/21/1 SALES JRNL # 027			REG NY NY			PAGE 1 ADU ADULT	- 53	3
BALLO ORNE # 027	J 100 001		SALES REGISTE	R		BILL WEEK EN	DING	3/23/12
INVOICE# DATE	CUST NO	CUSTOMER NAME	REFERENCE	HOURS	TAX AMT	AMOUNT	TYP	SURPLUS
188072 3/16/1 188073 3/16/1		VISITING NURSE SERVICE VISITING NURSE SERVICE	·	2.00		29.16 58.32	I I	
			CUSTOMER	6.00	0.00	87.48		
			CATEGORY	6.00	0.00	87.48		

RUN DATE 03/21		NYSIDE CITYWIDE SUNNYSIDE CITYWIDE	REG NY NY			PAGE 1 - VCP CHOICE LHCS	54
SALES UNIO # U.	73 LOC 001		SALES REGISTER			BILL WEEK ENDIN	
INVOICE# DATE	CUST NO	CUSTOMER NAME	REFERENCE	HOURS	TAX AMT	AMOUNT TY	P SURPLUS
188074 3/16	12 000008	VISITING NURSE SERVICE	CERNILLI, MARIA	23.50		342.63 I	
			CATEGORY	23.50	0.00	342.63	

RUN DATE (03/21/12 -	SUP SUNN	YSIDE CITYWIDE				PAGE 1 - 55	
SALES JRNI	L # 0273	LOC 001	SUNNYSIDE CITYWIDE	REG NY NY			LTC NURSING HOMEW/O WALLS (LT	
			:	SALES REGISTER			BILL WEEK ENDING 3/23/12	
INVOICE#	DATE	CUST NO	CUSTOMER NAME	REFERENCE	HOURS	TAX AMT	AMOUNT TYP SURPLUS	
100075	2/16/10	00000	TITATETHA NUMBER CONTINUE	GUADDI E MIGHTE	16 75		244 22 +	
188075	3/16/12	000008	VISITING NURSE SERVICE	CHAPPLE, VICKIE	16.75		244.22 I	
				CATEGORY	16.75	0.00	244.22	

RUN DATE	03/21/12 -	SUP SUNN	YSIDE CITYWIDE				PAGE 1 -	56
SALES JRN	L # 0273	LOC 001	SUNNYSIDE CITYWIDE	REG NY NY			VCP CHOICE LHCS	
			S	ALES REGISTER			BILL WEEK ENDING	G 3/23/12
INVOICE#	DATE	CUST NO	CUSTOMER NAME	REFERENCE	HOURS	TAX AMT	AMOUNT TY	P SURPLUS
188076	3/16/12	800000	VISITING NURSE SERVICE	CHARLES PIERRE,	24.00		349.92 I	
				CATEGORY	24.00	0.00	349.92	

RUN DATE	03/21/12 -	SUP SUNN	YSIDE CITYWIDE				PAGE 1 -	57
SALES JRN	L # 0273	LOC 001	SUNNYSIDE CITYWIDE	REG NY NY			LAD NURSING HOME	E W/O WALLS LT
			S	ALES REGISTER			BILL WEEK ENDING	3/23/12
INVOICE#	DATE	CUST NO	CUSTOMER NAME	REFERENCE	HOURS	TAX AMT	AMOUNT TYPE	SURPLUS
188077	3/16/12	800000	VISITING NURSE SERVICE	CHARLES, JOSE	20.00		291.60 I	
				CATEGORY	20.00	0.00	291.60	

RUN DATE	03/21/12 -	SUP SUNN	YSIDE CITYWIDE				PAGE 1 - 5	58
SALES JRN	L # 0273	LOC 001	SUNNYSIDE CITYWIDE	REG NY NY			LTC NURSING HOMEW	O WALLS (LT
			S	SALES REGISTER			BILL WEEK ENDING	3/23/12
INVOICE#	DATE	CUST NO	CUSTOMER NAME	REFERENCE	HOURS	TAX AMT	AMOUNT TYP	SURPLUS
188078	3/16/12	800000	VISITING NURSE SERVICE	CHIANETTA, JOSE	25.00		364.50 I	
				CATEGORY	25.00	0.00	364.50	

RUN DATE	03/21/12 -	- SUP SUNN	YSIDE CITYWIDE				PAGE 1 -	59
SALES JRN	IL # 0273	LOC 001	SUNNYSIDE CITYWIDE	REG NY NY			VCP CHOICE LHCSA	
			:	SALES REGISTER			BILL WEEK ENDING	3/23/12
INVOICE#	DATE	CUST NO	CUSTOMER NAME	REFERENCE	HOURS	TAX AMT	AMOUNT TYP	SURPLUS
188079	3/16/12	800000	VISITING NURSE SERVICE	CHINGA, ALBA	30.00		437.40 I	
				CATEGORY	30.00	0.00	437.40	

RUN DAT	ΓE 03/21/12 -	- SUP SUNN	YSIDE CITYWIDE				PAGE 1 -	60
SALES 3	JRNL # 0273	LOC 001		REG NY NY				MEW/O WALLS (LT
				SALES REGISTER			BILL WEEK ENDI	NG 3/23/12
INVOICE	E# DATE	CUST NO	CUSTOMER NAME	REFERENCE	HOURS	TAX AMT	AMOUNT T	YP SURPLUS
188080	3/16/12	800000	VISITING NURSE SERVICE	CHO, MOGEE	30.00		437.40	I
				CATEGORY	30.00	0.00	437.40	

RUN DATE SALES JRN		- SUP SUNN	YSIDE CITYWIDE SUNNYSIDE CITYWIDE	REG NY NY			PAGE 1 - VCP CHOICE LHCS	61
DALLS OIL	L # 0273	100 001		SALES REGISTER			BILL WEEK ENDIN	
INVOICE#	DATE	CUST NO	CUSTOMER NAME	REFERENCE	HOURS	TAX AMT	AMOUNT TY	P SURPLUS
188081 188082	3/16/12 3/16/12	000008 000008	VISITING NURSE SERVICE VISITING NURSE SERVICE		54.00 40.00		787.32 I	=
188083	3/16/12	000008	VISITING NURSE SERVICE	· ·	29.25		426.48	
				CUSTOMER	123.25	0.00	1,797.00	
				CATEGORY	123.25	0.00	1,797.00	

RUN DATE	03/21/12 -	- SUP SUNN	YSIDE CITYWIDE				PAGE 1 -	62
SALES JRN	ъ # 0273	LOC 001		REG NY NY			LTC NURSING HOME	•
			S	ALES REGISTER			BILL WEEK ENDING	3/23/12
INVOICE#	DATE	CUST NO	CUSTOMER NAME	REFERENCE	HOURS	TAX AMT	AMOUNT TYP	SURPLUS
188084	3/16/12	800000	VISITING NURSE SERVICE	CIPRIAN, FREDEV	56.00		816.48 I	
				CATEGORY	56.00	0.00	816.48	

- 1	RUN DATE (- SUP SUNN LOC 001	YSIDE CITYWIDE SUNNYSIDE CITYWIDE	REG NY NY			PAGE 1 - 6 ADU ADULT	53
	SALES UKNI	ц # UZ73	TOC 001		SALES REGISTER			BILL WEEK ENDING	3/23/12
	INVOICE#	DATE	CUST NO	CUSTOMER NAME	REFERENCE	HOURS	TAX AMT	AMOUNT TYP	SURPLUS
	188085	3/16/12	800000	VISITING NURSE SERVICE	COLEMAN, JAMES	6.00		87.48 I	
					CATEGORY	6.00	0.00	87.48	

			YSIDE CITYWIDE	777			PAGE 1 -	· ·
SALES JRN	L # U2/3	LOC 001	SUNNYSIDE CITYWIDE	REGNY NY SALES REGISTER			BILL WEEK END	OMEW/O WALLS (LT ING 3/23/12
INVOICE#	DATE	CUST NO	CUSTOMER NAME	REFERENCE	HOURS	TAX AMT	AMOUNT 7	TYP SURPLUS
188086	3/16/12	000008	VISITING NURSE SERVICE	COLLER, FELISA	16.00		233.28	I
188087	3/16/12	000008	VISITING NURSE SERVICE	COLLER, JOSE	12.00		174.96	I
188088	3/16/12	800000	VISITING NURSE SERVICE	COLON, ANTONIA	42.00		612.36	I
188089	3/16/12	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	

			YSIDE CITYWIDE				PAGE 1 - 65	
SALES JRN	ъ # 0273	LOC 001		REG NY NY			CCL CONGREGATE CARE PROGR	
			2	SALES REGISTER			BILL WEEK ENDING 3/23/1	2
INVOICE#	DATE	CUST NO	CUSTOMER NAME	REFERENCE	HOURS	TAX AMT	AMOUNT TYP SURPLU	S
188090	3/16/12	800000	VISITING NURSE SERVICE	CORDERO, NELLY	168.00		2,449.44 I	
				CATEGORY	168.00	0.00	2,449.44	_

RUN DATE	03/21/12 -	SUP SUNN	YSIDE CITYWIDE				PAGE 1 - 6	56
SALES JRN	L # 0273	LOC 001	SUNNYSIDE CITYWIDE	REG NY NY			LTC NURSING HOMEW	,
			S	SALES REGISTER			BILL WEEK ENDING	3/23/12
INVOICE#	DATE	CUST NO	CUSTOMER NAME	REFERENCE	HOURS	TAX AMT	AMOUNT TYP	SURPLUS
188091	3/16/12	800000	VISITING NURSE SERVICE	CORREA, MARGARI	30.00		437.40 I	
				CATEGORY	30.00	0.00	437.40	

RUN DATE	03/21/12 -	- SUP SUNN	YSIDE CITYWIDE				PAGE 1 -	67	
SALES JRN	L # 0273	LOC 001	SUNNYSIDE CITYWIDE	REG NY NY			VCP CHOICE LHCS	SA	
			5	SALES REGISTER			BILL WEEK ENDIN	NG 3/23/12	
INVOICE#	DATE	CUST NO	CUSTOMER NAME	REFERENCE	HOURS	TAX AMT	AMOUNT TY	P SURPLUS	
188092	3/16/12	800000	VISITING NURSE SERVICE	COSTA, ANTOINET	20.00		291.60	<u> </u>	
				CATEGORY	20.00	0.00	291.60		

RUN DATE (03/21/12 -	SUP SUNN	IYSIDE CITYWIDE				PAGE 1 -	68
SALES JRNI	L # 0273	LOC 001	SUNNYSIDE CITYWIDE	REG NY NY			LTC NURSING HOM	EW/O WALLS (LT
			S	SALES REGISTER			BILL WEEK ENDIN	G 3/23/12
INVOICE#	DATE	CUST NO	CUSTOMER NAME	REFERENCE	HOURS	TAX AMT	AMOUNT TY	P SURPLUS
188093	3/16/12	800000	VISITING NURSE SERVICE	COSTA, ARSENE	24.00		349.92 I	
				CATEGORY	24.00	0.00	349.92	
				CATHOORT	21.00	0.00	313.32	

			YSIDE CITYWIDE				PAGE 1 - 69	
SALES JRN	L # 0273	LOC 001	SUNNYSIDE CITYWIDE	REG NY NY SALES REGISTER			ADU ADULT BILL WEEK ENDING 3	/23/12
							BILL WEEK ENDING 3	/23/12
INVOICE#	DATE	CUST NO	CUSTOMER NAME	REFERENCE	HOURS	TAX AMT	AMOUNT TYP S	URPLUS
188094	3/16/12	800000	VISITING NURSE SERVICE	E COVALIU, SIMION	21.00		306.18 I	
				CATEGORY	21.00	0.00	306.18	

RUN DATE	03/21/12 -	- SUP SUNN	YSIDE CITYWIDE				PAGE 1 -	70
SALES JRN	rL # 0273	LOC 001	SUNNYSIDE CITYWIDE	REG NY NY			HOA HOSPICE ADUL	
			5	SALES REGISTER			BILL WEEK ENDING	3/23/12
INVOICE#	DATE	CUST NO	CUSTOMER NAME	REFERENCE	HOURS	TAX AMT	AMOUNT TYP	SURPLUS
188095	3/16/12	800000	VISITING NURSE SERVICE	COX, PETRA	19.00		277.02 I	
				CATEGORY	19.00	0.00	 277.02	

RUN DATE	03/21/12 -	SUP SUNN	YSIDE CITYWIDE				PAGE 1 ·	- 71	
SALES JRN	L # 0273	LOC 001	SUNNYSIDE CITYWIDE	REG NY NY			LAD NURSING H	OME W/O WALLS LT	
				SALES REGISTER			BILL WEEK END	ING 3/23/12	
INVOICE#	DATE	CUST NO	CUSTOMER NAME	REFERENCE	HOURS	TAX AMT	AMOUNT	TYP SURPLUS	
188096	3/16/12	800000	VISITING NURSE SERVICE	CRUZ, HECTOR	38.50		561.33	I	
				CATEGORY	38.50	0.00	561.33		

RUN DATE	03/21/12 -	SUP SUNN	YSIDE CITYWIDE				PAGE 1 -	72
SALES JRN	ъ # 0273	LOC 001	SUNNYSIDE CITYWIDE	REG NY NY			VCP CHOICE LHCS	
			\$	SALES REGISTE	R		BILL WEEK ENDING	G 3/23/12
INVOICE#	DATE	CUST NO	CUSTOMER NAME	REFERENCE	HOURS	TAX AMT	AMOUNT TY	P SURPLUS
188097	3/16/12	800000	VISITING NURSE SERVICE	CRUZ, JUANA	19.50		284.31 I	
				- CATEGORY	19.50	0.00	284.31	

			YSIDE CITYWIDE					73
SALES JRN	L # 0273	LOC 001		REGNY NY SALES REGISTER			ADU ADULT BILL WEEK ENDING	3/23/12
INVOICE#	DATE	CUST NO	CUSTOMER NAME	REFERENCE	HOURS	TAX AMT	AMOUNT TYP	SURPLUS
INVOICE#	DAIE	COSI NO	COSTOMER NAME	KEFEKENCE	HOURS	IAX ANI	AMOUNI III	SORFIOS
188098	3/16/12	800000	VISITING NURSE SERVICE	DALTON, MIMI	8.75		127.58 I	
				CATEGORY	8.75	0.00	127.58	

			YSIDE CITYWIDE					- 7	
SALES JRNL	# 0273	LOC 001	SUNNYSIDE CITYWIDE	REG NY NY			LTC NURSING		,
			·	SALES REGISTER			BILL WEEK EN	DING	3/23/12
INVOICE#	DATE	CUST NO	CUSTOMER NAME	REFERENCE	HOURS	TAX AMT	AMOUNT	TYP	SURPLUS
188099 3	3/16/12	800000	VISITING NURSE SERVICE	DAMICO, ANGELA	22.50		328.05	I	
188100 3	3/16/12	800000	VISITING NURSE SERVICE	DANNY, RAMDULAR	54.00		787.32	I	
				CUSTOMER	76.50	0.00	1,115.37		
				CATEGORY	76.50	0.00	1,115.37		

ı	RUN DATE	03/21/12 -	- SUP SUNN	YSIDE CITYWIDE				PAGE 1 -	75
ı	SALES JRN	L # 0273	LOC 001	SUNNYSIDE CITYWIDE	REG NY NY			VCP CHOICE LHCSA	
ı				S	SALES REGISTER			BILL WEEK ENDING	3/23/12
	INVOICE#	DATE	CUST NO	CUSTOMER NAME	REFERENCE	HOURS	TAX AMT	AMOUNT TYP	SURPLUS
ı	11.101011	2	0001 1.0	00010111111111111	1121 21121102	1100110		11100111 111	50112 205
	188101	3/16/12	800000	VISITING NURSE SERVICE	DAVIS, LOUELLEN	35.50		517.60 I	
ı									
					CATEGORY	35.50	0.00	517.60	

RUN DATE	03/21/12 -	- SUP SUNN	YSIDE CITYWIDE				PAGE 1	- 76
SALES JRN	L # 0273	LOC 001	SUNNYSIDE CITYWIDE	REG NY NY			ADU ADULT	
			S	SALES REGISTER			BILL WEEK ENI	DING 3/23/12
INVOICE#	DATE	CUST NO	CUSTOMER NAME	REFERENCE	HOURS	TAX AMT	AMOUNT	TYP SURPLUS
188102	3/02/12	000008	VISITING NURSE SERVICE	DEJESUS, FELIX	4.50		65.61	I
188103	3/16/12	800000	VISITING NURSE SERVICE	DEJESUS, FELIX	15.00		218.70	I
					10.50		004 21	
				CUSTOMER	19.50	0.00	284.31	
				CATEGORY	19.50	0.00	284.31	

RUN DATE	03/21/12 -	- SUP SUNN	NYSIDE CITYWIDE				PAGE 1 -	77
SALES JRN	L # 0273	LOC 001	SUNNYSIDE CITYWIDE	REG NY NY			LAD NURSING HOME	W/O WALLS LT
				SALES REGISTER			BILL WEEK ENDING	3/23/12
INVOICE#	DATE	CUST NO	CUSTOMER NAME	REFERENCE	HOURS	TAX AMT	AMOUNT TYP	SURPLUS
188104	3/16/12	800000	VISITING NURSE SERVICE	DEL CARPIO, FEL	40.00		583.20 I	
				CATEGORY	40.00	0.00		

RUN DATE 03,	/21/12 - SUP SUT	NNYSIDE CITYWIDE				PAGE 1 -	78
SALES JRNL	# 0273 LOC 00:		REG NY NY			LTC NURSING HOME	
			SALES REGISTER			BILL WEEK ENDING	3/23/12
INVOICE# I	DATE CUST NO	O CUSTOMER NAME	REFERENCE	HOURS	TAX AMT	AMOUNT TYP	SURPLUS
188105 3,	/16/12 000008	VISITING NURSE SERVICE	DELACRUZ, SEFER	29.75		433.76 I	
188106 3,	/16/12 000008	VISITING NURSE SERVICE	DELAROSA, CORAL	30.00		437.40 I	
			CUSTOMER	59.75	0.00	871.16	
						*	
						081 16	
			CATEGORY	59.75	0.00	871.16	

RUN DATE	03/21/12 -	- SUP SUNN	YSIDE CITYWIDE				PAGE 1 -	79
SALES JRN	L # 0273	LOC 001	SUNNYSIDE CITYWIDE	REG NY NY			VCP CHOICE LHCSA	
				SALES REGISTER			BILL WEEK ENDING	3/23/12
INVOICE#	DATE	CUST NO	CUSTOMER NAME	REFERENCE	HOURS	TAX AMT	AMOUNT TYP	SURPLUS
188107	3/16/12	000008	VISITING NURSE SERVICE	DELOSSANTOS, MA	29.50		430.11 I	
188108	3/16/12	800000	VISITING NURSE SERVICE	DELPOZO, MIGUEL	16.00		233.28 I	
				CUSTOMER	45.50	0.00	663.39	
				0001011211		0.00	113.00	
					45.50			
1				CATEGORY	45.50	0.00	663.39	

			YSIDE CITYWIDE				PAGE 1 -	80
SALES JRN	L # 0273	LOC 001		REG NY NY			ADU ADULT	2 / 2 2 / 1 2
			2	SALES REGISTER			BILL WEEK ENDING	3/23/12
INVOICE#	DATE	CUST NO	CUSTOMER NAME	REFERENCE	HOURS	TAX AMT	AMOUNT TYP	SURPLUS
188109	3/16/12	000008	VISITING NURSE SERVICE	DELUCA, ANTIONE	24.00		349.92 I	
100107	3/10/12	000000	VISITING NORSE SERVICE	DEDOCA, ANTIONE	24.00		340.02 1	
				CATEGORY	24.00	0.00	349.92	

RUN DAT	TE 03/21/12	- SUP SUNN	NYSIDE CITYWIDE				PAGE 1 - 81	
SALES J	TRNL # 0273	LOC 001	SUNNYSIDE CITYWIDE	REG NY NY			LTC NURSING HOMEW/O	WALLS (LT
			S	SALES REGISTER			BILL WEEK ENDING	3/23/12
INVOICE	C# DATE	CUST NO	CUSTOMER NAME	REFERENCE	HOURS	TAX AMT	AMOUNT TYP	SURPLUS
188110	3/16/12	800000	VISITING NURSE SERVICE	DELVALLE, JESUS	35.00		510.30 I	
				CATEGORY	35.00	0.00	510.30	

RUN DATE SALES JRN			YSIDE CITYWIDE SUNNYSIDE CITYWIDE	REGNY NY SALES REGISTER			PAGE 1 - ADU ADULT BILL WEEK ENDING	82 3/23/12
INVOICE#	DATE	CUST NO	CUSTOMER NAME	REFERENCE	HOURS	TAX AMT	AMOUNT TYP	SURPLUS
188111	3/16/12	800000	VISITING NURSE SERVICE	DERISE, JEROME	6.00		87.48 I	
				CATEGORY	6.00	0.00	87.48	

RUN DATE 03/21/12 SALES JRNL # 0273	- SUP SUNI LOC 001	SUNNYSIDE CITYWIDE	REG NY NY A L E S R E G I S T E R			PAGE 1 - VCP CHOICE LHCS BILL WEEK ENDIN	
INVOICE# DATE	CUST NO	CUSTOMER NAME	REFERENCE	HOURS	TAX AMT	AMOUNT TY	P SURPLUS
188112 3/16/12 188113 3/16/12 188114 3/16/12 188115 3/16/12	000008 000008 000008 000008	VISITING NURSE SERVICE VISITING NURSE SERVICE VISITING NURSE SERVICE VISITING NURSE SERVICE	DEZUMARAN, REBE DIAZ, MARIA DIAZ, OLGA DIAZ, ROSA	43.50 35.00 36.00 36.00		634.25 1 510.30 1 524.88 1 524.88 1	
			CUSTOMER	150.50	0.00	2,194.31	
			CATEGORY	150.50	0.00	2,194.31	

RUN DATE SALES JRN			NYSIDE CITYWIDE SUNNYSIDE CITYWIDE	REG NY NY			PAGE 1 - ADU ADULT	84
				ALES REGISTER			BILL WEEK ENDING	3/23/12
INVOICE#	DATE	CUST NO	CUSTOMER NAME	REFERENCE	HOURS	TAX AMT	AMOUNT TYP	SURPLUS
188116	3/16/12	800000	VISITING NURSE SERVICE	DIFABIO, FLOREN	6.00		87.48 I	
				CATEGORY	6.00	0.00	87.48	

RUN DATE 03/21/12 SALES JRNL # 0273		SUNNYSIDE CITYWIDE	REG NY NY			VCP CHOICE L	HCSA	85
		2	SALES REGISTER	3		BILL WEEK EN	DING	3/23/12
INVOICE# DATE	CUST NO	CUSTOMER NAME	REFERENCE	HOURS	TAX AMT	AMOUNT	TYP	SURPLUS
188117 3/16/12 188118 3/16/12 188119 3/16/12	000008	VISITING NURSE SERVICE VISITING NURSE SERVICE VISITING NURSE SERVICE	DILLUVIO, MATTI DOMINGUEZ, MARI DOMINGUEZ-REIN,	72.00 35.75 20.00		1,049.76 521.24 291.60	I I I	
			CUSTOMER	127.75	0.00	1,862.60		
			CATEGORY	 127.75	0.00	1,862.60		

RUN DATE 03/: SALES JRNL #	21/12 - SUP SUNN 0273 LOC 001	SUNNYSIDE CITYWIDE	REG NY NY SALES REGISTER			11101	- 86 HOMEW/O WALLS (LT DING 3/23/12
INVOICE# D	ATE CUST NO	CUSTOMER NAME	REFERENCE	HOURS	TAX AMT	AMOUNT	TYP SURPLUS
	09/12 000008 16/12 000008	VISITING NURSE SERVICE VISITING NURSE SERVICE	- · · ·	1.00 37.75		14.58 550.40	I I
			CUSTOMER	38.75	0.00	564.98	
			CATEGORY	38.75	0.00	564.98	

RUN DATE	03/21/12 -	- SUP SUNN	YSIDE CITYWIDE				PAGE 1 -	87
SALES JRN	rL # 0273	LOC 001	SUNNYSIDE CITYWIDE	REG NY NY			ADU ADULT	
			S	SALES REGISTER			BILL WEEK ENDING	3/23/12
INVOICE#	DATE	CUST NO	CUSTOMER NAME	REFERENCE	HOURS	TAX AMT	AMOUNT TYP	SURPLUS
188122	3/16/12	800000	VISITING NURSE SERVICE	DUCHE, JULIA	9.00		131.22 I	
				CATEGORY	9.00	0.00	131.22	

RUN DATE	03/21/12 -	SUP SUNN	YSIDE CITYWIDE				PAGE 1 -	88
SALES JRN	L # 0273	LOC 001	SUNNYSIDE CITYWIDE	REG NY NY			LTC NURSING HOM	EW/O WALLS (LT
			S	SALES REGISTER			BILL WEEK ENDIN	G 3/23/12
INVOICE#	DATE	CUST NO	CUSTOMER NAME	REFERENCE	HOURS	TAX AMT	AMOUNT TY	P SURPLUS
188123	3/16/12	800000	VISITING NURSE SERVICE	DUTAN, SELINDA	40.00		583.20 I	
				CATEGORY	40.00	0.00	583.20	

RUN DATE	03/21/12 -	- SUP SUNN	YSIDE CITYWIDE				PAGE 1 -	89
SALES JR	NL # 0273	LOC 001	SUNNYSIDE CITYWIDE	REG NY NY			VCP CHOICE LHCS	A
			i	SALES REGISTER			BILL WEEK ENDING	G 3/23/12
TARTOTORU	DAME	GIIGE NO	CHCEOMED NAME	DEFEDENCE	HOHDA	max ave	AMOTTATE EXT	D GIIDDI IIG
INVOICE#	DATE	CUST NO	CUSTOMER NAME	REFERENCE	HOURS	TAX AMT	AMOUNT TY	P SURPLUS
188124	3/16/12	000008	VISITING NURSE SERVICE	ECHEGARAY, MARI	42.50		619.66 I	
100121	3,10,12		VIBITING NONDE BENVIOL	Edinginati', Tanti	12.50		017.00	
				CATEGORY	42.50	0.00	619.66	

RUN DATE SALES JRN		SUP SUNN LOC 001	YSIDE CITYWIDE SUNNYSIDE CITYWIDE S A	REGNY NY ALES REGISTER			PAGE 1 - ADU ADULT BILL WEEK ENDING	90 3/23/12
INVOICE#	DATE	CUST NO	CUSTOMER NAME	REFERENCE	HOURS	TAX AMT	AMOUNT TYP	SURPLUS
188125	3/16/12	800000	VISITING NURSE SERVICE	EDELMAN, MILDRE	4.00		58.32 I	
				CATEGORY	4.00	0.00	58.32	

ı	RUN DATE	03/21/12	- SUP SUNN	YSIDE CITYWIDE				PAGE 1 -	91
ı	SALES JRN	L # 0273	LOC 001	SUNNYSIDE CITYWIDE	REG NY NY			VCP CHOICE LHCSA	
ı				S	SALES REGISTER			BILL WEEK ENDING	3/23/12
	INVOICE#	DATE	CUST NO	CUSTOMER NAME	REFERENCE	HOURS	TAX AMT	AMOUNT TYP	SURPLUS
	188126	3/16/12	800000	VISITING NURSE SERVICE	EMILIAN, SIRPOO	5.00		72.90 I	
					CATEGORY	5.00	0.00	72.90	

ı	RUN DATE	03/21/12 -	- SUP SUNN	YSIDE CITYWIDE				PAGE 1 - 92	
١	SALES JRN	L # 0273	LOC 001	SUNNYSIDE CITYWIDE	REG NY NY			CCL CONGREGATE CARE	PROGRAM
				S	SALES REGISTER			BILL WEEK ENDING	3/23/12
	INVOICE#	DATE	CUST NO	CUSTOMER NAME	REFERENCE	HOURS	TAX AMT	AMOUNT TYP	SURPLUS
	188127	3/16/12	000008	VISITING NURSE SERVICE	EPSTEIN, GEORGE	20.00		291.60 I	
ı									
ı					CATEGORY	20.00	0.00	291.60	

			YSIDE CITYWIDE				PAGE 1 -	93
SALES JRN	L # 0273	LOC 001	SUNNYSIDE CITYWIDE	REG NY NY			VCP CHOICE LHC	
				SALES REGISTER			BILL WEEK ENDII	NG 3/23/12
INVOICE#	DATE	CUST NO	CUSTOMER NAME	REFERENCE	HOURS	TAX AMT	AMOUNT T	YP SURPLUS
188128	3/16/12	800000	VISITING NURSE SERVICE	ESPEJO, FLORENC	24.00		349.92	Ι
188129	3/16/12	800000	VISITING NURSE SERVICE	EVERETT, SHIRLE	22.50		328.05	Ι
				CUSTOMER	46.50	0.00	677.97	
				CATEGORY	46.50	0.00	677.97	

	- SUP SUNNYSIDE CITYW		2777			PAGE 1 -	- 94
SALES JRNL # 0273	LOC 001 SUNNYSIDE	E CITYWIDE REG NY S A L E S	NY REGISTER			ADU ADULT BILL WEEK END	ING 3/23/12
INVOICE# DATE	CUST NO CUSTOMER N	JAME 1	REFERENCE	HOURS	TAX AMT	AMOUNT 7	TYP SURPLUS
188130 2/24/12 188131 3/16/12			ADEN, ROBIN ADEN, ROBIN	8.00 56.00		116.64 816.48	I I
			CUSTOMER	64.00	0.00	933.12	
			CATEGORY	64.00	0.00	933.12	

RUN DATE	03/21/12 -	- SUP SUNN	YSIDE CITYWIDE				PAGE 1 -	95
SALES JRN	L # 0273	LOC 001	SUNNYSIDE CITYWIDE	REG NY NY			VCP CHOICE LHCS	A
			S	SALES REGISTER			BILL WEEK ENDING	G 3/23/12
INVOICE#	DATE	CUST NO	CUSTOMER NAME	REFERENCE	HOURS	TAX AMT	AMOUNT TY	P SURPLUS
188132	3/16/12	800000	VISITING NURSE SERVICE	FAMBIATOU, PARA	10.50		153.09 I	
				CATEGORY	10.50	0.00	153.09	

			YSIDE CITYWIDE						_ 9	96	
SALES JRNI	L # 0273	LOC 001	SUNNYSIDE CITYWIDE	REG NY N	=			HOA HOSPICE	-		
			S	BALES RE	GISTER			BILL WEEK EN	DING	3/23/12	
INVOICE#	DATE	CUST NO	CUSTOMER NAME	REFERI	ENCE	HOURS	TAX AMT	AMOUNT	TYP	SURPLUS	
188133	3/16/12	800000	VISITING NURSE SERVICE	FARO, d	JOSEPH	15.00		218.70	I		
				(CATEGORY	15.00	0.00	218.70			

RUN DATE 0 SALES JRNL		SUP SUNN LOC 001	YSIDE CITYWIDE SUNNYSIDE CITYWIDE S	REGNY NY SALES REGISTER			PAGE 1 - AMH ADULT MENT BILL WEEK ENDI	
INVOICE#	DATE	CUST NO	CUSTOMER NAME	REFERENCE	HOURS	TAX AMT	AMOUNT T	YP SURPLUS
	3/09/12 3/16/12	000008 000008	VISITING NURSE SERVICE VISITING NURSE SERVICE	FARO, VIRGINIA FARO, VIRGINIA	6.00 6.00		87.48 87.48	I I
				CUSTOMER	12.00	0.00	174.96	
				 CATEGORY	12.00	0.00	174.96	

ı	RUN DATE	03/21/12 -	- SUP SUNN	YSIDE CITYWIDE				PAGE 1 -	98
ı	SALES JRN	L # 0273	LOC 001	SUNNYSIDE CITYWIDE	REG NY NY			CCL CONGREGATE CA	ARE PROGRAM
ı				S	SALES REGISTER			BILL WEEK ENDING	3/23/12
	INVOICE#	DATE	CUST NO	CUSTOMER NAME	REFERENCE	HOURS	TAX AMT	AMOUNT TYP	SURPLUS
	188136	3/16/12	800000	VISITING NURSE SERVICE	FERNANDEZ, JORG	15.00		218.70 I	
ı					CATEGORY	15.00	0.00	218.70	

ı	RUN DATE	03/21/12 -	- SUP SUNN	YSIDE CITYWIDE				PAGE 1 -	99
١	SALES JRN	L # 0273	LOC 001	SUNNYSIDE CITYWIDE	REG NY NY			VCP CHOICE LHCS	A
١				S	BALES REGISTER			BILL WEEK ENDIN	G 3/23/12
	INVOICE#	DATE	CUST NO	CUSTOMER NAME	REFERENCE	HOURS	TAX AMT	AMOUNT TY	P SURPLUS
	188137	3/16/12	800000	VISITING NURSE SERVICE	FERREIRO, JOSEP	15.00		218.70 I	
					CATEGORY	15.00	0.00	218.70	

RUN DATE 03/21/1 SALES JRNL # 027			REG NY NY			PAGE 1 - 100 ADU ADULT	
STEED STATE II 627	3 100 001		SALES REGISTER				23/12
INVOICE# DATE	CUST NO	CUSTOMER NAME	REFERENCE	HOURS	TAX AMT	AMOUNT TYP SU	JRPLUS
188138 3/16/1 188139 3/16/1		VISITING NURSE SERVICE VISITING NURSE SERVICE	, -	24.00 3.00		349.92 I 43.74 I	
			CUSTOMER	27.00	0.00	393.66	
			CATEGORY	27.00	0.00	 393.66	

RUN DATE SALES JRN		- SUP SUNN LOC 001	YSIDE CITYWIDE SUNNYSIDE CITYWIDE	REG NY NY SALES REGISTER			PAGE 1 LTC NURSING E BILL WEEK ENI		
INVOICE#	DATE	CUST NO	CUSTOMER NAME	REFERENCE	HOURS	TAX AMT	AMOUNT	TYP	SURPLUS
188140 188141	3/02/12 3/16/12	800000 800000	VISITING NURSE SERVICE VISITING NURSE SERVICE		7.25 52.00		105.71 758.16	I I	
				CUSTOMER	59.25	0.00	863.87		
				CATEGORY	59.25	0.00	863.87		

RUN DATE	03/21/12 -	- SUP SUNN	YSIDE CITYWIDE				PAGE 1 - 10)2
SALES JRN	L # 0273	LOC 001	SUNNYSIDE CITYWIDE	REG NY NY			CCL CONGREGATE CAR	RE PROGRAM
			S	SALES REGISTER			BILL WEEK ENDING	3/23/12
INVOICE#	DATE	CUST NO	CUSTOMER NAME	REFERENCE	HOURS	TAX AMT	AMOUNT TYP	SURPLUS
188142	3/16/12	800000	VISITING NURSE SERVICE	FLEITMAN, KLARA	6.00		87.48 I	
				CATEGORY	6.00	0.00	87.48	

			YSIDE CITYWIDE				PAGE 1 - 103	
SALES JRN	L # 0273	LOC 001		REG NY NY			VCP CHOICE LHCSA	
				SALES REGISTER			BILL WEEK ENDING	3/23/12
INVOICE#	DATE	CUST NO	CUSTOMER NAME	REFERENCE	HOURS	TAX AMT	AMOUNT TYP	SURPLUS
188143	3/16/12	800000	VISITING NURSE SERVICE	FOLLETTO, ROSIN	35.00		510.30 I	
				CATEGORY	35.00	0.00	510.30	

ı	RUN DATE	03/21/12 -	- SUP SUNN	YSIDE CITYWIDE				PAGE 1 - 10	14
ı	SALES JRN	L # 0273	LOC 001	SUNNYSIDE CITYWIDE	REG NY NY			CCL CONGREGATE CAR	RE PROGRAM
ı				:	SALES REGISTER			BILL WEEK ENDING	3/23/12
	INVOICE#	DATE	CUST NO	CUSTOMER NAME	REFERENCE	HOURS	TAX AMT	AMOUNT TYP	SURPLUS
	188144	3/16/12	000008	VISITING NURSE SERVICE	FONSECA, EUGENI	21.00		306.18 I	
		-,,							
ı					CATEGORY	21.00	0.00	306.18	

			YSIDE CITYWIDE				PAGE 1 -		
SALES JRN	L # 0273	LOC 001		REG NY NY			VCP CHOICE LHC		
			S	SALES REGISTER			BILL WEEK ENDI	NG 3/23/12	
INVOICE#	DATE	CUST NO	CUSTOMER NAME	REFERENCE	HOURS	TAX AMT	AMOUNT T	YP SURPLUS	
188145	3/16/12	800000	VISITING NURSE SERVICE	FONTEBOA, GUILL	35.00		510.30	I	
				CATEGORY	35.00	0.00	510.30		

RUN DATE	03/21/12 -	SUP SUNN	YSIDE CITYWIDE				PAGE 1 - 10	06
SALES JRN	L # 0273	LOC 001	SUNNYSIDE CITYWIDE	REG NY NY			LTC NURSING HOMEW	/O WALLS (LT
			:	SALES REGISTEI	R		BILL WEEK ENDING	3/23/12
INVOICE#	DATE	CUST NO	CUSTOMER NAME	REFERENCE	HOURS	TAX AMT	AMOUNT TYP	SURPLUS
188146	3/16/12	800000	VISITING NURSE SERVICE	FRED, EULALIA	56.00		816.48 I	
				CATEGORY	 56.00	0.00	816.48	

RUN DATE (03/21/12 -	- SUP SUNN	YSIDE CITYWIDE				PAGE 1 - 107	7
SALES JRNI	ь # 0273	LOC 001	SUNNYSIDE CITYWIDE	REG NY NY			VCP CHOICE LHCSA	
			S	SALES REGISTER			BILL WEEK ENDING	3/23/12
INVOICE#	DATE	CUST NO	CUSTOMER NAME	REFERENCE	HOURS	TAX AMT	AMOUNT TYP	SURPLUS
188147	3/16/12	800000	VISITING NURSE SERVICE	FREDERICK, AMEL	47.75		696.20 I	
				CATEGORY	47.75	0.00	696.20	

RUN DATE 0	3/21/12 -	SUP SUNN	YSIDE CITYWIDE				PAGE 1	- 10	8
SALES JRNL	# 0273	LOC 001	SUNNYSIDE CITYWIDE	REG NY NY			LTC NURSING		,
			\$	SALES REGISTER			BILL WEEK EN	DING	3/23/12
INVOICE#	DATE	CUST NO	CUSTOMER NAME	REFERENCE	HOURS	TAX AMT	AMOUNT	TYP	SURPLUS
188148	3/16/12	000008	VISITING NURSE SERVICE	FREIJOSO, ROSA	38.00		554.04	I	
188149	3/16/12	800000	VISITING NURSE SERVICE	FUNES, GEORGINA	35.00		510.30	I	
				CUSTOMER	73.00	0.00	1,064.34		
				CATEGORY	73.00	0.00	1,064.34		

RUN DATE (YSIDE CITYWIDE SUNNYSIDE CITYWIDE	REG NY NY			PAGE 1 - ADU ADULT	109
DALLO OIUV	L π 02/3	100 001		SALES REGISTER			BILL WEEK ENDING	3/23/12
INVOICE#	DATE	CUST NO	CUSTOMER NAME	REFERENCE	HOURS	TAX AMT	AMOUNT TYP	SURPLUS
188150	1/06/12	800000	VISITING NURSE SERVICE	FUOCO, ROSALIND	3.00		43.74 I	
				CATEGORY	3.00	0.00	43.74	

RUN DATE	03/21/12 -	SUP SUNN	YSIDE CITYWIDE				PAGE 1 - 110	
SALES JRN	L # 0273	LOC 001	SUNNYSIDE CITYWIDE	REG NY NY			VCP CHOICE LHCSA	
			5	SALES REGISTER			BILL WEEK ENDING 3/2	3/12
INVOICE#	DATE	CUST NO	CUSTOMER NAME	REFERENCE	HOURS	TAX AMT	AMOUNT TYP SUR	PLUS
188151	3/16/12	800000	VISITING NURSE SERVICE	GAID, ASILA	35.00		510.30 I	
				CATEGORY	35.00	0.00	510.30	

				REG NY NY LES REGISTER			PAGE 1 - 111 ADU ADULT BILL WEEK ENDING 3	/23/12
INVOICE#	DATE	CUST NO	CUSTOMER NAME	REFERENCE	HOURS	TAX AMT		URPLUS
188152	3/16/12	800000	VISITING NURSE SERVICE	GALARZA, JOSE	34.50		503.01 I	
				CATEGORY	34.50	0.00	503.01	

RUN DATE	03/21/12 -	- SUP SUNN	YSIDE CITYWIDE				PAGE 1	- 11	.2
SALES JRN	L # 0273	LOC 001	SUNNYSIDE CITYWIDE	REG NY NY			VCP CHOICE LH		
				SALES REGISTER			BILL WEEK END	DING	3/23/12
INVOICE#	DATE	CUST NO	CUSTOMER NAME	REFERENCE	HOURS	TAX AMT	AMOUNT	TYP	SURPLUS
188153	3/16/12	000008	VISITING NURSE SERVICE	GALLARDO, ZOILA	36.00		524.88	I	
188154	3/16/12	800000	VISITING NURSE SERVICE	GALLINA, VIRGIN	9.00		131.22	I	
				CUSTOMER	45.00	0.00	656.10		
				CATEGORY	45.00	0.00	656.10		

RUN DATE SALES JRN			IYSIDE CITYWIDE	DEC MY MY			11102	- 11	
SALES URN	ш # 02/3	LOC 001		REG NY NY SALES REGISTER			LTC NURSING : BILL WEEK EN		3/23/12
INVOICE#	DATE	CUST NO	CUSTOMER NAME	REFERENCE	HOURS	TAX AMT	AMOUNT	TYP	SURPLUS
188155	3/16/12	800000	VISITING NURSE SERVICE	•	40.00		583.20	I	
188156	3/16/12	000008	VISITING NURSE SERVICE	GARAY, ANGELES	15.75		229.64		
				CUSTOMER	55.75	0.00	812.84		
				CATEGORY	55.75	0.00	812.84		

			YSIDE CITYWIDE SUNNYSIDE CITYWIDE S	REG NY NY A L E S R E G I S T E R			PAGE 1 - 114 ADU ADULT BILL WEEK ENDING 3/23/12
INVOICE#	DATE	CUST NO	CUSTOMER NAME	REFERENCE	HOURS	TAX AMT	AMOUNT TYP SURPLUS
188157	3/16/12	800000	VISITING NURSE SERVICE	GARCIA, CONCEPC	43.00		626.94 I
				CATEGORY	43.00	0.00	626.94

	03/21/12 - JL # 0273			REG NY NY SALES REGISTER			PAGE 1 - 115 VCP CHOICE LHCSA BILL WEEK ENDING 3/23/12	
INVOICE#	DATE	CUST NO	CUSTOMER NAME	REFERENCE	HOURS	TAX AMT	AMOUNT TYP SURPLUS	
188158	3/16/12	800000	VISITING NURSE SERVICE	GARCIA, JOSEFIN	56.00		816.48 I	
				CATEGORY	56.00	0.00	816.48	

			YSIDE CITYWIDE	DEC MY MY			PAGE 1	
SALES URN	L # 0273	LOC 001	SUNNYSIDE CITYWIDE	REGNY NY SALES REGISTER			BILL WEEK END	OMEW/O WALLS (LT DING 3/23/12
							2111 ,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,	3, 23, 12
INVOICE#	DATE	CUST NO	CUSTOMER NAME	REFERENCE	HOURS	TAX AMT	AMOUNT	TYP SURPLUS
188159	3/16/12	000008	VISITING NURSE SERVICE	GARCIA, OLGA	30.00		437.40	т
188160	3/16/12	000008	VISITING NURSE SERVICE	GARCIA, OLGA GARY, MIKE	35.00		510.30	I
188161	3/16/12	000008	VISITING NURSE SERVICE	GEBHARDT, DOROT	37.75		550.40	I
					100 55		1 400 10	
				CUSTOMER	102.75	0.00	1,498.10	
				CATEGORY	102.75	0.00	1,498.10	

ı	RUN DATE	03/21/12 -	- SUP SUNN	YSIDE CITYWIDE				PAGE 1 - 117	
ı	SALES JRN	L # 0273	LOC 001	SUNNYSIDE CITYWIDE	REG NY NY			VCP CHOICE LHCSA	
ı				S	SALES REGISTER			BILL WEEK ENDING 3/23/1	12
ı									
ı	INVOICE#	DATE	CUST NO	CUSTOMER NAME	REFERENCE	HOURS	TAX AMT	AMOUNT TYP SURPLU	JS
ı									
ı	188162	3/16/12	800000	VISITING NURSE SERVICE	GEORGE, MERCEDE	48.75		710.78 I	
ı									
ı									
ı					CATEGORY	48.75	0.00	710.78	

ı	RUN DATE	03/21/12 -	SUP SUNN	YSIDE CITYWIDE				PAGE 1 - 1	.18	
ı	SALES JRN	L # 0273	LOC 001		REG NY NY			LTC NURSING HOMEW		
ı				S	SALES REGISTER			BILL WEEK ENDING	3/23/12	
	INVOICE#	DATE	CUST NO	CUSTOMER NAME	REFERENCE	HOURS	TAX AMT	AMOUNT TYP	SURPLUS	
	188163	3/16/12	800000	VISITING NURSE SERVICE	GIORGIO, WILLIA	48.75		710.78 I		
ı										
					CATEGORY	48.75	0.00	710.78		

RUN DATE SALES JRN			YSIDE CITYWIDE SUNNYSIDE CITYWIDE S	REGNY NY SALES REGISTER			PAGE 1 HOA HOSPICE A BILL WEEK END	-	9 3/23/12
INVOICE#	DATE	CUST NO	CUSTOMER NAME	REFERENCE	HOURS	TAX AMT	AMOUNT	TYP	SURPLUS
188164 188165	3/02/12 3/16/12	000008 000008	VISITING NURSE SERVICE VISITING NURSE SERVICE	GIUNTA, MADELIN GIUNTA, MADELIN	3.00 20.00		43.74 291.60	I	
				CUSTOMER	23.00	0.00	335.34		
				CATEGORY	23.00	0.00	335.34		

RUN DATE	03/21/12 -	- SUP SUNN	YSIDE CITYWIDE				PAGE 1 - 1	.20
SALES JRN	L # 0273	LOC 001	SUNNYSIDE CITYWIDE	REG NY NY			CCL CONGREGATE CA	RE PROGRAM
			S	SALES REGISTER			BILL WEEK ENDING	3/23/12
INVOICE#	DATE	CUST NO	CUSTOMER NAME	REFERENCE	HOURS	TAX AMT	AMOUNT TYP	SURPLUS
188166	3/16/12	800000	VISITING NURSE SERVICE	GOLIGHTLY, OZEL	56.00		816.48 I	
				CATEGORY	56.00	0.00	816.48	

ı	RUN DATE	03/21/12 -	- SUP SUNN	YSIDE CITYWIDE				PAGE 1 - 12	1
ı	SALES JRN	L # 0273	LOC 001		REG NY NY			VCP CHOICE LHCSA	
ı				2	SALES REGISTER			BILL WEEK ENDING	3/23/12
	INVOICE#	DATE	CUST NO	CUSTOMER NAME	REFERENCE	HOURS	TAX AMT	AMOUNT TYP	SURPLUS
	188167	3/16/12	800000	VISITING NURSE SERVICE	GOMEZ, JOSEFINA	23.00		335.34 I	
					CATEGORY	23.00	0.00	335.34	

RUN DATE	03/21/12 -	- SUP SUNN	YSIDE CITYWIDE				PAGE 1	- 12	22
SALES JRN	L # 0273	LOC 001	SUNNYSIDE CITYWIDE	REG NY NY			LTC NURSING H	HOMEW/	O WALLS (LT
			S	SALES REGISTER			BILL WEEK ENI	DING	3/23/12
INVOICE#	DATE	CUST NO	CUSTOMER NAME	REFERENCE	HOURS	TAX AMT	AMOUNT	TYP	SURPLUS
188168	3/16/12	000008	VISITING NURSE SERVICE	GOMEZ, ROSANA	28.00		408.24	I	
188169	3/16/12	800000	VISITING NURSE SERVICE	GOMEZ, VICTORIA	33.00		481.14	I	
				CUSTOMER	61.00	0.00	889.38		
				COSTOMER	61.00	0.00	009.30		
				CATEGORY	61.00	0.00	889.38		

	03/21/12 - NL # 0273		YSIDE CITYWIDE SUNNYSIDE CITYWIDE	REG NY NY			PAGE 1 - 123 ADU ADULT	
			5	SALES REGISTER			BILL WEEK ENDING 3/23	/12
INVOICE#	DATE	CUST NO	CUSTOMER NAME	REFERENCE	HOURS	TAX AMT	AMOUNT TYP SURF	LUS
188170	3/16/12	800000	VISITING NURSE SERVICE	GONZALEZ, CARLO	9.00		131.22 I	
				CATEGORY	9.00	0.00	131.22	

RUN DATE	03/21/12 -	- SUP SUNN	YSIDE CITYWIDE				PAGE 1 - 1	24
SALES JRN	ı∟ # 0273	LOC 001		REG NY NY			VCP CHOICE LHCSA	
			:	SALES REGISTER			BILL WEEK ENDING	3/23/12
INVOICE#	DATE	CUST NO	CUSTOMER NAME	REFERENCE	HOURS	TAX AMT	AMOUNT TYP	SURPLUS
188171	3/16/12	800000	VISITING NURSE SERVICE	GONZALEZ, DOLOR	30.00		437.40 I	
				CATEGORY	30.00	0.00	437.40	

RUN DATE SALES JRN		- SUP SUNN LOC 001	YSIDE CITYWIDE SUNNYSIDE CITYWIDE	REG NY NY SALES REGISTER			PAGE 1 - 125 LTC NURSING HOMEW/O WALLS BILL WEEK ENDING 3/23/12	•
INVOICE#	DATE	CUST NO	CUSTOMER NAME	REFERENCE	HOURS	TAX AMT	AMOUNT TYP SURPLUS	5
188172 188173 188174	3/16/12 3/16/12 3/16/12	000008 000008 000008	VISITING NURSE SERVICE VISITING NURSE SERVICE VISITING NURSE SERVICE	GONZALEZ, ELSA GOVERDOVSKIY, N GOVERDOVSKIY, N	30.00 6.00 6.00		437.40 I 87.48 I 87.48 I	
				CUSTOMER	42.00	0.00	612.36	-
				CATEGORY	42.00	0.00	612.36	-

			YSIDE CITYWIDE				PAGE 1	- 126
SALES JRN	L # 0273	LOC 001	SUNNYSIDE CITYWIDE	REG NY NY			VCP CHOICE L	
				SALES REGISTER			BILL WEEK EN	DING 3/23/12
INVOICE#	DATE	CUST NO	CUSTOMER NAME	REFERENCE	HOURS	TAX AMT	AMOUNT	TYP SURPLUS
188175	3/16/12	000008	VISITING NURSE SERVICE	GOYES, ELBA	18.00		262.44	I
188176	3/16/12	800000	VISITING NURSE SERVICE	GRAVER, EDNA	40.00		583.20	I
				CUSTOMER	58.00	0.00	845.64	
				COSTOMER	30.00	0.00	015.01	
				CATEGORY	58.00	0.00	845.64	

	DATE 03/21/12 S JRNL # 0273		NYSIDE CITYWIDE SUNNYSIDE CITYWIDE	REG NY NY			PAGE 1 - ADU ADULT	127
			:	SALES REGISTER			BILL WEEK ENDING	3/23/12
INVO	ICE# DATE	CUST NO	CUSTOMER NAME	REFERENCE	HOURS	TAX AMT	AMOUNT TYP	SURPLUS
1881	77 3/16/12	800000	VISITING NURSE SERVICE	GREGORETTI, JOH	4.00		58.32 I	
				CATEGORY	4.00	0.00	58.32	

RUN DATE	03/21/12 -	- SUP SUNN	YSIDE CITYWIDE				PAGE 1 -	128
SALES JRN	IL # 0273	LOC 001	SUNNYSIDE CITYWIDE	REG NY NY			LAA LOMBARDI AID	
				SALES REGISTER			BILL WEEK ENDING	3/23/12
INVOICE#	DATE	CUST NO	CUSTOMER NAME	REFERENCE	HOURS	TAX AMT	AMOUNT TYP	SURPLUS
188178	3/16/12	800000	VISITING NURSE SERVICE	GRESSINE, ARNOL	48.50		707.14 I	
				CATEGORY	48.50	0.00	707.14	

			YSIDE CITYWIDE				PAGE 1	- 12	29
SALES JRN	L # 0273	LOC 001	SUNNYSIDE CITYWIDE	REG NY NY			VCP CHOICE L		
				SALES REGISTER			BILL WEEK EN	DING	3/23/12
INVOICE#	DATE	CUST NO	CUSTOMER NAME	REFERENCE	HOURS	TAX AMT	AMOUNT	TYP	SURPLUS
188179	3/16/12	000008	VISITING NURSE SERVICE	GUEVARA, ELENA	84.00		1,224.72	I	
188180	3/16/12	800000	VISITING NURSE SERVICE	GUTIERREZ, ANGE	40.00		583.20	I	
				CUSTOMER	124.00	0.00	1,807.92		
				0051011211		0.00	_,507.52		
				GA EEL GODY	104.00		1 007 00		
1				CATEGORY	124.00	0.00	1,807.92		

R	UN DATE	03/21/12 -	SUP SUNN	YSIDE CITYWIDE				PAGE 1 - 1	30
S.	ALES JRN	L # 0273	LOC 001	SUNNYSIDE CITYWIDE	REG NY NY			LTC NURSING HOMEW	/O WALLS (LT
				S	SALES REGISTER			BILL WEEK ENDING	3/23/12
I	NVOICE#	DATE	CUST NO	CUSTOMER NAME	REFERENCE	HOURS	TAX AMT	AMOUNT TYP	SURPLUS
1	88181	3/16/12	800000	VISITING NURSE SERVICE	GUTIERREZ, JOSE	29.75		433.77 I	
					CATEGORY	29.75	0.00	433.77	

RUN DATE 03/ SALES JRNL #	/21/12 - SUP SUNN # 0273 LOC 001	YSIDE CITYWIDE SUNNYSIDE CITYWIDE	REG NY NY			PAGE 1 ADU ADULT	- 131
SALES OIGH #	# 0273 LOC 001		SALES REGISTER			BILL WEEK END	ING 3/23/12
INVOICE# D	DATE CUST NO	CUSTOMER NAME	REFERENCE	HOURS	TAX AMT	AMOUNT	TYP SURPLUS
188183 3/	/16/12 000008 /09/12 000008 /16/12 000008	VISITING NURSE SERVICE VISITING NURSE SERVICE VISITING NURSE SERVICE	HENAO, BEATRIZ HENAO, VICTORIA HENAO, VICTORIA	7.00 4.00 12.00		102.06 58.32 174.96	I I I
			CUSTOMER	23.00	0.00	335.34	
			CATEGORY	23.00	0.00	335.34	

RUN DATE	03/21/12 -	- SUP SUNN	YSIDE CITYWIDE				PAGE 1 - 13:	2
SALES JRN	ъ # 0273	LOC 001	SUNNYSIDE CITYWIDE	REG NY NY			VCP CHOICE LHCSA	
				SALES REGISTER			BILL WEEK ENDING	3/23/12
INVOICE#	DATE	CUST NO	CUSTOMER NAME	REFERENCE	HOURS	TAX AMT	AMOUNT TYP	SURPLUS
188185	3/16/12	800000	VISITING NURSE SERVICE	HENDY, BERNICE	10.00		145.80 I	
				CATEGORY	10.00	0.00	145.80	

RUN DATE SALES JRN		- SUP SUNN LOC 001	YSIDE CITYWIDE SUNNYSIDE CITYWIDE S	REG NY NY SALES REGISTER			PAGE 1 ADU ADULT BILL WEEK EN	- 13 DING	3/23/12
INVOICE#	DATE	CUST NO	CUSTOMER NAME	REFERENCE	HOURS	TAX AMT	AMOUNT	TYP	SURPLUS
188186 188187 188188	3/16/12 3/16/12 3/16/12	000008 000008 000008	VISITING NURSE SERVICE VISITING NURSE SERVICE VISITING NURSE SERVICE	HENRIQUEZ, MARI HERNANDEZ, ESTH HERNANDEZ, MARI	56.00 2.25 42.00		816.48 32.81 612.36	I I I	
				CUSTOMER	100.25	0.00	1,461.65		
				CATEGORY	100.25	0.00	1,461.65		

RUN DATE	03/21/12 -	- SUP SUNN	YSIDE CITYWIDE				PAGE 1	- 13	4
SALES JRN	L # 0273	LOC 001	SUNNYSIDE CITYWIDE	REG NY NY			VCP CHOICE LH		
				SALES REGISTER			BILL WEEK END	ING	3/23/12
INVOICE#	DATE	CUST NO	CUSTOMER NAME	REFERENCE	HOURS	TAX AMT	AMOUNT	TYP	SURPLUS
188189	3/09/12	000008	VISITING NURSE SERVICE	HERNANDEZ, MERC	6.00		87.48	I	
188190	3/16/12	800000	VISITING NURSE SERVICE	HERNANDEZ, MERC	36.00		524.88	I	
				CUSTOMER	42.00	0.00	612.36		
				CATEGORY	42.00	0.00	612.36		

RUN DATE	03/21/12 -	- SUP SUNN	YSIDE CITYWIDE				PAGE 1	- 135	
SALES JRN	L # 0273	LOC 001	SUNNYSIDE CITYWIDE	REG NY NY			LTC NURSING H	HOMEW/O WALLS (LT	
			5	SALES REGISTER			BILL WEEK ENI	DING 3/23/12	
INVOICE#	DATE	CUST NO	CUSTOMER NAME	REFERENCE	HOURS	TAX AMT	AMOUNT	TYP SURPLUS	
188191	3/16/12	000008	VISITING NURSE SERVICE	HERRERA, ANGELA	30.50		444.69	I	
188192	3/16/12	800000	VISITING NURSE SERVICE	HERRERA, HORACI	36.00		524.88	I	
188193	3/16/12	800000	VISITING NURSE SERVICE	HUNGRIA, SABINA	40.00		583.20	I	
				CUSTOMER	106.50	0.00	1,552.77		
				CATEGORY	106.50	0.00	1,552.77		

			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 ENDI	136 NG 3/23/12
INVOICE#	DATE	CUST NO	CUSTOMER NAME	REFERENCE	HOURS	TAX AMT	AMOUNT T	YP SURPLUS
188194	3/16/12	800000	VISITING NURSE SERVICE	IANNELLO, ROSE	4.00		58.32	I
				CATEGORY	4.00	0.00	58.32	

			YSIDE CITYWIDE	556 197			PAGE 1 - 137	
SALES JRNI	L # 0273	TOC 001	SUNNYSIDE CITYWIDE	REGNY NY SALES REGISTER			VCP CHOICE LHCSA BILL WEEK ENDING 3/	23/12
INVOICE#	DATE	CUST NO	CUSTOMER NAME	REFERENCE	HOURS	TAX AMT	AMOUNT TYP SU	JRPLUS
188195	3/16/12	800000	VISITING NURSE SERVICE	IBASCO, SOFIA	20.00		291.60 I	
				CATEGORY	20.00	0.00	 291.60	

RUN DATE	03/21/12 -	- SUP SUNN	YSIDE CITYWIDE				PAGE 1 -	138
SALES JRN	L # 0273	LOC 001		REG NY NY			LAA LOMBARDI AID	
			S	SALES REGISTER			BILL WEEK ENDING	3/23/12
INVOICE#	DATE	CUST NO	CUSTOMER NAME	REFERENCE	HOURS	TAX AMT	AMOUNT TYP	SURPLUS
188196	3/16/12	800000	VISITING NURSE SERVICE	INOSTROZA, RAPH	45.00		656.10 I	
				CATEGORY	45.00	0.00	656.10	

RUN DATE	03/21/12 -	SUP SUNN	YSIDE CITYWIDE				PAGE 1 - 13	9
SALES JRN	և # 0273	LOC 001	SUNNYSIDE CITYWIDE	REG NY NY			VCP CHOICE LHCSA	
			5	SALES REGISTER			BILL WEEK ENDING	3/23/12
INVOICE#	DATE	CUST NO	CUSTOMER NAME	REFERENCE	HOURS	TAX AMT	AMOUNT TYP	SURPLUS
188197	3/16/12	800000	VISITING NURSE SERVICE	INSERRA, CATHER	47.75		696.20 I	
				CATEGORY	47.75	0.00	696.20	

RUN DATE	03/21/12 -	- SUP SUNN	YSIDE CITYWIDE				PAGE 1 - 14	40
SALES JRN	L # 0273	LOC 001	SUNNYSIDE CITYWIDE	REG NY NY			CCL CONGREGATE CAR	RE PROGRAM
			5	SALES REGISTER			BILL WEEK ENDING	3/23/12
INVOICE#	DATE	CUST NO	CUSTOMER NAME	REFERENCE	HOURS	TAX AMT	AMOUNT TYP	SURPLUS
188198	3/16/12	800000	VISITING NURSE SERVICE	IRUSTA, MARIA	6.00		87.48 I	
				CATEGORY	6.00	0.00	87.48	

RUN DATE	03/21/12 -	SUP SUNN	YSIDE CITYWIDE				PAGE 1 - 14	1
SALES JRN	L # 0273	LOC 001	SUNNYSIDE CITYWIDE	REG NY NY			VCP CHOICE LHCSA	
			5	SALES REGISTER			BILL WEEK ENDING	3/23/12
INVOICE#	DATE	CUST NO	CUSTOMER NAME	REFERENCE	HOURS	TAX AMT	AMOUNT TYP	SURPLUS
188199	3/16/12	800000	VISITING NURSE SERVICE	ISKENDERIAN, KA	30.00		437.40 I	
1				CATEGORY	30.00	0.00	437.40	

RUN DATE	03/21/12 -	- SUP SUNN	YSIDE CITYWIDE				PAGE 1 - 142	
SALES JRI	NL # 0273	LOC 001	SUNNYSIDE CITYWIDE	REG NY NY			LTC NURSING HOMEW/O WAL	LS (LT
			S	SALES REGISTER			BILL WEEK ENDING 3/23	/12
INVOICE#	DATE	CUST NO	CUSTOMER NAME	REFERENCE	HOURS	TAX AMT	AMOUNT TYP SURP	LUS
188200	3/16/12	000008	VISITING NURSE SERVICE	JAKLITSCH, ELIZ	41.75		608.72 I	
				CATEGORY	41.75	0.00	608.72	

RUN DATE SALES JRN		- SUP SUNN	YSIDE CITYWIDE SUNNYSIDE CITYWIDE	REG NY NY			PAGE 1 - VCP CHOICE LHC	143 SA
Bribbs ord	02/3	100 001		SALES REGISTER			BILL WEEK ENDI	-
INVOICE#	DATE	CUST NO	CUSTOMER NAME	REFERENCE	HOURS	TAX AMT	AMOUNT T	YP SURPLUS
188201 188202	3/16/12 3/16/12	000008 000008	VISITING NURSE SERVICE VISITING NURSE SERVICE	JARA DEURUCHIM, JARAMILLO PAL,	5.00 1.00		72.90 14.58	I I
				CUSTOMER	6.00	0.00	87.48	
				CATEGORY	6.00	0.00	87.48	

RUN DATE SALES JRN			YSIDE CITYWIDE SUNNYSIDE CITYWIDE	REG NY NY			PAGE 1 - : ADU ADULT	144
SALES ORN	H 02/3	100 001		SALES REGISTER			BILL WEEK ENDING	3/23/12
INVOICE#	DATE	CUST NO	CUSTOMER NAME	REFERENCE	HOURS	TAX AMT	AMOUNT TYP	SURPLUS
188203	3/16/12	800000	VISITING NURSE SERVICE	JASZKOWSKI, GEN	3.00		43.74 I	
				CATEGORY	3.00	0.00	43.74	

RUN DATE	03/21/12 -	- SUP SUNN	YSIDE CITYWIDE				PAGE 1 -	145
SALES JRN	ъ # 0273	LOC 001	SUNNYSIDE CITYWIDE	REG NY NY			VCP CHOICE LHC	
			S	SALES REGISTER			BILL WEEK ENDI	NG 3/23/12
INVOICE#	DATE	CUST NO	CUSTOMER NAME	REFERENCE	HOURS	TAX AMT	AMOUNT T	YP SURPLUS
188204	3/16/12	800000	VISITING NURSE SERVICE	JEWAT, LUCILLE	76.00		1,108.09	I
188205	3/16/12	000008	VISITING NURSE SERVICE	JHAVERI, RAMESH	24.00		349.92	I
				CUSTOMER	100.00	0.00	1,458.01	
				CATEGORY	100.00	0.00	1,458.01	

RUN DATE SALES JRN			YSIDE CITYWIDE SUNNYSIDE CITYWIDE	REG NY NY			PAGE 1 - : HOA HOSPICE ADUL'	
SALES OW	11 # 02/3	HOC 001		SALES REGISTER			BILL WEEK ENDING	
INVOICE#	DATE	CUST NO	CUSTOMER NAME	REFERENCE	HOURS	TAX AMT	AMOUNT TYP	SURPLUS
188206	3/16/12	800000	VISITING NURSE SERVICE	JIANNARAS, ANNA	70.00		1,020.60 I	
				 CATEGORY	70.00	0.00	1,020.60	

RUN DATE	03/21/12 -	- SUP SUNN	YSIDE CITYWIDE				PAGE 1 - 14'	7
SALES JRN	NL # 0273	LOC 001	SUNNYSIDE CITYWIDE	REG NY NY			LTC NURSING HOMEW/	,
			S	ALES REGISTER			BILL WEEK ENDING	3/23/12
INVOICE#	DATE	CUST NO	CUSTOMER NAME	REFERENCE	HOURS	TAX AMT	AMOUNT TYP	SURPLUS
188207	3/16/12	800000	VISITING NURSE SERVICE	JIMENEZ, ALTAGR	25.00		364.50 I	
				CATEGORY	25.00	0.00	364.50	

			YSIDE CITYWIDE				PAGE 1 - 148	
SALES JRN	L # U2/3	LOC 001	SUNNYSIDE CITYWIDE	REGNY NY SALES REGISTER			ADU ADULT BILL WEEK ENDING :	3/23/12
								,,
INVOICE#	DATE	CUST NO	CUSTOMER NAME	REFERENCE	HOURS	TAX AMT	AMOUNT TYP	SURPLUS
188208	3/16/12	000008	VISITING NURSE SERVICE	JIMENEZ, BETTY	20.00		291.60 I	
188209	3/16/12	000008	VISITING NURSE SERVICE	•	20.00		291.60 I	
				CUSTOMER	40.00	0.00	583.20	
				CODIONEIC	10.00	0.00	303.20	
				CATEGORY	40.00	0.00	583.20	

RUN DATE	03/21/12 -	- SUP SUNN	YSIDE CITYWIDE				PAGE 1 - 149)
SALES JRN	rL # 0273	LOC 001	SUNNYSIDE CITYWIDE	REG NY NY			VCP CHOICE LHCSA	
				SALES REGISTER			BILL WEEK ENDING	3/23/12
INVOICE#	DATE	CUST NO	CUSTOMER NAME	REFERENCE	HOURS	TAX AMT	AMOUNT TYP	SURPLUS
188210	3/09/12	000008	VISITING NURSE SERVICE	JOHNSON, FANNY	22.00		320.76 I	
188211	3/16/12	800000	VISITING NURSE SERVICE	JOHNSON, FANNY	22.00		320.76 I	
				CUSTOMER	44.00	0.00	641.52	
				CATEGORY	44.00	0.00	641.52	

			YSIDE CITYWIDE SUNNYSIDE CITYWIDE	REG NY NY ALES REGISTER			PAGE 1 - ADU ADULT BILL WEEK ENDI	150
INVOICE#	DATE	CUST NO	CUSTOMER NAME	REFERENCE	HOURS	TAX AMT		TYP SURPLUS
188212	3/16/12	000008	VISITING NURSE SERVICE	JOHNSON, ROBERT	6.00		87.48	I
				CATEGORY	6.00	0.00	87.48	

RUN DATE 03/2 SALES JRNL #	21/12 - SUP SUNN 0273 LOC 001	SUNNYSIDE CITYWIDE	REG NY NY SALES REGISTER			PAGE 1 - 151 LTC NURSING HOMEW/O WALLS (LT BILL WEEK ENDING 3/23/12
INVOICE# DA	ATE CUST NO	CUSTOMER NAME	REFERENCE	HOURS	TAX AMT	AMOUNT TYP SURPLUS
	16/12 000008 16/12 000008	VISITING NURSE SERVICE VISITING NURSE SERVICE	,	19.25 34.00		280.67 I 495.72 I
			CUSTOMER	53.25	0.00	776.39
			CATEGORY	53.25	0.00	776.39

RUN DATE (YSIDE CITYWIDE SUNNYSIDE CITYWIDE	REG NY NY			PAGE 1 - 152 ADU ADULT	
				SALES REGISTER			BILL WEEK ENDING 3/	23/12
INVOICE#	DATE	CUST NO	CUSTOMER NAME	REFERENCE	HOURS	TAX AMT	AMOUNT TYP SU	IRPLUS
188215	3/16/12	800000	VISITING NURSE SERVICE	KAKOULLIS, FAY	15.00		218.70 I	
				CATEGORY	15.00	0.00	218.70	

RUN DATE 03 SALES JRNL	3/21/12 - SUP SUN # 0273 LOC 001	SUNNYSIDE CITYWIDE	REG NY NY			VCP CHOICE LE		
INVOICE#	DATE CUST NO		ALES REGISTER REFERENCE	HOURS	TAX AMT	BILL WEEK ENI		3/23/12 SURPLUS
	3/16/12 000008	VISITING NURSE SERVICE	KAUR, SARD	8.00	TAX ANT	116.64	T	SUKFILOS
188217 3	3/16/12 000008 3/16/12 000008	VISITING NURSE SERVICE VISITING NURSE SERVICE VISITING NURSE SERVICE	KAUR, SHARAN KEARNEY, LORRAI	50.75 15.00		739.94 218.70	I	
100210	3/10/12 000000	VIBITING NORDE BERVICE	CUSTOMER	73.75	0.00	1,075.28		
			CATEGORY	73.75	0.00	1,075.28		

			YSIDE CITYWIDE	DEC NY NY			-	154
SALES JRN	ш # 02/3	LOC 001	SUNNYSIDE CITYWIDE	REGNY NY SALES REGISTER			ADU ADULT BILL WEEK ENDING	3/23/12
INVOICE#	DATE	CUST NO	CUSTOMER NAME	REFERENCE	HOURS	TAX AMT	AMOUNT TYP	SURPLUS
188219 188220	3/02/12 3/16/12	800000 800000	VISITING NURSE SERVICE VISITING NURSE SERVICE	,	3.00		43.74 I 43.74 I	
				CUSTOMER	6.00	0.00	87.48	
				CATEGORY	6.00	0.00	87.48	

RUN DATE	03/21/12 -	- SUP SUNN	YSIDE CITYWIDE				PAGE 1 - 15	5
SALES JRN	rL # 0273	LOC 001	SUNNYSIDE CITYWIDE	REG NY NY			VCP CHOICE LHCSA	
			i	SALES REGISTER			BILL WEEK ENDING	3/23/12
INVOICE#	DATE	CUST NO	CUSTOMER NAME	REFERENCE	HOURS	TAX AMT	AMOUNT TYP	SURPLUS
188221	3/16/12	800000	VISITING NURSE SERVICE	KILIMLIAN, PEPR	39.00		568.62 I	
				CATEGORY	39.00	0.00	568.62	

RUN DATE SALES JRN		- SUP SUNN LOC 001	NYSIDE CITYWIDE SUNNYSIDE CITYWIDE	REG NY NY S A L E S R E G I S T E R			PAGE 1 - 156 ADU ADULT BILL WEEK ENDING	3/23/12
INVOICE#	DATE	CUST NO	CUSTOMER NAME	REFERENCE	HOURS	TAX AMT	AMOUNT TYP	SURPLUS
188222	3/16/12	800000	VISITING NURSE SERVICE	KILIMLIAN, PEPR	8.00		116.64 I	
				CATEGORY	8.00	0.00	116.64	

RUN DATE SALES JRN		- SUP SUNN	YSIDE CITYWIDE SUNNYSIDE CITYWIDE	REG NY NY			PAGE 1 - VCP CHOICE LHO	- 157
BALLS OICH	1L # 0275	HOC 001		SALES REGISTER			BILL WEEK END	
INVOICE#	DATE	CUST NO	CUSTOMER NAME	REFERENCE	HOURS	TAX AMT	TRUOMA	TYP SURPLUS
188223 188224	3/16/12 3/16/12	800000 800000	VISITING NURSE SERVICE VISITING NURSE SERVICE	KONSTANTINAKOS, KOUTROUBAS, THE	8.00 55.50		116.64 809.19	I I
				CUSTOMER	63.50	0.00	925.83	
				CATEGORY	63.50	0.00	925.83	

RUN DATE (YSIDE CITYWIDE SUNNYSIDE CITYWIDE	REG NY NY			PAGE 1 - 1 ADU ADULT	58
			5	SALES REGISTER			BILL WEEK ENDING	3/23/12
INVOICE#	DATE	CUST NO	CUSTOMER NAME	REFERENCE	HOURS	TAX AMT	AMOUNT TYP	SURPLUS
188225	3/16/12	000008	VISITING NURSE SERVICE	LANDAU, BERNARD	15.00		218.70 I	
				CATEGORY	15.00	0.00	218.70	

	03/21/12 - NL # 0273			REG NY NY SALES REGISTER			PAGE 1 - VCP CHOICE LHC BILL WEEK ENDI	
INVOICE#	DATE	CUST NO	CUSTOMER NAME	REFERENCE	HOURS	TAX AMT	AMOUNT T	YP SURPLUS
188226	3/16/12	000008	VISITING NURSE SERVICE	LARA-MORA, BELE	56.00		816.48	I
				CATEGORY	56.00	0.00	816.48	

RUN DATE	03/21/12 -	- SUP SUNN	YSIDE CITYWIDE				PAGE 1	- 16	50
SALES JRN	L # 0273	LOC 001	SUNNYSIDE CITYWIDE	REG NY NY			LTC NURSING H	HOMEW/	O WALLS (LT
			S	SALES REGISTER			BILL WEEK END	DING	3/23/12
INVOICE#	DATE	CUST NO	CUSTOMER NAME	REFERENCE	HOURS	TAX AMT	AMOUNT	TYP	SURPLUS
188227	3/16/12	000008	VISITING NURSE SERVICE	LEE, KATHLEEN	20.00		291.60	I	
188228	3/16/12	800000	VISITING NURSE SERVICE	LEGASPI, CECILI	25.00		364.51	I	
				CUSTOMER	45.00	0.00	656.11		
				COSTOMER	43.00	0.00	050.11		
				CATEGORY	45.00	0.00	656.11		

RUN DATE SALES JRN				REGNY NY SALES REGISTER			PAGE 1 - 161 ADU ADULT BILL WEEK ENDING 3	3/23/12
INVOICE#	DATE	CUST NO	CUSTOMER NAME	REFERENCE	HOURS	TAX AMT	AMOUNT TYP S	SURPLUS
188229	3/16/12	800000	VISITING NURSE SERVICE	LEVENDIS, GEORG	15.00		218.70 I	
				CATEGORY	15.00	0.00	218.70	

			YSIDE CITYWIDE				PAGE 1 - 16	52
SALES JRN	L # 0273	LOC 001	SUNNYSIDE CITYWIDE	REG NY NY			VCP CHOICE LHCSA	2 / 2 2 / 1 2
			2	SALES REGISTER			BILL WEEK ENDING	3/23/12
INVOICE#	DATE	CUST NO	CUSTOMER NAME	REFERENCE	HOURS	TAX AMT	AMOUNT TYP	SURPLUS
188230	3/16/12	800000	VISITING NURSE SERVICE	LEWIS, CATHERIN	56.00		816.48 I	
				CATEGORY	56.00	0.00	816.48	

RUN DATE SALES JRN		- SUP SUNN LOC 001	YSIDE CITYWIDE SUNNYSIDE CITYWIDE	REG NY NY			PAGE 1 ADU ADULT	- 163	3
Bridde Grav	1 0273	100 001		SALES REGISTER			BILL WEEK END	ING	3/23/12
INVOICE#	DATE	CUST NO	CUSTOMER NAME	REFERENCE	HOURS	TAX AMT	AMOUNT	TYP	SURPLUS
188231 188232	3/16/12 3/16/12	800000 800000	VISITING NURSE SERVICE VISITING NURSE SERVICE	LIMANDRI, FRANC LINARES, MYRIAM	62.25 19.75		907.61 287.96	I I	
				CUSTOMER	82.00	0.00	1,195.57		
				CATEGORY	82.00	0.00	1,195.57		

RUN DATE	03/21/12 -	- SUP SUNN	YSIDE CITYWIDE				PAGE 1 - 1	L64
SALES JRN	ъ # 0273	LOC 001	SUNNYSIDE CITYWIDE	REG NY NY			VCP CHOICE LHCSA	
				SALES REGISTER			BILL WEEK ENDING	3/23/12
INVOICE#	DATE	CUST NO	CUSTOMER NAME	REFERENCE	HOURS	TAX AMT	AMOUNT TYP	SURPLUS
188233	3/16/12	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	REG NY NY			PAGE 1 - 16! ADU ADULT	5
011220 0141	_	200 001		SALES REGISTER			BILL WEEK ENDING	3/23/12
INVOICE#	DATE	CUST NO	CUSTOMER NAME	REFERENCE	HOURS	TAX AMT	AMOUNT TYP	SURPLUS
188234 188235	3/16/12 3/16/12	000008 000008	VISITING NURSE SERVICE		19.00 8.00		277.02 I 116.64 I	
100233	3/10/12	000008	VISITING NURSE SERVICE	LLANES, ELEAZER	0.00		110.04 1	
				CUSTOMER	27.00	0.00	393.66	
				CATEGORY	27.00	0.00	393.66	

RUN DATE 03/21/12 SALES JRNL # 0273		SUNNYSIDE CITYWIDE	REG NY NY SALES REGISTER				- 166 HOMEW/O WALLS (LT DING 3/23/12
INVOICE# DATE	CUST NO	CUSTOMER NAME	REFERENCE	HOURS	TAX AMT	AMOUNT	TYP SURPLUS
188236 3/16/12 188237 3/16/12	000008 000008	VISITING NURSE SERVICE VISITING NURSE SERVICE	,	48.00 42.00		699.84 612.36	I I
			CUSTOMER	90.00	0.00	1,312.20	
			CATEGORY	90.00	0.00	1,312.20	

RUN DATE SALES JRN			YSIDE CITYWIDE SUNNYSIDE CITYWIDE	REG NY NY			PAGE 1 VCP CHOICE LE	- 16	7
SALES OWN	10 # 02/3	ПОС 001		ALES REGISTER			BILL WEEK ENI		3/23/12
INVOICE#	DATE	CUST NO	CUSTOMER NAME	REFERENCE	HOURS	TAX AMT	AMOUNT	TYP	SURPLUS
188238 188239	3/16/12 3/16/12	800000 800000	VISITING NURSE SERVICE VISITING NURSE SERVICE	LONDONO, AMIRA LOPEZ, ANGELICA	69.00 35.00		1,006.03 510.30	I I	
				CUSTOMER	104.00	0.00	1,516.33		
				CATEGORY	104.00	0.00	1,516.33		

			YSIDE CITYWIDE SUNNYSIDE CITYWIDE	REG NY NY			PAGE 1 - 1 AUR ADULT REHAB O	
SALES (1011 # 0275	100 001		SALES REGISTER			BILL WEEK ENDING	3/23/12
INVOICE	# DATE	CUST NO	CUSTOMER NAME	REFERENCE	HOURS	TAX AMT	AMOUNT TYP	SURPLUS
188240	3/16/12	800000	VISITING NURSE SERVICE	LOPEZ, GRACIELA	3.00		43.74 I	
				CATEGORY	3.00	0.00	43.74	

RUN	DATE 03/21/12	- SUP SUNN	YSIDE CITYWIDE				PAGE 1 - 1	.69
SALE	S JRNL # 0273	LOC 001		REG NY NY			LTC NURSING HOMEW	•
				SALES REGISTER			BILL WEEK ENDING	3/23/12
INVO	ICE# DATE	CUST NO	CUSTOMER NAME	REFERENCE	HOURS	TAX AMT	AMOUNT TYP	SURPLUS
1882	41 3/16/12	000008	VISITING NURSE SERVICE	LOPEZ, MARIA	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 - 1' ADU ADULT BILL WEEK ENDING	70 3/23/12
INVOICE#	DATE	CUST NO	CUSTOMER NAME	REFERENCE	HOURS	TAX AMT	AMOUNT TYP	SURPLUS
188242	3/16/12	800000	VISITING NURSE SERVICE	LOPEZDELCASTIL,	70.00		1,020.60 I	
				CATEGORY	70.00	0.00	1,020.60	

			YSIDE CITYWIDE				PAGE 1	- 17	71
SALES JRN	L # 0273	LOC 001	SUNNYSIDE CITYWIDE	REG NY NY			CCL CONGREGA		
			\$	SALES REGISTER			BILL WEEK EN	DING	3/23/12
INVOICE#	DATE	CUST NO	CUSTOMER NAME	REFERENCE	HOURS	TAX AMT	AMOUNT	TYP	SURPLUS
188243	3/16/12	000008	VISITING NURSE SERVICE	LUCES, LETICIA	18.75		273.38	I	
188244	3/16/12	800000	VISITING NURSE SERVICE	LYMN, ANGIE	26.00		379.08	I	
				CUSTOMER	44.75	0.00	652.46		
				CATEGORY	44.75	0.00	652.46		

			YSIDE CITYWIDE	DDG 1911			-	.72
SALES JRN	IL # 02/3	LOC 001	SUNNYSIDE CITYWIDE	REGNY NY SALES REGISTER			ADU ADULT BILL WEEK ENDING	3/23/12
INVOICE#	DATE	CUST NO	CUSTOMER NAME	REFERENCE	HOURS	TAX AMT	AMOUNT TYP	SURPLUS
188245	3/16/12	000008	VISITING NURSE SERVICE	LYNCH, FLORENCE	6.00		87.48 I	
188246	3/16/12	800000	VISITING NURSE SERVICE	MACCHIA, CATHY	41.00		597.78 I	
				CUSTOMER	47.00	0.00	685.26	
				CATEGORY	47.00	0.00	685.26	

RUN DATE	03/21/12 -	- SUP SUNN	YSIDE CITYWIDE				PAGE 1 - 17	3
SALES JRN	NL # 0273	LOC 001	SUNNYSIDE CITYWIDE	REG NY NY			CCL CONGREGATE CAR	E PROGRAM
			2	SALES REGISTER			BILL WEEK ENDING	3/23/12
INVOICE#	DATE	CUST NO	CUSTOMER NAME	REFERENCE	HOURS	TAX AMT	AMOUNT TYP	SURPLUS
188247	3/16/12	800000	VISITING NURSE SERVICE	MAGILLIGAN, LOR	30.00		437.40 I	
				 CATEGORY	30 00	0.00	437 40	
				CATEGORY	30.00	0.00	437.40	

RUN DATE SALES JRN			YSIDE CITYWIDE SUNNYSIDE CITYWIDE	REG NY NY			PAGE 1 VCP CHOICE L	- 17 HCSA	74
			S	SALES REGISTER			BILL WEEK EN	DING	3/23/12
INVOICE#	DATE	CUST NO	CUSTOMER NAME	REFERENCE	HOURS	TAX AMT	AMOUNT	TYP	SURPLUS
188248	3/16/12	000008	VISITING NURSE SERVICE	MAGNANI, VINCEN	84.00		1,224.72	I	
188249	3/16/12	800000	VISITING NURSE SERVICE	MANGAN, JOHN	18.25		266.09	I	
188250	3/16/12	800000	VISITING NURSE SERVICE	MANNINO, FRANCE	76.75		1,119.02	I	
				CUSTOMER	179.00	0.00	2,609.83		
				CATEGORY	179.00	0.00	2,609.83		

RUN DATE	03/21/12 -	- SUP SUNN	YSIDE CITYWIDE				PAGE 1	- 175	5
SALES JRN	L # 0273	LOC 001	SUNNYSIDE CITYWIDE	REG NY NY			LTC NURSING H	HOMEW/C) WALLS (LT
			S	SALES REGISTER			BILL WEEK ENI	DING	3/23/12
INVOICE#	DATE	CUST NO	CUSTOMER NAME	REFERENCE	HOURS	TAX AMT	AMOUNT	TYP	SURPLUS
188251	2/24/12	000008	VISITING NURSE SERVICE	MANOS, ARCHIE	6.00		87.48	I	
188252	3/16/12	800000	VISITING NURSE SERVICE	MANOS, ARCHIE	43.75		637.88	I	
188253	2/24/12	800000	VISITING NURSE SERVICE	MANOS, VASILIKE	3.00		43.74	I	
188254	3/16/12	800000	VISITING NURSE SERVICE	MANOS, VASILIKE	20.50		298.89	I	
				CUSTOMER	73.25	0.00	1,067.99		
				CATEGORY	73.25	0.00	1,067.99		

ı	RUN DATE	03/21/12 -	- SUP SUNN	YSIDE CITYWIDE				PAGE 1 - 176	
ı	SALES JRN	L # 0273	LOC 001	SUNNYSIDE CITYWIDE	REG NY NY			CCL CONGREGATE CARE	PROGRAM
				S	SALES REGISTER			BILL WEEK ENDING	3/23/12
	INVOICE#	DATE	CUST NO	CUSTOMER NAME	REFERENCE	HOURS	TAX AMT	AMOUNT TYP	SURPLUS
	188255	3/16/12	000008	VISITING NURSE SERVICE	MARINO, ANN	23.75		346.28 I	
ı					CATEGORY	23.75	0.00	346.28	

			NYSIDE CITYWIDE				PAGE 1 - 3	= : :
SALES JRN	IL # 0273	LOC 001	SUNNYSIDE CITYWIDE	REG NY NY ALES REGISTER			VCP CHOICE LHCSA BILL WEEK ENDING	
			_					-,,
INVOICE#	DATE	CUST NO	CUSTOMER NAME	REFERENCE	HOURS	TAX AMT	AMOUNT TYP	SURPLUS
188256	3/16/12	800000	VISITING NURSE SERVICE	MARMOL ESPINAL,	25.00		364.50 I	
				CATEGORY	25.00	0.00	364.50	

RUN DA	TE 03/21/12 -	- SUP SUNN	YSIDE CITYWIDE				PAGE 1 -	178
SALES	JRNL # 0273	LOC 001		REG NY NY			LTC NURSING HOME	•
			\$	SALES REGISTER			BILL WEEK ENDING	3/23/12
INVOIC	E# DATE	CUST NO	CUSTOMER NAME	REFERENCE	HOURS	TAX AMT	AMOUNT TYP	SURPLUS
188257	3/16/12	800000	VISITING NURSE SERVICE	MARMOL, LIDIA	42.75		623.30 I	
				CATEGORY	42.75	0.00	623.30	
1				CATEGORI	14.75	0.00	023.30	

RUN DATE SALES JRN		- SUP SUNN	NYSIDE CITYWIDE SUNNYSIDE CITYWIDE	REG NY NY			PAGE 1 - 1 VCP CHOICE LHCSA	79
SALES UKN	ш # 02/3	TOC 001		ALES REGISTER			BILL WEEK ENDING	3/23/12
INVOICE#	DATE	CUST NO	CUSTOMER NAME	REFERENCE	HOURS	TAX AMT	AMOUNT TYP	SURPLUS
188258	2/17/12	000008	VISITING NURSE SERVICE	MARTIN, ELAUCAD	3.00		43.74 I	
188259	2/24/12	000008	VISITING NURSE SERVICE	MARTIN, ELAUCAD	3.00		43.74 I	
188260	3/02/12	000008	VISITING NURSE SERVICE	MARTIN, ELAUCAD	3.00		43.74 I	
188261	3/09/12	800000	VISITING NURSE SERVICE	MARTIN, ELAUCAD	3.00		43.74 I	
188262	3/16/12	000008	VISITING NURSE SERVICE	MARTIN, ELAUCAD	15.00		218.70 I	
188263	3/16/12	800000	VISITING NURSE SERVICE	MARTINEZ, CAMIL	15.00		218.70 I	
				CUSTOMER	42.00	0.00	612.36	
				CATEGORY	42.00	0.00	612.36	

RUN DATE	03/21/12	- SUP SUNN	YSIDE CITYWIDE				PAGE 1 - 18	0
SALES JRN	L # 0273	LOC 001	SUNNYSIDE CITYWIDE	REG NY NY			CCL CONGREGATE CAR	E PROGRAM
			Ş	SALES REGISTER			BILL WEEK ENDING	3/23/12
INVOICE#	DATE	CUST NO	CUSTOMER NAME	REFERENCE	HOURS	TAX AMT	AMOUNT TYP	SURPLUS
188264	3/16/12	800000	VISITING NURSE SERVICE	MARTINEZ, ELENA	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 VCP CHOICE L	- 18 HCSA	31
			\$	SALES REGISTER			BILL WEEK EN	DING	3/23/12
INVOICE#	DATE	CUST NO	CUSTOMER NAME	REFERENCE	HOURS	TAX AMT	AMOUNT	TYP	SURPLUS
188265	3/16/12	000008	VISITING NURSE SERVICE	MARTINEZ, MARGA	30.00		437.40	I	
188266	3/16/12	000008	VISITING NURSE SERVICE	•	36.00		524.88	I	
188267	3/16/12	000008	VISITING NURSE SERVICE	MARTINEZ, ROSA	83.75		1,221.08	I	
				CUSTOMER	149.75	0.00	2,183.36		
				CATEGORY	149.75	0.00	2,183.36		

RUN DAT	E 03/21/12	- SUP SUN	NYSIDE CITYWIDE				PAGE 1 -	182
SALES J	RNL # 0273	LOC 001	SUNNYSIDE CITYWIDE	REG NY NY			LTC NURSING HOM	MEW/O WALLS (LT
			5	SALES REGISTER			BILL WEEK ENDIN	IG 3/23/12
INVOICE	# DATE	CUST NO	CUSTOMER NAME	REFERENCE	HOURS	TAX AMT	AMOUNT TY	P SURPLUS
188268	3/16/12	800000	VISITING NURSE SERVICE	MARTINEZ, ROSAL	37.50		546.75 I	:
				CATEGORY	37.50	0.00	546.75	

	IN DATE 03/21/12 - SUP SUNNYSIDE CITYWIDE PAGE 1 - 183									
SALES JRN	L # 0273	LOC 001	SUNNYSIDE CITYWIDE	REG NY NY	_		ADU ADULT		2 / 0 2 / 1 0	
			S	SALES REGISTED	K		BILL WEEK ENI	DING	3/23/12	
INVOICE#	DATE	CUST NO	CUSTOMER NAME	REFERENCE	HOURS	TAX AMT	AMOUNT	TYP	SURPLUS	
188269	3/16/12	000008	VISITING NURSE SERVICE	MATOS, ROSA	70.75		1,031.54	I		
188270	3/16/12	800000	VISITING NURSE SERVICE	MAZZONE, FRANCE	60.75		885.74	I		
188271	3/16/12	800000	VISITING NURSE SERVICE	MCBRAYER, SYLVI	168.00		2,449.44	I		
188272	3/09/12	800000	VISITING NURSE SERVICE	MCDUFFY, ALOMA	4.00		58.32	I		
188273	3/16/12	800000	VISITING NURSE SERVICE	MCDUFFY, ALOMA	3.00		43.74	I		
				CUSTOMER	306.50	0.00	4,468.78			
				CATEGORY	306.50	0.00	4,468.78			

RUN DATE	03/21/12 -	SUP SUNN	YSIDE CITYWIDE				PAGE 1 -	184
SALES JRN	IL # 0273	LOC 001	SUNNYSIDE CITYWIDE	REG NY NY			VCP CHOICE LHCSA	A
				SALES REGISTER			BILL WEEK ENDING	3/23/12
INVOICE#	DATE	CUST NO	CUSTOMER NAME	REFERENCE	HOURS	TAX AMT	AMOUNT TYPE	SURPLUS
188274	3/16/12	800000	VISITING NURSE SERVICE	MCGUIRE, HELEN	54.25		790.97 I	
				CATEGORY	54.25	0.00	790.97	

	03/21/12 - L # 0273		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 ENDIN	
INVOICE#	DATE	CUST NO	CUSTOMER NAME	REFERENCE	HOURS	TAX AMT	AMOUNT TY	P SURPLUS
188275	3/16/12	800000	VISITING NURSE SERVICE	MCPARTLAND, PHI	15.00		218.70 I	
				CATEGORY	15.00	0.00	218.70	

RUN DATE	03/21/12 -	- SUP SUNN	YSIDE CITYWIDE				PAGE 1 - 186	5
SALES JRN	L # 0273	LOC 001	SUNNYSIDE CITYWIDE	REG NY NY			VCP CHOICE LHCSA	
			:	SALES REGISTER			BILL WEEK ENDING	3/23/12
INVOICE#	DATE	CUST NO	CUSTOMER NAME	REFERENCE	HOURS	TAX AMT	AMOUNT TYP	SURPLUS
188276	3/16/12	000008	VISITING NURSE SERVICE	MEJIA, DINORAH	19.75		287.96 I	
188277	3/16/12	800000	VISITING NURSE SERVICE	MEJIA, MARINA	15.75		229.64 I	
				CUSTOMER	35.50	0.00	517.60	
				CATEGORY	35.50	0.00	517.60	

RUN DATE SALES JRN		- SUP SUNN LOC 001	YSIDE CITYWIDE SUNNYSIDE CITYWIDE	REG NY NY			PAGE 1 LTC NURSING	- 18 HOMEW/	
			2	SALES REGISTER			BILL WEEK EN	DING	3/23/12
INVOICE#	DATE	CUST NO	CUSTOMER NAME	REFERENCE	HOURS	TAX AMT	AMOUNT	TYP	SURPLUS
188278	3/09/12	000008	VISITING NURSE SERVICE		7.00		102.06	I	
188279	3/16/12	000008	VISITING NURSE SERVICE	MEJIA, ROSA	36.00		524.88		
				CUSTOMER	43.00	0.00	626.94		
				CATEGORY	43.00	0.00	626.94		

RUN DATE	03/21/12 -	SUP SUNN	YSIDE CITYWIDE				PAGE 1 -	188
SALES JRN	L # 0273	LOC 001		REG NY NY			VCP CHOICE LHCSA	
			\$	SALES REGISTER			BILL WEEK ENDING	3/23/12
INVOICE#	DATE	CUST NO	CUSTOMER NAME	REFERENCE	HOURS	TAX AMT	AMOUNT TYP	SURPLUS
188280	3/16/12	000008	VISITING NURSE SERVICE	MELILLO, GRACE	20.00		291.60 I	
				CATEGORY	20.00	0.00	291.60	

RUN DATE	03/21/12 -	- SUP SUNN	YSIDE CITYWIDE				PAGE 1 - 189	
SALES JRN	rL # 0273	LOC 001	SUNNYSIDE CITYWIDE	REG NY NY			LAA LOMBARDI AIDS AI	DULT POPUL
			S	SALES REGISTER			BILL WEEK ENDING	3/23/12
INVOICE#	DATE	CUST NO	CUSTOMER NAME	REFERENCE	HOURS	TAX AMT	AMOUNT TYP S	SURPLUS
188281	3/16/12	800000	VISITING NURSE SERVICE	MENDEZ, NELLY	20.00		291.60 I	
				CATEGORY	20.00	0.00	291.60	

RUN DATE (YSIDE CITYWIDE SUNNYSIDE CITYWIDE	REG NY NY			PAGE 1 - 190 ADU ADULT	
DALLO OIU	⊔ π 02/3	100 001		SALES REGISTER				/23/12
INVOICE#	DATE	CUST NO	CUSTOMER NAME	REFERENCE	HOURS	TAX AMT	AMOUNT TYP S	URPLUS
188282	3/16/12	000008	VISITING NURSE SERVICE	MENDOLIA, ANTOI	71.00		1,035.18 I	
				CATEGORY	71.00	0.00	1,035.18	

RUN DATE 03/2 SALES JRNL #	21/12 - SUP SUNN 0273 LOC 001	SUNNYSIDE CITYWIDE	REGNY NY SALES REGISTER			PAGE 1 - LTC NURSING HOME BILL WEEK ENDING	
INVOICE# DA	ATE CUST NO	CUSTOMER NAME	REFERENCE	HOURS	TAX AMT	AMOUNT TYP	SURPLUS
	02/12 000008 16/12 000008	VISITING NURSE SERVICE VISITING NURSE SERVICE	MENDOZA, JULIO MENDOZA, JULIO	1.00 35.00		14.58 I 510.30 I	
			CUSTOMER	36.00	0.00	524.88	
			 CATEGORY	36.00	0.00	524.88	

RUN DATE 03/21/2	12 - SUP SUNI	NYSIDE CITYWIDE				PAGE 1 -	- 192
SALES JRNL # 02	73 LOC 001	SUNNYSIDE CITYWIDE	REG NY NY			VCP CHOICE LHO	CSA
		S	ALES REGISTER			BILL WEEK END	ING 3/23/12
INVOICE# DATE	CUST NO	CUSTOMER NAME	REFERENCE	HOURS	TAX AMT	AMOUNT T	TYP SURPLUS
188285 3/16/2	12 000008	VISITING NURSE SERVICE	MENDOZA, VALENT	16.00		233.28	I
188286 3/16/2	12 000008	VISITING NURSE SERVICE	MILEO, MARY	27.00		393.66	I
188287 3/16/3	12 000008	VISITING NURSE SERVICE	MONSERRAT, DORI	10.00		145.80	I
188288 3/16/2	12 000008	VISITING NURSE SERVICE	MONTES, MARTA	30.00		437.40	I
			CUSTOMER	83.00	0.00	1,210.14	
			CATEGORY	83.00	0.00	1,210.14	

- 1	RUN DATE SALES JRN			YSIDE CITYWIDE SUNNYSIDE CITYWIDE	REGNY NY SALES REGISTER			PAGE 1 - 1 ADU ADULT BILL WEEK ENDING	
	INVOICE#	DATE	CUST NO	CUSTOMER NAME	REFERENCE	HOURS	TAX AMT	AMOUNT TYP	SURPLUS
	188289	3/16/12	800000	VISITING NURSE SERVICE	MOORE, JOSEPH	15.00		218.70 I	
					CATEGORY	15.00	0.00		

			YSIDE CITYWIDE				PAGE 1 - :	
SALES JRN	L # 0273	LOC 001	SUNNYSIDE CITYWIDE	REGNY NY SALES REGISTER			VCP CHOICE LHCSA BILL WEEK ENDING	
			Š	SALES REGISIER			PILL MEEK ENDING	3/23/12
INVOICE#	DATE	CUST NO	CUSTOMER NAME	REFERENCE	HOURS	TAX AMT	AMOUNT TYP	SURPLUS
188290	3/16/12	800000	VISITING NURSE SERVICE	MORAITIS, AGATH	35.00		510.30 I	
				CATEGORY	35.00	0.00	510.30	

RUN DATE SALES JRN				REG NY NY LES REGISTER			PAGE 1 - LTC NURSING HOM BILL WEEK ENDIN	EW/O WALLS (LT
INVOICE#	DATE	CUST NO	CUSTOMER NAME	REFERENCE	HOURS	TAX AMT	AMOUNT TY	P SURPLUS
188291	3/16/12	800000	VISITING NURSE SERVICE	MORALES, ANGELI	36.00		524.88 I	
				CATEGORY	36.00	0.00	524.88	

RUN DATE SALES JRN		- SUP SUNN LOC 001	YSIDE CITYWIDE SUNNYSIDE CITYWIDE	REG NY NY			PAGE 1 - ADU ADULT	196
SALES URN	L # UZ/3	LOC 001		SALES REGISTER			BILL WEEK ENDIN	G 3/23/12
INVOICE#	DATE	CUST NO	CUSTOMER NAME	REFERENCE	HOURS	TAX AMT	AMOUNT TY	P SURPLUS
188292 188293	3/16/12 3/16/12	800000 800000	VISITING NURSE SERVICE VISITING NURSE SERVICE		84.00 8.00		1,224.72 I 116.64 I	
				CUSTOMER	92.00	0.00	1,341.36	
				CATEGORY	92.00	0.00	1,341.36	

RUN DATE	03/21/12 -	- SUP SUNN	YSIDE CITYWIDE				PAGE 1 - 197	
SALES JRN	rL # 0273	LOC 001	SUNNYSIDE CITYWIDE	REG NY NY			VCP CHOICE LHCSA	
			i	SALES REGISTER			BILL WEEK ENDING 3/23	/12
INVOICE#	DATE	CUST NO	CUSTOMER NAME	REFERENCE	HOURS	TAX AMT	AMOUNT TYP SURP	LUS
188294	3/16/12	800000	VISITING NURSE SERVICE	NAGY, GEORGE	39.00		568.62 I	
				CATEGORY	39.00	0.00	568.62	

RUN DATE SALES JRN		- SUP SUNN LOC 001	YSIDE CITYWIDE SUNNYSIDE CITYWIDE	REG NY NY SALES REGISTER			PAGE 1 - 198 ADU ADULT BILL WEEK ENDING 3/23/12	
INVOICE#	DATE	CUST NO	CUSTOMER NAME	REFERENCE	HOURS	TAX AMT	AMOUNT TYP SURPLUS	
188295	3/16/12	800000	VISITING NURSE SERVICE	NARTIS, VIRGINI	7.25		105.71 I	
				CATEGORY	7.25	0.00	105.71	

ı	RUN DATE	03/21/12	- SUP SUNN	YSIDE CITYWIDE				PAGE 1 - 199	
ı	SALES JRN	L # 0273	LOC 001	SUNNYSIDE CITYWIDE	REG NY NY			CCL CONGREGATE CARE	PROGRAM
				Ş	SALES REGISTER			BILL WEEK ENDING	3/23/12
	INVOICE#	DATE	CUST NO	CUSTOMER NAME	REFERENCE	HOURS	TAX AMT	AMOUNT TYP	SURPLUS
	188296	3/16/12	800000	VISITING NURSE SERVICE	NAVARRO, MARIA	20.00		291.60 I	
					CATEGORY	20.00	0.00	291.60	

RUN DATE	03/21/12 -	- SUP SUNN	YSIDE CITYWIDE				PAGE 1 - 2	200
SALES JRN	L # 0273	LOC 001		REG NY NY			VCP CHOICE LHCSA	
			i	SALES REGISTER			BILL WEEK ENDING	3/23/12
INVOICE#	DATE	CUST NO	CUSTOMER NAME	REFERENCE	HOURS	TAX AMT	AMOUNT TYP	SURPLUS
188297	3/16/12	800000	VISITING NURSE SERVICE	NELLINI, MARY	20.00		291.60 I	
				CATEGORY	20.00	0.00	291.60	

RUN DATE (03/21/12 -	SUP SUNN	YSIDE CITYWIDE				PAGE 1 - 20)1
SALES JRNI	և # 0273	LOC 001	SUNNYSIDE CITYWIDE	REG NY NY			LTC NURSING HOMEW/	O WALLS (LT
			:	SALES REGISTE	R		BILL WEEK ENDING	3/23/12
INVOICE#	DATE	CUST NO	CUSTOMER NAME	REFERENCE	HOURS	TAX AMT	AMOUNT TYP	SURPLUS
188298	3/16/12	800000	VISITING NURSE SERVICE	NIDO, MICHAEL	48.75		710.78 I	
				-				
				CATEGORY	48.75	0.00	710.78	

ı	RUN DATE	03/21/12 -	- SUP SUNN	YSIDE CITYWIDE				PAGE 1 - 20	02
١	SALES JRN	L # 0273	LOC 001	SUNNYSIDE CITYWIDE	REG NY NY			CCL CONGREGATE CAI	RE PROGRAM
				S	SALES REGISTER			BILL WEEK ENDING	3/23/12
	INVOICE#	DATE	CUST NO	CUSTOMER NAME	REFERENCE	HOURS	TAX AMT	AMOUNT TYP	SURPLUS
	188299	3/16/12	800000	VISITING NURSE SERVICE	NIETO RAMOS, JO	55.00		801.90 I	
					CATEGORY	55.00	0.00	801.90	

RUN DATE 0: SALES JRNL		SUNNYSIDE CITYWID 001 SUNNYSIDE C					PAGE 1 VCP CHOICE LHOBILL WEEK END		3 3/23/12
INVOICE#	DATE CUS'	T NO CUSTOMER NAM	E	REFERENCE	HOURS	TAX AMT	AMOUNT '	TYP	SURPLUS
188301	-, -,	0008 VISITING NUR 0008 VISITING NUR 0008 VISITING NUR	SE SERVICE	NIEVES, NANCY NIEVES, NANCY NINO, CARMEN	9.00 45.00 20.00		131.22 656.10 291.60	I I I	
				CUSTOMER	74.00	0.00	1,078.92		
				CATEGORY	74.00	0.00	1,078.92		

RUN DATE 0 SALES JRNL	3/21/12 - SUP SUNNYSIDE CITYWIDE # 0273 LOC 001 SUNNYSIDE CITYWIDE REG NY NY SALES REGISTER						PAGE 1 - 204 LTC NURSING HOMEW/O WALLS (BILL WEEK ENDING 3/23/12	LT
INVOICE#	DATE	CUST NO	CUSTOMER NAME	REFERENCE	HOURS	TAX AMT	AMOUNT TYP SURPLUS	
	3/16/12 3/16/12	000008 000008	VISITING NURSE SERVICE VISITING NURSE SERVICE	,	26.25 34.00		382.73 I 495.72 I	
				CUSTOMER	60.25	0.00	878.45	
				CATEGORY	60.25	0.00	878.45	

			YSIDE CITYWIDE				11102	- 20	5
SALES JRN	ı∟ # 0273	LOC 001	SUNNYSIDE CITYWIDE	REG NY NY			VCP CHOICE LH		2 / 0 2 / 1 0
			2	SALES REGISTER			BILL WEEK END	DING	3/23/12
INVOICE#	DATE	CUST NO	CUSTOMER NAME	REFERENCE	HOURS	TAX AMT	AMOUNT	TYP	SURPLUS
188305	3/16/12	000008	VISITING NURSE SERVICE	NUZIALE, CONCET	49.00		714.42	I	
188306	3/16/12	800000	VISITING NURSE SERVICE	OCHOA, LUIS	43.00		626.94	I	
188307	3/16/12	800000	VISITING NURSE SERVICE	ORTEGA, CARLOS	16.00		233.28	I	
				CHOMOMED	100.00	0.00	1 574 64		
				CUSTOMER	108.00	0.00	1,574.64		
				CATEGORY	108.00	0.00	1,574.64		

			YSIDE CITYWIDE SUNNYSIDE CITYWIDE	REGNY NY SALES REGISTER			PAGE 1 - ADU ADULT BILL WEEK ENDING	206
INVOICE#	DATE	CUST NO	CUSTOMER NAME	REFERENCE	HOURS	TAX AMT	AMOUNT TYP	SURPLUS
188308	3/16/12	800000	VISITING NURSE SERVICE	ORTIZ, AMALFIS	6.00		87.48 I	
				CATEGORY	6.00	0.00		

RUN DATE	03/21/12	- SUP SUNN	YSIDE CITYWIDE				PAGE 1 - :	207	
SALES JRN	L # 0273	LOC 001	SUNNYSIDE CITYWIDE	REG NY NY			VCP CHOICE LHCSA		
			S	SALES REGISTER			BILL WEEK ENDING	3/23/12	
INVOICE#	DATE	CUST NO	CUSTOMER NAME	REFERENCE	HOURS	TAX AMT	AMOUNT TYP	SURPLUS	
188309	3/16/12	800000	VISITING NURSE SERVICE	OSPINA, ANA	4.00		58.32 I		
				CATEGORY	4.00	0.00	58.32		

RUN DATE 03/ SALES JRNL #	/21/12 - SUP SUNN # 0273 LOC 001	YSIDE CITYWIDE SUNNYSIDE CITYWIDE	REG NY NY			PAGE 1 ADU ADULT	- 20)8
	1 02/3 100 001		SALES REGISTER			BILL WEEK EN	DING	3/23/12
INVOICE# I	DATE CUST NO	CUSTOMER NAME	REFERENCE	HOURS	TAX AMT	AMOUNT	TYP	SURPLUS
	/16/12 000008 /16/12 000008	VISITING NURSE SERVICE VISITING NURSE SERVICE		2.75 3.00		40.10 43.74	I I	
			CUSTOMER	5.75	0.00	83.84		
			CATEGORY	5.75	0.00	83.84		

RUN DATE	03/21/12 -	- SUP SUNN	YSIDE CITYWIDE				PAGE 1 - 209	
SALES JRN	L # 0273	LOC 001	SUNNYSIDE CITYWIDE	REG NY NY			VCP CHOICE LHCSA	
			5	SALES REGISTER			BILL WEEK ENDING 3/23	/12
INVOICE#	DATE	CUST NO	CUSTOMER NAME	REFERENCE	HOURS	TAX AMT	AMOUNT TYP SURP	LUS
188312	3/16/12	800000	VISITING NURSE SERVICE	PANASKAROLIDIS,	38.75		565.00 I	
				CATEGORY	38.75	0.00	 565.00	

RUN DATE (SALES JRNI			YSIDE CITYWIDE SUNNYSIDE CITYWIDE	REG NY NY			PAGE 1 - 210 ADU ADULT	
			S	SALES REGISTER			BILL WEEK ENDING 3	3/23/12
INVOICE#	DATE	CUST NO	CUSTOMER NAME	REFERENCE	HOURS	TAX AMT	AMOUNT TYP S	URPLUS
188313	3/16/12	800000	VISITING NURSE SERVICE	PAPAGIANNAKIS,	9.00		131.22 I	
				CATEGORY	9.00	0.00	131.22	

RUN DATE 03 SALES JRNL			REGNY NY SALES REGISTER			PAGE 1 - 21 VCP CHOICE LHCSA BILL WEEK ENDING	3/23/12
INVOICE#	DATE CUST NO	O CUSTOMER NAME	REFERENCE	HOURS	TAX AMT	AMOUNT TYP	SURPLUS
188315	3/16/12 000008 3/16/12 000008 3/16/12 000008	VISITING NURSE SERVICE	PAPAZIAN, MANNI PAPOUTSIS, MARY PAPP, TEREZIA	30.00 6.00 3.00		437.40 I 87.48 I 43.74 I	
			CUSTOMER	39.00	0.00	568.62	
			CATEGORY	39.00	0.00	568.62	

			YSIDE CITYWIDE				PAGE 1 - 2	212
SALES JRN	L # 0273	LOC 001	SUNNYSIDE CITYWIDE	REG NY NY			LTC NURSING HOMEV	
			S	SALES REGISTER			BILL WEEK ENDING	3/23/12
INVOICE#	DATE	CUST NO	CUSTOMER NAME	REFERENCE	HOURS	TAX AMT	AMOUNT TYP	SURPLUS
188317	3/16/12	800000	VISITING NURSE SERVICE	PARK, SUNG	20.00		291.60 I	
				CATEGORY	20.00	0.00	291.60	

	03/21/12 - NL # 0273		YSIDE CITYWIDE SUNNYSIDE CITYWIDE S	REGNY NY SALES REGISTER			PAGE 1 - ADU ADULT BILL WEEK ENDING	213 G 3/23/12
INVOICE#	DATE	CUST NO	CUSTOMER NAME	REFERENCE	HOURS	TAX AMT	AMOUNT TY	P SURPLUS
188318	3/16/12	000008	VISITING NURSE SERVICE	PARTAGAS, ANA	20.00		291.60 I	
				CATEGORY	20.00	0.00	291.60	

RUN DATE	03/21/12 -	- SUP SUNN	YSIDE CITYWIDE				PAGE 1 - 21	4
SALES JRN	L # 0273	LOC 001	SUNNYSIDE CITYWIDE	REG NY NY			VCP CHOICE LHCSA	
			:	SALES REGISTER			BILL WEEK ENDING	3/23/12
INVOICE#	DATE	CUST NO	CUSTOMER NAME	REFERENCE	HOURS	TAX AMT	AMOUNT TYP	SURPLUS
188319	3/16/12	000008	VISITING NURSE SERVICE	PENA, VICTORIA	27.00		393.67 I	
188320	3/16/12	800000	VISITING NURSE SERVICE	PENAGOS, MARIA	25.00		364.50 I	
				CUSTOMER	52.00	0.00	758.17	
				CATEGORY	52.00	0.00	758.17	

RUN DATE SALES JRN				REG NY NY A L E S R E G I S T E R			PAGE 1 - 2 ADU ADULT BILL WEEK ENDING	
INVOICE#	DATE	CUST NO	CUSTOMER NAME	REFERENCE	HOURS	TAX AMT	AMOUNT TYP	SURPLUS
188321	3/16/12	800000	VISITING NURSE SERVICE	PENARANDA, CARM	12.00		174.96 I	
				CATEGORY	12.00	0.00		

			YSIDE CITYWIDE				PAGE 1 -	
SALES JRN	IL # 0273	LOC 001		REG NY NY			VCP CHOICE LHCSA	
			S	ALES REGISTER			BILL WEEK ENDING	3/23/12
INVOICE#	DATE	CUST NO	CUSTOMER NAME	REFERENCE	HOURS	TAX AMT	AMOUNT TYP	SURPLUS
188322	3/16/12	800000	VISITING NURSE SERVICE	PEREZ MONSER, C	47.25		688.91 I	
				CATEGORY	47.25	0.00		

ı	RUN DATE	03/21/12 -	SUP SUNN	YSIDE CITYWIDE				PAGE 1 - 2	217
ı	SALES JRN	L # 0273	LOC 001		REG NY NY			LTC NURSING HOMEW	·
ı				:	SALES REGISTER			BILL WEEK ENDING	3/23/12
	INVOICE#	DATE	CUST NO	CUSTOMER NAME	REFERENCE	HOURS	TAX AMT	AMOUNT TYP	SURPLUS
	188323	3/16/12	800000	VISITING NURSE SERVICE	PEREZ, DOMINGA	37.00		539.46 I	
ı					CATEGORY	37.00	0.00	539.46	

RUN DATE	03/21/12 -	SUP SUNN	YSIDE CITYWIDE				PAGE 1 -	218
SALES JRN	L # 0273	LOC 001	SUNNYSIDE CITYWIDE	REG NY NY			VCP CHOICE LHCS	SA
			S	ALES REGISTER			BILL WEEK ENDI	NG 3/23/12
INVOICE#	DATE	CUST NO	CUSTOMER NAME	REFERENCE	HOURS	TAX AMT	AMOUNT T	P SURPLUS
188324	3/16/12	800000	VISITING NURSE SERVICE	PEREZ, GLADYS	18.00		262.44	I
				CATEGORY	18.00	0.00	262.44	
				CALEGORI	10.00	0.00	202.44	

			YSIDE CITYWIDE SUNNYSIDE CITYWIDE	REG NY NY			PAGE 1 - ADU ADULT	219
				ALES REGISTER			BILL WEEK ENDIN	G 3/23/12
INVOICE#	DATE	CUST NO	CUSTOMER NAME	REFERENCE	HOURS	TAX AMT	AMOUNT TY	P SURPLUS
188325	3/16/12	800000	VISITING NURSE SERVICE	PEREZ, JOAQUIN	30.00		437.40 I	
				CATEGORY	30.00	0.00	437.40	

RUN DATE	03/21/12 -	SUP SUNN	YSIDE CITYWIDE				PAGE 1 - :	220
SALES JRN	L # 0273	LOC 001	SUNNYSIDE CITYWIDE	REG NY NY			LTC NURSING HOME	
			:	SALES REGISTER			BILL WEEK ENDING	3/23/12
INVOICE#	DATE	CUST NO	CUSTOMER NAME	REFERENCE	HOURS	TAX AMT	AMOUNT TYP	SURPLUS
188326	3/16/12	800000	VISITING NURSE SERVICE	PERSAUD, RITA	35.00		510.30 I	
				CATEGORY	35.00	0.00	510.30	

			YSIDE CITYWIDE				PAGE 1	- 221	
SALES JRN	L # 0273	LOC 001	SUNNYSIDE CITYWIDE	REG NY NY			VCP CHOICE LH		
			S	ALES REGISTER			BILL WEEK END	ING	3/23/12
INVOICE#	DATE	CUST NO	CUSTOMER NAME	REFERENCE	HOURS	TAX AMT	AMOUNT '	TYP	SURPLUS
188327	3/16/12	000008	VISITING NURSE SERVICE	PHILIPPS, MARY	40.50		590.49	I	
188328	3/16/12	800000	VISITING NURSE SERVICE	PIZARRO, BARBAR	2.75		40.10	I	
188329	3/16/12	000008	VISITING NURSE SERVICE	PLACIDO, GENARO	25.00		364.50	I	
188330	3/16/12	800000	VISITING NURSE SERVICE	PLACIDO, MERCED	12.00		174.96	I	
188331	3/16/12	000008	VISITING NURSE SERVICE	POGGI, EMERITA	35.75		521.24	I	
				CUSTOMER	116.00	0.00	1,691.29		
				CATEGORY	116.00	0.00	1,691.29		

RUN DATE	03/21/12 -	SUP SUNN	YSIDE CITYWIDE				PAGE 1 - 222	
SALES JRN	IL # 0273	LOC 001	SUNNYSIDE CITYWIDE	REG NY NY			LTC NURSING HOMEW/O V	WALLS (LT
			S	ALES REGISTER			BILL WEEK ENDING 3,	/23/12
INVOICE#	DATE	CUST NO	CUSTOMER NAME	REFERENCE	HOURS	TAX AMT	AMOUNT TYP SU	JRPLUS
188332	3/16/12	800000	VISITING NURSE SERVICE	PONCE, ALICIA	40.00		583.20 I	
				CATEGORY	40.00	0.00	583.20	

RUN DATE SALES JRN			YSIDE CITYWIDE SUNNYSIDE CITYWIDE	REG NY NY			VCP CHOICE L		
			5	SALES REGISTER			BILL WEEK EN	DING	3/23/12
INVOICE#	DATE	CUST NO	CUSTOMER NAME	REFERENCE	HOURS	TAX AMT	AMOUNT	TYP	SURPLUS
188333	3/16/12	000008	VISITING NURSE SERVICE	PUISELLO, CIRA	35.00		510.30	I	
188334	3/16/12	800000	VISITING NURSE SERVICE	PULLIZA, DIANNE	29.75		433.76	I	
188335	3/16/12	800000	VISITING NURSE SERVICE	QUINTERO, INES	28.00		408.24	I	
				CUSTOMER	92.75	0.00	1,352.30		
				CATEGORY	92.75	0.00	1,352.30		

RUN DATE SALES JRN			YSIDE CITYWIDE SUNNYSIDE CITYWIDE	REG NY NY			PAGE 1 - LTC NURSING HOM	
				SALES REGISTER			BILL WEEK ENDING	G 3/23/12
INVOICE#	DATE	CUST NO	CUSTOMER NAME	REFERENCE	HOURS	TAX AMT	AMOUNT TY	P SURPLUS
188336	3/16/12	000008	VISITING NURSE SERVICE	QUIZHPI, MARIA	46.50		677.97 I	
				CATEGORY	46.50	0.00	677.97	

RUN DA'	TE 03/21/12 -	- SUP SUNN	NYSIDE CITYWIDE				PAGE 1 - 22	5
SALES	JRNL # 0273	LOC 001	SUNNYSIDE CITYWIDE	REG NY NY			LAP LOMBARDI AIDES	PEDIATRIC
			S	SALES REGISTER			BILL WEEK ENDING	3/23/12
INVOIC	E# DATE	CUST NO	CUSTOMER NAME	REFERENCE	HOURS	TAX AMT	AMOUNT TYP	SURPLUS
188337	3/16/12	000008	VISITING NURSE SERVICE	RAMIREZ, ANA	40.00		583.20 I	
				CATEGORY	40.00	0.00	583.20	

RUN DATE	03/21/12 -	- SUP SUNN	YSIDE CITYWIDE				PAGE 1	- 22	16
SALES JRN	L # 0273	LOC 001	SUNNYSIDE CITYWIDE	REG NY NY			LTC NURSING H	HOMEW/	O WALLS (LT
			:	SALES REGISTER			BILL WEEK EN	DING	3/23/12
INVOICE#	DATE	CUST NO	CUSTOMER NAME	REFERENCE	HOURS	TAX AMT	AMOUNT	TYP	SURPLUS
188338	3/09/12	000008	VISITING NURSE SERVICE	RAMIREZ, JUANA	4.00		58.32	I	
188339	3/16/12	800000	VISITING NURSE SERVICE	RAMIREZ, JUANA	43.00		626.94	I	
188340	3/16/12	800000	VISITING NURSE SERVICE	RAMLALL, LILOWT	26.50		386.37	I	
				CUSTOMER	73.50	0.00	1,071.63		
				CATEGORY	73.50	0.00	1,071.63		

	03/21/12 - IL # 0273		YSIDE CITYWIDE SUNNYSIDE CITYWIDE	REG NY NY			PAGE 1 - AUR ADULT REHAB	ONLY
INVOICE#	DATE	CUST NO	CUSTOMER NAME	SALES REGISTER REFERENCE	HOURS	TAX AMT	BILL WEEK ENDING AMOUNT TYPE	-, -,
188341	3/16/12	000008	VISITING NURSE SERVICE	RAMOS, JENNIFER	37.75		550.40 I	
				CATEGORY	37.75	0.00		

RUN DATE	03/21/12 -	- SUP SUNN	YSIDE CITYWIDE				PAGE 1 - 22	8
SALES JRN	ъ # 0273	LOC 001	SUNNYSIDE CITYWIDE	REG NY NY			VCP CHOICE LHCSA	
			\$	SALES REGISTER			BILL WEEK ENDING	3/23/12
INVOICE#	DATE	CUST NO	CUSTOMER NAME	REFERENCE	HOURS	TAX AMT	AMOUNT TYP	SURPLUS
188342	3/16/12	000008	VISITING NURSE SERVICE	RAMPHAL, INDRIA	12.00		174.96 I	
188343	3/16/12	800000	VISITING NURSE SERVICE	RANDAZZO, ROSAL	20.00		291.60 I	
				CUSTOMER	32.00	0.00	466.56	
				CATEGORY	32.00	0.00	466.56	

RUN DATE	03/21/12	- SUP SUNN	YSIDE CITYWIDE				PAGE 1 -	229
SALES JR	NL # 0273	LOC 001	SUNNYSIDE CITYWIDE	REG NY NY			AMH ADULT MENTA	L HEALTH
			S	SALES REGISTER			BILL WEEK ENDING	G 3/23/12
INVOICE#	DATE	CUST NO	CUSTOMER NAME	REFERENCE	HOURS	TAX AMT	AMOUNT TY	P SURPLUS
188344	3/16/12	800000	VISITING NURSE SERVICE	RASMUSSEN, GEOR	5.50		80.19 I	
				CATEGORY	5.50	0.00	80.19	

RUN DATE SALES JRN		- SUP SUNN LOC 001	YSIDE CITYWIDE SUNNYSIDE CITYWIDE	REG NY NY			PAGE 1 - 2 VCP CHOICE LHCSA	30
			\$	SALES REGISTER			BILL WEEK ENDING	3/23/12
INVOICE#	DATE	CUST NO	CUSTOMER NAME	REFERENCE	HOURS	TAX AMT	AMOUNT TYP	SURPLUS
188345	3/16/12	000008	VISITING NURSE SERVICE	REINA, JOSE	20.00		291.60 I	
188346	3/16/12	000008	VISITING NURSE SERVICE	,	26.25		382.73 I	
188347	3/16/12	800000	VISITING NURSE SERVICE	RIVADENEIRA, OL	16.00		233.28 I	
				CUSTOMER	62.25	0.00	907.61	
				CATEGORY	62.25	0.00	907.61	

RUN DATE 03	3/21/12 -	SUP SUNN	YSIDE CITYWIDE				PAGE 1 - 231	
SALES JRNL	# 0273	LOC 001	SUNNYSIDE CITYWIDE	REG NY NY			LTC NURSING HOMEW/O	WALLS (LT
			\$	SALES REGISTER			BILL WEEK ENDING	3/23/12
INVOICE#	DATE	CUST NO	CUSTOMER NAME	REFERENCE	HOURS	TAX AMT	AMOUNT TYP S	SURPLUS
188348	3/09/12	000008	VISITING NURSE SERVICE	RIVADENEIRA, RO	8.00		116.64 I	
188349	3/16/12	800000	VISITING NURSE SERVICE	RIVADENEIRA, RO	56.00		816.48 I	
				CUSTOMER	64.00	0.00	933.12	
				 CATEGORY	 64.00	0.00	933.12	

			JYSIDE CITYWIDE				PAGE 1 - 2	32
SALES JRN	L # 0273	TOG 001		REG NY NY A L E S R E G I S T E R			VCP CHOICE LHCSA BILL WEEK ENDING	3/23/12
INVOICE#	DATE	CUST NO	CUSTOMER NAME	REFERENCE	HOURS	TAX AMT	AMOUNT TYP	SURPLUS
188350	3/16/12	800000	VISITING NURSE SERVICE	RIVERA, CARMEN	20.00		291.60 I	
				CATEGORY	20.00	0.00		

RUN DATE (YSIDE CITYWIDE SUNNYSIDE CITYWIDE	REG NY NY			PAGE 1 - 233 ADU ADULT	
				SALES REGISTER			BILL WEEK ENDING 3,	/23/12
INVOICE#	DATE	CUST NO	CUSTOMER NAME	REFERENCE	HOURS	TAX AMT	AMOUNT TYP SU	JRPLUS
188351	2/10/12	800000	VISITING NURSE SERVICE	RIVERA, ERESMIN	15.00		218.70 I	
					15.00		010.70	
				CATEGORY	15.00	0.00	218.70	

RUN DATE	03/21/12 -	- SUP SUNN	YSIDE CITYWIDE				PAGE 1 - :	234
SALES JRN	L # 0273	LOC 001	SUNNYSIDE CITYWIDE	REG NY NY			VCP CHOICE LHCSA	
			5	SALES REGISTER			BILL WEEK ENDING	3/23/12
INVOICE#	DATE	CUST NO	CUSTOMER NAME	REFERENCE	HOURS	TAX AMT	AMOUNT TYP	SURPLUS
188352	3/16/12	000008	VISITING NURSE SERVICE	RIVERA, ERNESTO	16.00		233.28 I	
				CATEGORY	16.00	0.00	233.28	

RUN DATE	03/21/12 -	SUP SUNN	YSIDE CITYWIDE				PAGE 1 - 2	235
SALES JRN	L # 0273	LOC 001	SUNNYSIDE CITYWIDE	REG NY NY			LTC NURSING HOME	· ·
				SALES REGISTER			BILL WEEK ENDING	3/23/12
INVOICE#	DATE	CUST NO	CUSTOMER NAME	REFERENCE	HOURS	TAX AMT	AMOUNT TYP	SURPLUS
188353	3/16/12	800000	VISITING NURSE SERVICE	RIVERA, GRACIEL	16.00		233.28 I	
				CATEGORY	16.00	0.00	233.28	

	03/21/12 - NL # 0273		YSIDE CITYWIDE SUNNYSIDE CITYWIDE	REG NY NY			PAGE 1 - 2 ADU ADULT	36
			S	SALES REGISTER			BILL WEEK ENDING	3/23/12
INVOICE#	DATE	CUST NO	CUSTOMER NAME	REFERENCE	HOURS	TAX AMT	AMOUNT TYP	SURPLUS
188354	3/16/12	800000	VISITING NURSE SERVICE	RIVERA, RAQUEL	27.75		404.60 I	
				CATEGORY	 27.75	0.00	404.60	

RUN DATE (- SUP SUNN LOC 001	YSIDE CITYWIDE SUNNYSIDE CITYWIDE	REG NY NY SALES REGISTER			PAGE 1 - 237 LTC NURSING HOMEW/O WALLS (LT BILL WEEK ENDING 3/23/12	
INVOICE#	DATE	CUST NO	CUSTOMER NAME	REFERENCE	HOURS	TAX AMT	AMOUNT TYP SURPLUS	
188355 188356	3/16/12 3/16/12	000008 000008	VISITING NURSE SERVICE VISITING NURSE SERVICE	,	29.50 11.75		430.11 I 171.32 I	
				CUSTOMER	41.25	0.00	601.43	
				CATEGORY	41.25	0.00	601.43	

RUN DATE	03/21/12 -	- SUP SUNN	YSIDE CITYWIDE				PAGE 1 - 23	8
SALES JRI	NL # 0273	LOC 001	SUNNYSIDE CITYWIDE	REG NY NY			VCP CHOICE LHCSA	
			S	SALES REGISTER			BILL WEEK ENDING	3/23/12
INVOICE#	DATE	CUST NO	CUSTOMER NAME	REFERENCE	HOURS	TAX AMT	AMOUNT TYP	SURPLUS
188357	3/16/12	800000	VISITING NURSE SERVICE	ROBINSON, MARGA	49.00		714.42 I	
				CATEGORY	49.00	0.00	714.42	

RUN DATE	03/21/12 -	SUP SUNN	YSIDE CITYWIDE				PAGE 1 - 239	
SALES JRN	L # 0273	LOC 001	SUNNYSIDE CITYWIDE	REG NY NY			LTC NURSING HOMEW/O W	WALLS (LT
			i	SALES REGISTER			BILL WEEK ENDING 3,	/23/12
INVOICE#	DATE	CUST NO	CUSTOMER NAME	REFERENCE	HOURS	TAX AMT	AMOUNT TYP SU	JRPLUS
188358	3/16/12	800000	VISITING NURSE SERVICE	ROCCISANO, LOUI	46.75		681.62 I	
				CATEGORY	46.75	0.00	681.62	

RUN DATE SALES JRN		- SUP SUNN LOC 001	YSIDE CITYWIDE SUNNYSIDE CITYWIDE	REGNY NY SALES REGISTER			PAGE 1 VCP CHOICE L BILL WEEK EN		3/23/12
INVOICE#	DATE	CUST NO	CUSTOMER NAME	REFERENCE	HOURS	TAX AMT	AMOUNT	TYP	SURPLUS
188359 188360 188361	3/16/12 3/09/12 3/16/12	000008 000008 000008	VISITING NURSE SERVICE VISITING NURSE SERVICE VISITING NURSE SERVICE	RODRIGUEZ, IRMA	19.00 6.00 42.00		277.02 87.48 612.36	I I I	
				CUSTOMER	67.00	0.00	976.86		
				CATEGORY	67.00	0.00	976.86		

RUN DATE	03/21/12 -	- SUP SUNN	YSIDE CITYWIDE				PAGE 1 - 241	
SALES JRN	L # 0273	LOC 001	SUNNYSIDE CITYWIDE	REG NY NY			CCL CONGREGATE CARE	PROGRAM
			5	SALES REGISTER			BILL WEEK ENDING 3	/23/12
INVOICE#	DATE	CUST NO	CUSTOMER NAME	REFERENCE	HOURS	TAX AMT	AMOUNT TYP S	URPLUS
188362	3/16/12	800000	VISITING NURSE SERVICE	RODRIGUEZ, MARC	84.00		1,224.72 I	
				CATEGORY	84.00	0.00	1,224.72	

			YSIDE CITYWIDE				-	242
SALES JRN	L # U2/3	LOC 001	SUNNYSIDE CITYWIDE	REGNY NY SALES REGISTER			ADU ADULT BILL WEEK ENDING	3/23/12
							5122 W22K 2K51K6	3, 23, 12
INVOICE#	DATE	CUST NO	CUSTOMER NAME	REFERENCE	HOURS	TAX AMT	AMOUNT TYP	SURPLUS
188363	3/09/12	000008	VISITING NURSE SERVICE	RODRIGUEZ, MARI	3.00		43.74 I	
188364	3/16/12	800000	VISITING NURSE SERVICE	RODRIGUEZ, MARI	4.00		58.32 I	
				CUSTOMER	7.00	0.00	102.06	
				CATEGORY	7.00	0.00	102.06	

	RUN DATE	03/21/12 -	SUP SUNN	YSIDE CITYWIDE				PAGE 1 - 2	243
ı	SALES JRN	L # 0273	LOC 001	SUNNYSIDE CITYWIDE	REG NY NY			LTC NURSING HOME	· ·
					SALES REGISTER			BILL WEEK ENDING	3/23/12
	INVOICE#	DATE	CUST NO	CUSTOMER NAME	REFERENCE	HOURS	TAX AMT	AMOUNT TYP	SURPLUS
	188365	3/16/12	800000	VISITING NURSE SERVICE	RODRIGUEZ, OLGA	20.00		291.60 I	
					CATEGORY	20.00	0.00	291.60	

RUN DATE	03/21/12 -	- SUP SUNN	YSIDE CITYWIDE				PAGE 1 -	244
SALES JRN	NL # 0273	LOC 001	SUNNYSIDE CITYWIDE	REG NY NY			VCP CHOICE LHCS	
				SALES REGISTER			BILL WEEK ENDING	G 3/23/12
INVOICE#	DATE	CUST NO	CUSTOMER NAME	REFERENCE	HOURS	TAX AMT	AMOUNT TY	P SURPLUS
188366	3/16/12	800000	VISITING NURSE SERVICE	RODRIGUEZ, PORF	48.25		703.49 I	
				CATEGORY	48.25	0.00	703.49	

RUN DATE	03/21/12 -	SUP SUNN	YSIDE CITYWIDE				PAGE 1 - 2	245
SALES JRN	IL # 0273	LOC 001	SUNNYSIDE CITYWIDE	REG NY NY			LTC NURSING HOMEW	•
				SALES REGISTER			BILL WEEK ENDING	3/23/12
T1770 T GT	D	GTTGT 170	GIIGHOMED MANG		******		31/OTDIE	G11D D1 11G
INVOICE#	DATE	CUST NO	CUSTOMER NAME	REFERENCE	HOURS	TAX AMT	AMOUNT TYP	SURPLUS
188367	3/16/12	000008	VISITING NURSE SERVICE	RODRIGUEZ, ROOU	40.00		583.20 I	
100307	3/10/12	000006	VISITING NURSE SERVICE	RODRIGUEZ, ROQU	40.00		363.20 1	
				CATEGORY	40.00	0.00	583.20	

RUN DATE (03/21/12 -	- SUP SUNN	YSIDE CITYWIDE				PAGE 1 -	246
SALES JRNI	L # 0273	LOC 001	SUNNYSIDE CITYWIDE	REG NY NY			ADU ADULT	
			S	ALES REGISTER			BILL WEEK ENDING	3/23/12
INVOICE#	DATE	CUST NO	CUSTOMER NAME	REFERENCE	HOURS	TAX AMT	AMOUNT TYPE	P SURPLUS
188368	3/02/12	000008	VISITING NURSE SERVICE	RODRIGUEZ, YLMA	8.00		116.64 I	
188369	3/02/12	800000	VISITING NURSE SERVICE	RODRIGUEZ, YLMA	8.00		116.64 I	
188370	3/09/12	800000	VISITING NURSE SERVICE	RODRIGUEZ, YLMA	8.00		116.64 I	
188371	3/16/12	800000	VISITING NURSE SERVICE	RODRIGUEZ, YLMA	56.00		816.48 I	
				CUSTOMER	80.00	0.00	1,166.40	
				CATEGORY	80.00	0.00	1,166.40	

R	UN DATE	03/21/12 -	SUP SUNN	YSIDE CITYWIDE				PAGE 1 - 24	17
S.	SALES JRN	L # 0273	LOC 001	SUNNYSIDE CITYWIDE	REG NY NY			LTC NURSING HOMEW	O WALLS (LT
				S	SALES REGISTER			BILL WEEK ENDING	3/23/12
I	NVOICE#	DATE	CUST NO	CUSTOMER NAME	REFERENCE	HOURS	TAX AMT	AMOUNT TYP	SURPLUS
1	.88372	3/16/12	000008	VISITING NURSE SERVICE	ROLON, JUANITA	39.75		579.56 I	
					CATEGORY	39.75	0.00	579.56	

			YSIDE CITYWIDE				PAGE 1 - 24	8
SALES JF	RNL # 0273	LOC 001	SUNNYSIDE CITYWIDE	REG NY NY			ADU ADULT	2 / 2 2 / 1 2
				SALES REGISTER			BILL WEEK ENDING	3/23/12
INVOICE‡	DATE	CUST NO	CUSTOMER NAME	REFERENCE	HOURS	TAX AMT	AMOUNT TYP	SURPLUS
188373	3/16/12	800000	VISITING NURSE SERVICE	ROMERO, HERNAN	24.75		360.86 I	
				CATEGORY	24.75	0.00	360.86	

RUN DAT	E 03/21/12 -	- SUP SUNN	NYSIDE CITYWIDE				PAGE 1 -	249
SALES J	RNL # 0273	LOC 001	SUNNYSIDE CITYWIDE	REG NY NY			VCP CHOICE LHCSA	
			S	SALES REGISTER			BILL WEEK ENDING	3/23/12
INVOICE	# DATE	CUST NO	CUSTOMER NAME	REFERENCE	HOURS	TAX AMT	AMOUNT TYP	SURPLUS
188374	3/16/12	800000	VISITING NURSE SERVICE	ROMERO, SANTHY	56.00		816.48 I	
				CATEGORY	56.00	0.00	816.48	

RUN DATE 03/ SALES JRNL #	/21/12 - SUP SUN # 0273 LOC 001	SUNNYSIDE CITYWIDE		NY E G I S T E	R		PAGE 1 LTC NURSING BILL WEEK EN		
INVOICE# I	DATE CUST NO	CUSTOMER NAME	REFE	RENCE	HOURS	TAX AMT	AMOUNT	TYP	SURPLUS
	/16/12 000008 /16/12 000008	VISITING NURSE SERVICE VISITING NURSE SERVICE	ROMO, ROSA,	FLOR ANA	56.00 40.00		816.48 583.20	I I	
				CUSTOMER	96.00	0.00	1,399.68		
				CATEGORY	96.00	0.00	1,399.68		

			YSIDE CITYWIDE				PAGE 1 - :	251
SALES JRN	L # 0273	LOC 001	SUNNYSIDE CITYWIDE	REG NY NY			ADU ADULT	2/22/12
				SALES REGISTER			BILL WEEK ENDING	3/23/12
INVOICE#	DATE	CUST NO	CUSTOMER NAME	REFERENCE	HOURS	TAX AMT	AMOUNT TYP	SURPLUS
188377	3/16/12	000008	VISITING NURSE SERVICE	ROSA, LUZ E	46.25		674.33 I	
				CATEGORY	46.25	0.00	674.33	

RUN DATE SALES JRN		- SUP SUNN	YSIDE CITYWIDE SUNNYSIDE CITYWIDE	REG NY NY			PAGE 1 VCP CHOICE LI	- 25 HCSA	52
			S	SALES REGISTER			BILL WEEK EN	DING	3/23/12
INVOICE#	DATE	CUST NO	CUSTOMER NAME	REFERENCE	HOURS	TAX AMT	AMOUNT	TYP	SURPLUS
188378	3/16/12	000008	VISITING NURSE SERVICE	ROSA, MANOLO	16.00		233.28	I	
188379	3/16/12	800000	VISITING NURSE SERVICE	ROSARIO, ELSA	34.25		499.37	I	
188380	3/16/12	800000	VISITING NURSE SERVICE	ROSARIO, MARIA	20.00		291.60	I	
				CUSTOMER	70.25	0.00	1,024.25		
				CATEGORY	70.25	0.00	1,024.25		

RUN DATE 03/21/12 SALES JRNL # 0273	- SUP SUNN LOC 001	SUNNYSIDE CITYWIDE	REG NY NY			PAGE 1 - 253 ADU ADULT	
		i	SALES REGISTER			BILL WEEK ENDING 3/23/12	
INVOICE# DATE	CUST NO	CUSTOMER NAME	REFERENCE	HOURS	TAX AMT	AMOUNT TYP SURPLUS	
188381 3/16/12 188382 3/16/12	000008 000008	VISITING NURSE SERVICE VISITING NURSE SERVICE	•	20.00 16.00		291.60 I 233.28 I	
			CUSTOMER	36.00	0.00	524.88	
			CATEGORY	36.00	0.00	524.88	

			TYSIDE CITYWIDE				PAGE 1 - 2	254
SALES JRN	IL # 0273	TOG 001	SUNNYSIDE CITYWIDE S	REG NY NY ALES REGISTER			VCP CHOICE LHCSA BILL WEEK ENDING	3/23/12
INVOICE#	DATE	CUST NO	CUSTOMER NAME	REFERENCE	HOURS	TAX AMT	AMOUNT TYP	SURPLUS
188383	3/16/12	800000	VISITING NURSE SERVICE	RUEDA, INES	47.00		685.26 I	
				CATEGORY	47.00	0.00	685.26	

RUN DATE	03/21/12 -	SUP SUNN	YSIDE CITYWIDE				PAGE 1 - 2	255
SALES JRN	ъ # 0273	LOC 001		REG NY NY			LTC NURSING HOME	
			S	ALES REGISTER			BILL WEEK ENDING	3/23/12
INVOICE#	DATE	CUST NO	CUSTOMER NAME	REFERENCE	HOURS	TAX AMT	AMOUNT TYP	SURPLUS
188384	3/16/12	800000	VISITING NURSE SERVICE	RUFFEN, SANDRA	24.00		349.92 I	
				CATEGORY	24.00	0.00	349.92	

			NYSIDE CITYWIDE				PAGE 1 - 2	256
SALES JRN	IL # 0273	LOC 001		REG NY NY			ADU ADULT	
			S	SALES REGISTER			BILL WEEK ENDING	3/23/12
INVOICE#	DATE	CUST NO	CUSTOMER NAME	REFERENCE	HOURS	TAX AMT	AMOUNT TYP	SURPLUS
188385	3/16/12	800000	VISITING NURSE SERVICE	RUSSO, MONICA	70.00		1,020.60 I	
				CATEGORY	70.00	0.00	1,020.60	

			NYSIDE CITYWIDE					257
SALES JRN	IL # 0273	LOC 001	SUNNYSIDE CITYWIDE	REG NY NY SALES REGISTER			LTC NURSING HOME BILL WEEK ENDING	•
							DIED WEEK ENDING	3/23/12
INVOICE#	DATE	CUST NO	CUSTOMER NAME	REFERENCE	HOURS	TAX AMT	AMOUNT TYP	SURPLUS
188386	3/16/12	000008	VISITING NURSE SERVICE	SAAVEDRA, STELL	29.50		430.12 I	
				CATEGORY	29.50	0.00	430.12	

ı	RUN DATE	03/21/12 -	- SUP SUNN	YSIDE CITYWIDE				PAGE 1 -	258	
ı	SALES JRN	L # 0273	LOC 001	SUNNYSIDE CITYWIDE	REG NY NY			VCP CHOICE LHCSA	•	
ı				S	SALES REGISTER			BILL WEEK ENDING	3/23/12	
ı										
ı	INVOICE#	DATE	CUST NO	CUSTOMER NAME	REFERENCE	HOURS	TAX AMT	AMOUNT TYP	SURPLUS	
ı										
ı	188387	3/16/12	000008	VISITING NURSE SERVICE	SALADIN, MARIA	73.00		1,064.34 I		
ı										
ı										
ı					CATEGORY	73.00	0.00	1,064.34		

	RUN DATE	03/21/12 -	SUP SUNN	YSIDE CITYWIDE				PAGE 1 - 2	159
	SALES JRN	L # 0273	LOC 001	SUNNYSIDE CITYWIDE	REG NY NY			LTC NURSING HOME	I/O WALLS (LT
					SALES REGISTER			BILL WEEK ENDING	3/23/12
ı									
	INVOICE#	DATE	CUST NO	CUSTOMER NAME	REFERENCE	HOURS	TAX AMT	AMOUNT TYP	SURPLUS
ı									
	188388	3/16/12	800000	VISITING NURSE SERVICE	SALVATIERRA, TE	36.00		524.88 I	
ı									
ı					CATEGORY	36.00	0.00	524.88	

ı	RUN DATE	03/21/12 -	- SUP SUNN	YSIDE CITYWIDE				PAGE 1 - 26	0
ı	SALES JRN	L # 0273	LOC 001	SUNNYSIDE CITYWIDE	REG NY NY			VCP CHOICE LHCSA	
ı				S	SALES REGISTER			BILL WEEK ENDING	3/23/12
ı									
ı	INVOICE#	DATE	CUST NO	CUSTOMER NAME	REFERENCE	HOURS	TAX AMT	AMOUNT TYP	SURPLUS
ı									
ı	188389	3/16/12	000008	VISITING NURSE SERVICE	SALVUCCI, YOLAN	16.00		233.28 I	
ı									
ı									
ı					CATEGORY	16.00	0.00	233.28	

			YSIDE CITYWIDE SUNNYSIDE CITYWIDE	REG NY NY			PAGE 1 - ADU ADULT	261
	"			SALES REGISTER			BILL WEEK ENDING	3/23/12
INVOICE#	DATE	CUST NO	CUSTOMER NAME	REFERENCE	HOURS	TAX AMT	AMOUNT TYP	SURPLUS
188390	3/16/12	000008	VISITING NURSE SERVICE	SALZ, HELENA	7.00		102.06 I	
				CATEGORY	7.00	0.00	102.06	

RUN DATE SALES JRN		- SUP SUNN	YSIDE CITYWIDE SUNNYSIDE CITYWIDE	REG NY NY			PAGE 1 VCP CHOICE LI	- 26 HCSA	52
	.2 02/3	200 001		A L E S R E G I S T E R			BILL WEEK EN		3/23/12
INVOICE#	DATE	CUST NO	CUSTOMER NAME	REFERENCE	HOURS	TAX AMT	AMOUNT	TYP	SURPLUS
188391 188392	3/16/12	800000	VISITING NURSE SERVICE	SAMPOGNA, LUCY	20.00 50.00		291.60	I	
188392	3/16/12	800000	VISITING NURSE SERVICE	SANCHEZ, LIDIA	50.00		729.00		
				CUSTOMER	70.00	0.00	1,020.60		
				CATEGORY	 70.00	0.00	1,020.60		

RUN DATE	03/21/12 -	- SUP SUNN	YSIDE CITYWIDE				PAGE 1 - 26	63
SALES JRN	L # 0273	LOC 001	SUNNYSIDE CITYWIDE	REG NY NY			CCL CONGREGATE CAR	RE PROGRAM
			Ş	SALES REGISTER			BILL WEEK ENDING	3/23/12
INVOICE#	DATE	CUST NO	CUSTOMER NAME	REFERENCE	HOURS	TAX AMT	AMOUNT TYP	SURPLUS
188393	3/16/12	800000	VISITING NURSE SERVICE	SANCHEZ, MARIA	30.00		437.40 I	
				CATEGORY	30.00	0.00	437.40	

			YSIDE CITYWIDE SUNNYSIDE CITYWIDE	REGNY NY SALES REGISTER			PAGE 1 - ADU ADULT BILL WEEK ENDING	264
INVOICE#	DATE	CUST NO	CUSTOMER NAME	REFERENCE	HOURS	TAX AMT	AMOUNT TYP	SURPLUS
188394	3/16/12	800000	VISITING NURSE SERVICE	SANCHEZ, NILSA	24.00		349.92 I	
				CATEGORY	24.00	0.00	349.92	

			YSIDE CITYWIDE				PAGE 1	- 26	55
SALES JRN	IL # 0273	LOC 001	SUNNYSIDE CITYWIDE	REG NY NY			VCP CHOICE L		
				SALES REGISTER			BILL WEEK EN	DING	3/23/12
INVOICE#	DATE	CUST NO	CUSTOMER NAME	REFERENCE	HOURS	TAX AMT	AMOUNT	TYP	SURPLUS
188395	3/16/12	000008	VISITING NURSE SERVICE	SCOTT, CATHERIN	56.00		816.48	I	
188396	3/16/12	800000	VISITING NURSE SERVICE	SEGOVIA, BEATRI	30.50		444.69	I	
				CUSTOMER	86.50	0.00	1,261.17		
				CATEGORY	86.50	0.00	1,261.17		

RUN DATE	03/21/12 -	SUP SUNN	YSIDE CITYWIDE				PAGE 1 - 266	
SALES JRN	rL # 0273	LOC 001	SUNNYSIDE CITYWIDE	REG NY NY			LTC NURSING HOMEW/O WALLS (LT	
			S	SALES REGISTER			BILL WEEK ENDING 3/23/12	
INVOICE#	DATE	CUST NO	CUSTOMER NAME	REFERENCE	HOURS	TAX AMT	AMOUNT TYP SURPLUS	
188397	3/16/12	800000	VISITING NURSE SERVICE	SEO, INJA	34.00		495.72 I	
				CATEGORY	34.00	0.00	495.72	

RUN DATE 0	3/21/12 -	- SUP SUNN	YSIDE CITYWIDE				PAGE 1 -	- 267
SALES JRNL	# 0273	LOC 001	SUNNYSIDE CITYWIDE	REG NY NY			VCP CHOICE LHO	CSA
			i i	SALES REGISTER			BILL WEEK ENDI	ING 3/23/12
INVOICE#	DATE	CUST NO	CUSTOMER NAME	REFERENCE	HOURS	TAX AMT	T TRUOMA	TYP SURPLUS
188398	3/16/12	000008	VISITING NURSE SERVICE	SERAFIN, WALTER	46.75		681.62	I
188399	3/16/12	800000	VISITING NURSE SERVICE	SERRANO, AGUEDA	56.00		816.48	I
188400	3/16/12	800000	VISITING NURSE SERVICE	SHANNON, ELNORA	42.00		612.36	I
188401	3/16/12	800000	VISITING NURSE SERVICE	SIFFETI, ROHAFZ	10.00		145.80	I
				CUSTOMER	154.75	0.00	2,256.26	
				CATEGORY	154.75	0.00	2,256.26	

RUN DATE	03/21/12 -	- SUP SUNN	YSIDE CITYWIDE				PAGE 1 - :	268
SALES JRN	L # 0273	LOC 001	SUNNYSIDE CITYWIDE	REG NY NY			LTC NURSING HOME	W/O WALLS (LT
			S	SALES REGISTER			BILL WEEK ENDING	3/23/12
INVOICE#	DATE	CUST NO	CUSTOMER NAME	REFERENCE	HOURS	TAX AMT	AMOUNT TYP	SURPLUS
188402	3/16/12	800000	VISITING NURSE SERVICE	SILLS, JAMES	42.00		612.36 I	
				CATEGORY	42.00	0.00	612.36	

RUN DATE SALES JRN		- SUP SUNN LOC 001	YSIDE CITYWIDE SUNNYSIDE CITYWIDE	REG NY NY			PAGE 1 - 269 VCP CHOICE LHCSA)
BALLS OIGN	L # 02/3	100 001		SALES REGISTER				3/23/12
INVOICE#	DATE	CUST NO	CUSTOMER NAME	REFERENCE	HOURS	TAX AMT	AMOUNT TYP	SURPLUS
188403 188404	3/16/12 3/16/12	800000 800000	VISITING NURSE SERVICE VISITING NURSE SERVICE	SINGH, BADREE SINGH, JAMOONIE	30.00 15.00		437.40 I 218.70 I	
				CUSTOMER	45.00	0.00	656.10	
				CATEGORY	45.00	0.00	656.10	

	03/21/12 - IL # 0273			REG NY NY SALES REGISTER			PAGE 1 - ADU ADULT BILL WEEK ENDIN	270 NG 3/23/12
INVOICE#	DATE	CUST NO	CUSTOMER NAME	REFERENCE	HOURS	TAX AMT	AMOUNT TY	YP SURPLUS
188405	3/16/12	800000	VISITING NURSE SERVICE	SKOUTELAS, ARIS	12.00		174.96	I
				CATEGORY	12.00	0.00	174.96	

RUN DATE	03/21/12 -	- SUP SUNN	YSIDE CITYWIDE				PAGE 1 - 27	1
SALES JRN	L # 0273	LOC 001	SUNNYSIDE CITYWIDE	REG NY NY			LTC NURSING HOMEW/	O WALLS (LT
				SALES REGISTER	-		BILL WEEK ENDING	3/23/12
INVOICE#	DATE	CUST NO	CUSTOMER NAME	REFERENCE	HOURS	TAX AMT	AMOUNT TYP	SURPLUS
188406	3/16/12	000008	VISITING NURSE SERVICE	SOLDATI, RONDA	10.00		145.80 I	
188407	3/16/12	800000	VISITING NURSE SERVICE	SOLDATI, RONDA	5.00		72.90 I	
				CUSTOMER	15.00	0.00	218.70	
				0021011211		0.00		
				CATEGORY	15.00	0.00	218.70	

RUN DATE	03/21/12 -	- SUP SUNN	YSIDE CITYWIDE				PAGE 1 - 272	}
SALES JRN	և # 0273	LOC 001	SUNNYSIDE CITYWIDE	REG NY NY			CCL CONGREGATE CARE	
			S	SALES REGISTER			BILL WEEK ENDING	3/23/12
INVOICE#	DATE	CUST NO	CUSTOMER NAME	REFERENCE	HOURS	TAX AMT	AMOUNT TYP	SURPLUS
188408	3/16/12	800000	VISITING NURSE SERVICE	SOPCHEK, SAMUEL	12.00		174.96 I	
				CATEGORY	12.00	0.00	174.96	

			YSIDE CITYWIDE SUNNYSIDE CITYWIDE	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
188409	3/16/12	800000	VISITING NURSE SERVICE	SORIA, ROLANDO	34.00		495.72 I	
				CATEGORY	34.00	0.00	495.72	

			YSIDE CITYWIDE				-	274
SALES JRN	L # 0273	LOC 001	SUNNYSIDE CITYWIDE	REG NY NY SALES REGISTER			ADU ADULT BILL WEEK ENDIN	G 3/23/12
							DIDD WEEK ENDIN	0 3/23/12
INVOICE#	DATE	CUST NO	CUSTOMER NAME	REFERENCE	HOURS	TAX AMT	AMOUNT TY	P SURPLUS
188410	3/16/12	000008	VISITING NURSE SERVICE	SOTO, OSCAR	1.00		14.58 I	
188411	3/16/12	000008	VISITING NURSE SERVICE VISITING NURSE SERVICE		20.00		291.60 I	
				CUSTOMER	21.00	0.00	306.18	
				CATEGORY	21.00	0.00	306.18	

RUN DATE	03/21/12 -	- SUP SUNN	YSIDE CITYWIDE				PAGE 1 - 2	275	
SALES JRN	ь # 0273	LOC 001	SUNNYSIDE CITYWIDE	REG NY NY			VCP CHOICE LHCSA		
			5	SALES REGISTER			BILL WEEK ENDING	3/23/12	
INVOICE#	DATE	CUST NO	CUSTOMER NAME	REFERENCE	HOURS	TAX AMT	AMOUNT TYP	SURPLUS	
188412	3/16/12	000008	VISITING NURSE SERVICE	STAMBOULIDIS, V	55.75		812.84 I		
				CATEGORY	55.75	0.00	812.84		

RUN DATE SALES JRN		- SUP SUNN	YSIDE CITYWIDE SUNNYSIDE CITYWIDE	REG NY NY			PAGE 1 - HOA HOSPICE ADUL	
			S	ALES REGISTER			BILL WEEK ENDING	3/23/12
INVOICE#	DATE	CUST NO	CUSTOMER NAME	REFERENCE	HOURS	TAX AMT	AMOUNT TYP	SURPLUS
188413 188414	3/09/12 3/16/12	000008 000008	VISITING NURSE SERVICE VISITING NURSE SERVICE	STEIN, STEPHANI STEIN, STEPHANI	3.00 21.00		43.74 I 306.18 I	
	3/10/12	000000	VIDITING NORDE BERVIOL	CUSTOMER	24.00	0.00	349.92	
				COSTOMER	21.00		517.72	
				CATEGORY	24.00	0.00	349.92	

RUN DATE SALES JRN		- SUP SUNN LOC 001	IYSIDE CITYWIDE SUNNYSIDE CITYWIDE	REG NY NY SALES REGISTER			PAGE 1 VCP CHOICE LI BILL WEEK EN		77 3/23/12
INVOICE#	DATE	CUST NO	CUSTOMER NAME	REFERENCE	HOURS	TAX AMT	AMOUNT	TYP	SURPLUS
188415 188416 188417	3/16/12 3/16/12 3/16/12	000008 000008 000008	VISITING NURSE SERVICE VISITING NURSE SERVICE VISITING NURSE SERVICE	STERGIOU, GLORI STICKELL, BLANC STROBL, ALFRED	15.00 32.00 36.00		218.70 466.56 524.88	I I I	
				CUSTOMER	83.00	0.00	1,210.14		
				CATEGORY	83.00	0.00	1,210.14		

RUN DATE (03/21/12 -	SUP SUNN	YSIDE CITYWIDE				PAGE 1 - 278	8
SALES JRNI	L # 0273	LOC 001	SUNNYSIDE CITYWIDE	REG NY NY			LTC NURSING HOMEW/	O WALLS (LT
				SALES REGISTER			BILL WEEK ENDING	3/23/12
INVOICE#	DATE	CUST NO	CUSTOMER NAME	REFERENCE	HOURS	TAX AMT	AMOUNT TYP	SURPLUS
188418	3/16/12	800000	VISITING NURSE SERVICE	SUAREZ, TULIA	25.25		368.15 I	
				CATEGORY	25.25	0.00	368.15	

RUN DATE	03/21/12	- SUP SUNN	YSIDE CITYWIDE				PAGE 1 - 2	279
SALES JRN	L # 0273	LOC 001	SUNNYSIDE CITYWIDE	REG NY NY			VCP CHOICE LHCSA	
			5	SALES REGISTER			BILL WEEK ENDING	3/23/12
INVOICE#	DATE	CUST NO	CUSTOMER NAME	REFERENCE	HOURS	TAX AMT	AMOUNT TYP	SURPLUS
188419	3/16/12	800000	VISITING NURSE SERVICE	TABOADA, ELIZAB	62.75		914.91 I	
				CATEGORY	62.75	0.00	914.91	

RUN DATE SALES JRN		- SUP SUNN LOC 001	YSIDE CITYWIDE SUNNYSIDE CITYWIDE	REG NY NY SALES REGISTE	R		PAGE 1 - LTC NURSING HOM BILL WEEK ENDIN	
INVOICE#	DATE	CUST NO	CUSTOMER NAME	REFERENCE	HOURS	TAX AMT	AMOUNT TY	P SURPLUS
188420 188421	3/16/12 3/16/12	000008 000008	VISITING NURSE SERVICE VISITING NURSE SERVICE	- ,	56.00 20.00		816.48 I 291.60 I	
				CUSTOMER	76.00	0.00	1,108.08	
				 CATEGORY	76.00	0.00	1,108.08	

	3/21/12 - SUP SUN		DEC NY NY			PAGE 1 - 28	31
SALES JRNL	# 0273 LOC 001		REGNY NY SALES REGISTER			ADU ADULT BILL WEEK ENDING	3/23/12
INVOICE#	DATE CUST NO	CUSTOMER NAME	REFERENCE	HOURS	TAX AMT	AMOUNT TYP	SURPLUS
	3/16/12 000008 3/16/12 000008	VISITING NURSE SERVICE VISITING NURSE SERVICE		15.00 20.00		218.70 I 291.60 I	
			CUSTOMER	35.00	0.00	510.30	
			CATEGORY	35.00	0.00	510.30	

RUN DATE	03/21/12 -	- SUP SUNN	YSIDE CITYWIDE				PAGE 1 - 28	2
SALES JRN	IL # 0273	LOC 001	SUNNYSIDE CITYWIDE	REG NY NY			AUR ADULT REHAB ON	LY
			5	SALES REGISTER			BILL WEEK ENDING	3/23/12
INVOICE#	DATE	CUST NO	CUSTOMER NAME	REFERENCE	HOURS	TAX AMT	AMOUNT TYP	SURPLUS
188424	3/16/12	800000	VISITING NURSE SERVICE	TEJADA, MARIALU	24.50		357.21 I	
				CATEGORY	24.50	0.00	357.21	

			YSIDE CITYWIDE				PAGE 1 - 2	
SALES JRN	L # 0273	LOC 001	SUNNYSIDE CITYWIDE	REG NY NY			HOA HOSPICE ADULT	
			· ·	SALES REGISTER			BILL WEEK ENDING	3/23/12
INVOICE#	DATE	CUST NO	CUSTOMER NAME	REFERENCE	HOURS	TAX AMT	AMOUNT TYP	SURPLUS
100405	0 / 1 5 / 1 0				10.00		154.06	
188425	3/16/12	000008	VISITING NURSE SERVICE	TEMBELIS, DAPHN	12.00		174.96 I	
				CATEGORY	12.00	0.00	174.96	

RUN DATE SALES JRN		SUP SUNN LOC 001	YSIDE CITYWIDE SUNNYSIDE CITYWIDE	REG NY NY S A L E S R E G I S T E R			PAGE 1 - 284 ADU ADULT BILL WEEK ENDING 3/23/12
INVOICE#	DATE	CUST NO	CUSTOMER NAME	REFERENCE	HOURS	TAX AMT	AMOUNT TYP SURPLUS
188426	3/16/12	800000	VISITING NURSE SERVICE	TERRERO, RAMONI	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 VCP CHOICE LE	- 28	35
Bribbs orde	.1 0275	100 001		SALES REGISTER			BILL WEEK END		3/23/12
INVOICE#	DATE	CUST NO	CUSTOMER NAME	REFERENCE	HOURS	TAX AMT	AMOUNT	TYP	SURPLUS
188427 188428	3/16/12 3/16/12	000008 000008	VISITING NURSE SERVICE VISITING NURSE SERVICE	TERZIAN, ASDGHI TERZIAN, ASDGHI	15.00 8.00		218.70 116.64	I	
100420	3/10/12	000008	VISITING NURSE SERVICE	TERZIAN, ASDGHI	0.00		110.04		
				CUSTOMER	23.00	0.00	335.34		
				CATEGORY	23.00	0.00	335.34		

			YSIDE CITYWIDE	DDG 1997			-	286
SALES JRN	L # 02/3	LOC 001	SUNNYSIDE CITYWIDE	REGNY NY SALES REGISTER			ADU ADULT BILL WEEK ENDING	3/23/12
INVOICE#	DATE	CUST NO	CUSTOMER NAME	REFERENCE	HOURS	TAX AMT	AMOUNT TYP	SURPLUS
188429	3/16/12	800000	VISITING NURSE SERVICE	THOMPSON, WILLI	1.00		14.58 I	
				CATEGORY	1.00	0.00	14.58	

RUN DATE	03/21/12 -	SUP SUNN	YSIDE CITYWIDE				PAGE 1 - 28	7
SALES JRN	ъ # 0273	LOC 001	SUNNYSIDE CITYWIDE	REG NY NY			VCP CHOICE LHCSA	
			5	SALES REGISTER			BILL WEEK ENDING	3/23/12
INVOICE#	DATE	CUST NO	CUSTOMER NAME	REFERENCE	HOURS	TAX AMT	AMOUNT TYP	SURPLUS
188430	3/16/12	800000	VISITING NURSE SERVICE	TINOCO, INES	36.00		524.88 I	
				CATEGORY	36.00	0.00	524.88	

- 1				YSIDE CITYWIDE				PAGE 1 - 28	8
	SALES JRN.	L # 0273	TOG 001	SUNNYSIDE CITYWIDE	REGNY NY SALES REGISTER			ADU ADULT BILL WEEK ENDING	3/23/12
					ALES KEGISIEK			BILL WEEK ENDING	3/23/12
	INVOICE#	DATE	CUST NO	CUSTOMER NAME	REFERENCE	HOURS	TAX AMT	AMOUNT TYP	SURPLUS
	188431	3/16/12	000008	VISITING NURSE SERVICE	TORO VEGA, LUZV	20.00		291.60 I	
					CATEGORY	20.00	0.00	291.60	

RUN DAT	E 03/21/12 -	- SUP SUNN	YSIDE CITYWIDE					PAGE 1	- 28	19
SALES J	RNL # 0273	LOC 001	SUNNYSIDE CITYWIDE	-	NY			VCP CHOICE LE		
			S	SALES R	EGISTEF	3		BILL WEEK ENI	DING	3/23/12
INVOICE	# DATE	CUST NO	CUSTOMER NAME	REFE	RENCE	HOURS	TAX AMT	AMOUNT	TYP	SURPLUS
188432	3/16/12	800000	VISITING NURSE SERVICE	TORO,	PURA	84.00		1,224.72	I	
					CATEGORY	84.00	0.00	1,224.72		

RUN DATE SALES JRN			YSIDE CITYWIDE SUNNYSIDE CITYWIDE S A	REG NY NY ALES REGISTER			PAGE 1 - 290 ADU ADULT BILL WEEK ENDING 3/23/12
INVOICE#	DATE	CUST NO	CUSTOMER NAME	REFERENCE	HOURS	TAX AMT	AMOUNT TYP SURPLUS
188433	3/16/12	800000	VISITING NURSE SERVICE	TORRES, EMELINA	40.00		583.20 I
				CATEGORY	40.00	0.00	 583.20

RUN DATE	03/21/12 -	- SUP SUNN	YSIDE CITYWIDE				PAGE 1 - 2	91
SALES JRN	L # 0273	LOC 001		REG NY NY			VCP CHOICE LHCSA	
			5	SALES REGISTER			BILL WEEK ENDING	3/23/12
INVOICE#	DATE	CUST NO	CUSTOMER NAME	REFERENCE	HOURS	TAX AMT	AMOUNT TYP	SURPLUS
188434	3/16/12	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		- SUP SUNN LOC 001	YSIDE CITYWIDE SUNNYSIDE CITYWIDE	REG NY NY SALES REGISTER			PAGE 1 - 292 LTC NURSING HOMEW/C BILL WEEK ENDING	
INVOICE#	DATE	CUST NO	CUSTOMER NAME	REFERENCE	HOURS	TAX AMT	AMOUNT TYP	SURPLUS
188435 188436	3/09/12 3/16/12	000008 000008	VISITING NURSE SERVICE VISITING NURSE SERVICE		6.00 36.00		87.48 I 524.88 I	
				CUSTOMER	42.00	0.00	612.36	
				 CATEGORY	42.00	0.00	612.36	

RUN DATE SALES JRN		- SUP SUNN LOC 001	YSIDE CITYWIDE SUNNYSIDE CITYWIDE S	REGNY NY SALES REGISTER			PAGE 1 - 293 ADU ADULT BILL WEEK ENDING 3/23/12
INVOICE#	DATE	CUST NO	CUSTOMER NAME	REFERENCE	HOURS	TAX AMT	AMOUNT TYP SURPLUS
188437	3/16/12	800000	VISITING NURSE SERVICE	TOUMA, MATTA	12.00		174.96 I
				CATEGORY	12.00	0.00	174.96

			TYSIDE CITYWIDE	DEC NV NV			-	- 29	94
SALES JRN	L # UZ/3	LOC 001	SUNNYSIDE CITYWIDE	REGNY NY SALES REGISTEF	2		VCP CHOICE LI		3/23/12
			_		-		5111 Will 11.	2110	3, 23, 12
INVOICE#	DATE	CUST NO	CUSTOMER NAME	REFERENCE	HOURS	TAX AMT	AMOUNT	TYP	SURPLUS
100420	2 /00 /10	000000	MICHELING MIDGE GERMING	EDULTILO AMBAD	4 00		F0 22	-	
188438	3/09/12	000008	VISITING NURSE SERVICE	TRUJILLO, AMPAR	4.00		50.52	I	
188439	3/16/12	800000	VISITING NURSE SERVICE	TRUJILLO, AMPAR	20.00		291.60	Τ	
188440	3/16/12	800000	VISITING NURSE SERVICE	TSOLISOS, FOTIN	56.00		816.48	I	
188441	3/16/12	800000	VISITING NURSE SERVICE	TZOUMAS, EFFIE	56.00		816.48	I	
188442	3/16/12	800000	VISITING NURSE SERVICE	UGURLUYAN, KARA	7.00		1,224.72	I	
				CUSTOMER	143.00	0.00	3,207.60		
				CARRICODY	142.00	0.00	2 207 60		
				CATEGORY	143.00	0.00	3,207.60		

ı	RUN DATE	03/21/12 -	SUP SUNN	YSIDE CITYWIDE				PAGE 1 - 2	295
ı	SALES JRN	L # 0273	LOC 001	SUNNYSIDE CITYWIDE	REG NY NY			LTC NURSING HOME	·
ı					SALES REGISTER			BILL WEEK ENDING	3/23/12
	INVOICE#	DATE	CUST NO	CUSTOMER NAME	REFERENCE	HOURS	TAX AMT	AMOUNT TYP	SURPLUS
	188443	3/16/12	800000	VISITING NURSE SERVICE	URBINA, ANA	35.00		510.30 I	
					CATEGORY	35.00	0.00	510.30	

RUN DATE	03/21/12 -	- SUP SUNN	YSIDE CITYWIDE				PAGE 1 -	296
SALES JRN	rL # 0273	LOC 001	SUNNYSIDE CITYWIDE	REG NY NY			VCP CHOICE LHCS	A
			S	SALES REGISTER			BILL WEEK ENDING	G 3/23/12
INVOICE#	DATE	CUST NO	CUSTOMER NAME	REFERENCE	HOURS	TAX AMT	AMOUNT TY	P SURPLUS
188444	3/16/12	800000	VISITING NURSE SERVICE	VALENCIANO-ROJ,	43.50		634.23 I	
				CATEGORY	43.50	0.00	634.23	

R	RUN DATE	03/21/12 -	- SUP SUNN	YSIDE CITYWIDE				PAGE 1 -	297
S	SALES JRN	L # 0273	LOC 001	SUNNYSIDE CITYWIDE	REG NY NY			CCL CONGREGATE C.	ARE PROGRAM
				Ş	SALES REGISTER			BILL WEEK ENDING	3/23/12
I	NVOICE#	DATE	CUST NO	CUSTOMER NAME	REFERENCE	HOURS	TAX AMT	AMOUNT TYP	SURPLUS
1	.88445	3/16/12	800000	VISITING NURSE SERVICE	VALENTI, HELEN	8.00		116.64 I	
					CATEGORY	8.00	0.00	116.64	

RUN DATE	03/21/12 -	- SUP SUNN	YSIDE CITYWIDE				PAGE 1	- 298	
SALES JRN	L # 0273	LOC 001	SUNNYSIDE CITYWIDE	REG NY NY			LTC NURSING H	IOMEW/O	WALLS (LT
			5	SALES REGISTER			BILL WEEK END	ING	3/23/12
INVOICE#	DATE	CUST NO	CUSTOMER NAME	REFERENCE	HOURS	TAX AMT	AMOUNT	TYP	SURPLUS
188446	3/16/12	000008	VISITING NURSE SERVICE	VAROL, ELMAS	2.00		29.16	I	
188447	3/16/12	800000	VISITING NURSE SERVICE	VAROL, MUSTAFA	2.00		29.16	I	
188448	3/16/12	800000	VISITING NURSE SERVICE	VASQUEZ, EUSTAG	33.00		481.14	I	
188449	3/16/12	800000	VISITING NURSE SERVICE	VASQUEZ, RAPHAE	20.75		302.54	I	
188450	3/16/12	800000	VISITING NURSE SERVICE	VAZQUEZ, ESTHER	40.00		583.20	I	
				CUSTOMER	97.75	0.00	1,425.20		
				CATEGORY	97.75	0.00	1,425.20		

RUN DATE	03/21/12 -	- SUP SUNN	YSIDE CITYWIDE				PAGE 1 - :	299
SALES JRN	և # 0273	LOC 001		REG NY NY			VCP CHOICE LHCSA	
			5	SALES REGISTER			BILL WEEK ENDING	3/23/12
INVOICE#	DATE	CUST NO	CUSTOMER NAME	REFERENCE	HOURS	TAX AMT	AMOUNT TYP	SURPLUS
188451	3/16/12	800000	VISITING NURSE SERVICE	VELASQUEZ, NELL	11.50		167.67 I	
				CATEGORY	11.50	0.00	167.67	

RUN DATE	03/21/12 -	SUP SUNN	YSIDE CITYWIDE				PAGE 1 - 300	
SALES JRN	L # 0273	LOC 001	SUNNYSIDE CITYWIDE	REG NY NY			LTC NURSING HOMEW/O WALLS (L	T
			5	BALES REGISTER			BILL WEEK ENDING 3/23/12	
INVOICE#	DATE	CUST NO	CUSTOMER NAME	REFERENCE	HOURS	TAX AMT	AMOUNT TYP SURPLUS	
188452	3/16/12	800000	VISITING NURSE SERVICE	VENTURA, ROSA	51.00		743.58 I	
				CATEGORY	51.00	0.00	743.58	

RUN DATE (03/21/12 -	- SUP SUNN	YSIDE CITYWIDE				PAGE 1 - 301	
SALES JRNI	L # 0273	LOC 001	SUNNYSIDE CITYWIDE	REG NY NY			VCP CHOICE LHCSA	
				SALES REGISTER			BILL WEEK ENDING 3/23/	12
INVOICE#	DATE	CUST NO	CUSTOMER NAME	REFERENCE	HOURS	TAX AMT	AMOUNT TYP SURPL	US
188453	3/16/12	800000	VISITING NURSE SERVICE	VERAS, JUANA	40.00		583.20 I	
				CATEGORY	40.00	0.00	583.20	

RUN DATE	03/21/12 -	- SUP SUNN	YSIDE CITYWIDE				PAGE 1 - 30	02
SALES JRN	ı∟ # 0273	LOC 001		REG NY NY			HOA HOSPICE ADULT	
			:	SALES REGISTER			BILL WEEK ENDING	3/23/12
INVOICE#	DATE	CUST NO	CUSTOMER NAME	REFERENCE	HOURS	TAX AMT	AMOUNT TYP	SURPLUS
188454	3/16/12	800000	VISITING NURSE SERVICE	VIGORITO, ANN	20.00		291.60 I	
				CATEGORY	20.00	0.00	291.60	

RUN DATE	03/21/12 -	- SUP SUNN	YSIDE CITYWIDE				PAGE 1 -	303
SALES JRI	NL # 0273	LOC 001	SUNNYSIDE CITYWIDE	REG NY NY			VCP CHOICE LHCSA	
			S	SALES REGISTER			BILL WEEK ENDING	3/23/12
INVOICE#	DATE	CUST NO	CUSTOMER NAME	REFERENCE	HOURS	TAX AMT	AMOUNT TYP	SURPLUS
188455	3/16/12	800000	VISITING NURSE SERVICE	VILLAPOL, ANNA	24.00		349.92 I	
				CATEGORY	24.00	0.00	349.92	

ı	RUN DATE	03/21/12 -	- SUP SUNN	YSIDE CITYWIDE				PAGE 1 -	304
ı	SALES JRN	L # 0273	LOC 001	SUNNYSIDE CITYWIDE	REG NY NY			CCL CONGREGATE	CARE PROGRAM
ı				S	SALES REGISTER			BILL WEEK ENDING	G 3/23/12
ı									
ı	INVOICE#	DATE	CUST NO	CUSTOMER NAME	REFERENCE	HOURS	TAX AMT	AMOUNT TY	P SURPLUS
ı									
ı	188456	3/16/12	000008	VISITING NURSE SERVICE	VISCONTI, JASON	1.75		25.52 I	
ı									
ı									
ı					CATEGORY	1.75	0.00	25.52	

RUN DATE	03/21/12 -	- SUP SUNN	YSIDE CITYWIDE				PAGE 1 - 305	
SALES JRN	r∟ # 0273	LOC 001	SUNNYSIDE CITYWIDE	REG NY NY			LTC NURSING HOMEW/O WALLS (LT	
			S	SALES REGISTER			BILL WEEK ENDING 3/23/12	
INVOICE#	DATE	CUST NO	CUSTOMER NAME	REFERENCE	HOURS	TAX AMT	AMOUNT TYP SURPLUS	
188457	3/16/12	800000	VISITING NURSE SERVICE	VITO, CARMEN	30.00		437.40 I	
				CATEGORY	30.00	0.00	437.40	

RUN DATE SALES JRN		- SUP SUNN	YSIDE CITYWIDE SUNNYSIDE CITYWIDE	REG NY NY			PAGE 1 VCP CHOICE LH	- 306 GGD
SALES UKN	⊔ # 02/3	TOC 001		SALES REGISTER			BILL WEEK END	
INVOICE#	DATE	CUST NO	CUSTOMER NAME	REFERENCE	HOURS	TAX AMT	AMOUNT '	TYP SURPLUS
188458	3/16/12	000008	VISITING NURSE SERVICE	VIVACQUA, EMMA	60.00		874.80	I
188459	2/24/12	800000	VISITING NURSE SERVICE	VOLASTRO, JOHN	3.00		43.74	I
188460	3/02/12	800000	VISITING NURSE SERVICE	VOLASTRO, JOHN	3.00		43.74	I
188461	3/09/12	800000	VISITING NURSE SERVICE	VOLASTRO, JOHN	3.00		43.74	I
				CUSTOMER	69.00	0.00	1,006.02	
				CATEGORY	69.00	0.00	1,006.02	

			YSIDE CITYWIDE	DEC MY NV			PAGE 1 - 30	7
SALES JRNI	L # UZ/3	LOC 001	SUNNYSIDE CITYWIDE	REG NY NY SALES REGISTER			ADU ADULT BILL WEEK ENDING	3/23/12
INVOICE#	DATE	CUST NO	CUSTOMER NAME	REFERENCE	HOURS	TAX AMT	AMOUNT TYP	SURPLUS
188462	3/16/12	800000	VISITING NURSE SERVICE	WALD, LENORE B	16.00		233.28 I	
1				CATEGORY	16.00	0.00	233.28	

RUN DATE SALES JRN		- SUP SUNN LOC 001	YSIDE CITYWIDE SUNNYSIDE CITYWIDE	REG NY NY			PAGE 1 VCP CHOICE L	- 3(HCSA)8
			S	SALES REGISTER			BILL WEEK EN	DING	3/23/12
INVOICE#	DATE	CUST NO	CUSTOMER NAME	REFERENCE	HOURS	TAX AMT	AMOUNT	TYP	SURPLUS
188463	3/16/12	000008	VISITING NURSE SERVICE	WALLE, ILEANA	20.00		291.60	I	
188464	3/16/12	800000	VISITING NURSE SERVICE	WEINHAUS, SUSAN	30.00		437.40	I	
188465	3/16/12	000008	VISITING NURSE SERVICE	YAGHDJIAN, SIRA	16.00		233.28	I	
				CUSTOMER	66.00	0.00	962.28		
				CATEGORY	66.00	0.00	962.28		

RUN DATE	03/21/12 -	- SUP SUNN	YSIDE CITYWIDE				PAGE 1 - 3	09
SALES JRN	L # 0273	LOC 001	SUNNYSIDE CITYWIDE	REG NY NY			CCL CONGREGATE CA	RE PROGRAM
			S	SALES REGISTER			BILL WEEK ENDING	3/23/12
INVOICE#	DATE	CUST NO	CUSTOMER NAME	REFERENCE	HOURS	TAX AMT	AMOUNT TYP	SURPLUS
188466	3/16/12	800000	VISITING NURSE SERVICE	YELLAPAH, DOLLI	12.00		174.96 I	
				CATEGORY	12.00	0.00	174.96	

RUN DATE	03/21/12 -	- SUP SUNN	YSIDE CITYWIDE				PAGE 1 - 310	
SALES JRN	ъ # 0273	LOC 001	SUNNYSIDE CITYWIDE	REG NY NY			ADU ADULT	
			S	SALES REGISTER			BILL WEEK ENDING 3/23/12	
INVOICE#	DATE	CUST NO	CUSTOMER NAME	REFERENCE	HOURS	TAX AMT	AMOUNT TYP SURPLUS	
188467	3/16/12	000008	VISITING NURSE SERVICE	ZAMBRANO, CRUZM	28.00		408.24 I	
188468	3/09/12	800000	VISITING NURSE SERVICE	ZAMBRANO, VICTO	6.00		87.48 I	
188469	3/16/12	800000	VISITING NURSE SERVICE	ZAMBRANO, VICTO	18.00		262.44 I	
				CUSTOMER	52.00	0.00	758.16	
				CATEGORY	52.00	0.00	758.16	

RUN DATE 03/21/12 - SUP SUNNYSIDE CITYWIDE PAGE 1 - 311 SALES JRNL # 0273 LOC 001 SUNNYSIDE CITYWIDE REG NY NY GUI GUILDNET SALES REGISTER BILL WEEK ENDING 3/23/12 REFERENCE HOURS TAX AMT AMOUNT

ACERNO, CLAIRE 24.75
ALI, AMRUNISSA 20.00
AMABILE, ANTOIN 7.00
AYALA, ENRIQUE 51.75
BEGUM, JAMILA 72.00
BICLARO, CONCETT 45.00
CEPEDA, TOMASA 30.00
CEPEDA, TOMASA 30.00
COLAVITI, GEAN 55.00
COLAVITI, GEAN 45.00
COLEMAN, REGINA 22.50
DIAZ, ALICIA 45.00
COLEMAN, LOIS 7.00
C INVOICE# DATE CUST NO CUSTOMER NAME REFERENCE HOURS TAX AMT AMOUNT TYP SURPLUS 188470 328.68 I 3/16/12 000010 GUILDNET 265.60 I 188471 3/16/12 000010 GUILDNET 188472 3/16/12 000010 GUILDNET 188473 3/16/12 000010 GUILDNET 188474 GUILDNET 3/16/12 000010 GUILDNET 188475 3/16/12 000010 GUILDNET 188476 3/16/12 000010 188477 GUILDNET 3/16/12 000010 188478 3/16/12 000010 GUILDNET 188479 3/16/12 000010 GUILDNET 188480 3/16/12 000010 GUILDNET GUILDNET 188481 3/16/12 000010 188482 3/16/12 000010 GUILDNET 188483 3/16/12 000010 GUILDNET 188484 3/16/12 000010 GUILDNET 188485 3/16/12 000010 GUILDNET 188486 3/16/12 000010 GUILDNET 188487 3/16/12 000010 GUILDNET 188488 3/16/12 000010 GUILDNET 188489 3/16/12 000010 GUILDNET 188490 3/16/12 GUILDNET 000010 188491 GUILDNET 3/16/12 000010 188492 3/16/12 000010 GUILDNET 188493 3/16/12 000010 GUILDNET 188494 1/20/12 000010 GUILDNET 188495 3/16/12 000010 GUILDNET 188496 3/16/12 000010 GUILDNET 188497 3/16/12 000010 GUILDNET 188498 3/16/12 000010 GUILDNET 188499 3/16/12 000010 GUILDNET 188500 3/16/12 000010 GUILDNET 188501 3/16/12 000010 GUILDNET 188502 3/16/12 GUILDNET 000010 188503 3/16/12 000010 GUILDNET 188504 3/16/12 000010 GUILDNET 188505 3/16/12 000010 GUILDNET 188506 3/16/12 000010 GUILDNET 188507 1/13/12 000010 GUILDNET 188508 3/16/12 000010 GUILDNET 188509 3/16/12 000010 GUILDNET 188510 3/16/12 000010 GUILDNET 188511 000010 GUILDNET 3/16/12 GUILDNET 188512 1/27/12 000010 188513 3/16/12 000010 GUILDNET 188514 3/16/12 000010 GUILDNET 188515 3/16/12 000010 GUILDNET 188516 3/16/12 000010 GUILDNET 188517 3/16/12 000010 GUILDNET 3/16/12 000010 GUILDNET 188518

			YSIDE CITYWIDE				-	- 312	
SALES JRN	IL # 0273	TOC 001	SUNNYSIDE CITYWIDE	REG NY NY SALES REGISTER	,		GUI GUILDNET BILL WEEK END	TMG 2/02	/10
				SALES REGISIER	(BILL MEEK FIND	ING 3/23	/ 12
INVOICE#	DATE	CUST NO	CUSTOMER NAME	REFERENCE	HOURS	TAX AMT	AMOUNT	TYP SURP	LUS
188519	3/16/12	000010	GUILDNET	DROANO BRIINO	29 00		395 12	I	
188520	3/16/12	000010	GUILDNET	DRVCE CLVDIA	10 00		132 80	Ī	
188521	3/16/12	000010	GUILDNET	PECTILA VINCEN	20.00		265 60	Ī	
188522	3/09/12	000010	GUILDNET	PINA GEPTRIDI	20.00		265.60	Ī	
188523	3/16/12	000010	GUILDNET	RIVAS, GERIRODI	20.00 55 00		720 40	I	
188524	3/16/12	000010	GUILDNET	POING ANGEL	15 00		199 20	Ī	
188525	3/16/12	000010	GUILDNET	POINS HAVDER	20.00		265 60	Ī	
188526	1/06/12	000010	GUILDNET	RURTANO MARTA	4 00		53 12	Ī	
188527	3/16/12	000010	GUILDNET	RIBTANO MARTA	16 00		212 48	Ī	
188528	3/16/12	000010	GUILDNET	SANCHEZ ELIZAR	36 00		478 08	Ī	
188529	3/16/12	000010	GUILDNET	SHELTON, AGUEDA	27.75		368.52	Ī	
188530	3/16/12	000010	GUILDNET	TOROSSIAN. PARI	24.00		318.72	Ī	
188531	3/16/12	000010	GUILDNET	VILLACRES, LUZ	8.00		106.24	Ī	
188532	3/16/12	000010	GUILDNET	VLAHOS, MARIE	69.00		916.32	I	
188533	3/16/12	000010	GUILDNET	WEISZ, KLARA	4.00		53.12	I	
188534	3/16/12	000010	GUILDNET	WEST, BALDWIN	16.00		212.48	I	
188535	3/09/12	000010	GUILDNET	WHITE, GLORIA	4.00		53.12	I	
188536	3/16/12	000010	GUILDNET	WHITLEY, MYRNA	20.00		265.60	I	
188537	3/16/12	000010	GUILDNET	YI, CARLOS	23.00		305.44	I	
188538	3/16/12	000010	GUILDNET	YIANTSELIS, VIR	7.00		1,260.00	I	
188539	3/16/12	000010	GUILDNET	ZARE, GLORIA	84.00		1,115.52	I	
188540	3/16/12	000010	GUILDNET	ZUMAETA, FANNY	64.00		849.92	I	
				PROANO, BRUNO PRYCE, CLYDIA RESTULA, VINCEN RIVAS, GERTRUDI RODRIGUEZ, HOLG ROJAS, ANGEL ROJAS, HAYDEE RUBIANO, MARIA RUBIANO, MARIA SANCHEZ, ELIZAB SHELTON, AGUEDA TOROSSIAN, PARI VILLACRES, LUZ VLAHOS, MARIE WEISZ, KLARA WEST, BALDWIN WHITE, GLORIA WHITLEY, MYRNA YI, CARLOS YIANTSELIS, VIR ZARE, GLORIA ZUMAETA, FANNY	2,241.00	0.00	34,261.92		
					2,241.00		34,261.92		

RUN DATE	03/21/12 -	- SUP SUNN	YSIDE CITYWIDE				PAGE 1 -	31	3
SALES JRN	IL # 0273	LOC 001	SUNNYSIDE CITYWIDE	REG NY NY			HFS HEALTH FIR	ST	
				REGNY NY SALES REGISTER	2		BILL WEEK ENDI	NG	3/23/12
INVOICE#	DATE	CUST NO	CUSTOMER NAME	REFERENCE	HOURS	TAX AMT	AMOUNT T	ΥP	SURPLUS
188541	3/16/12	000122	HEALTH FIRST	BHAIRO, KOWSILI	56.00		945.28	I	
188542	3/16/12	000122	HEALTH FIRST	BOCHENEC, JOLAN	42.00		708.96	I	
188543	3/16/12	000122	HEALTH FIRST	CARMONA, LUZ	40.00		675.20	I	
188544	3/16/12	000122	HEALTH FIRST	CARRION, MARIA	48.00		810.24	I	
188545	3/16/12	000122	HEALTH FIRST	CHARITAR, RAMKA	30.00		506.40	I	
188546	3/16/12	000122	HEALTH FIRST	CORTES DE GALIN	30.00		506.40	I	
188547	3/02/12	000122	HEALTH FIRST	DORNELLAS, STEL	35.00		590.80	I	
188548	3/16/12	000122	HEALTH FIRST	ESPAILLAT, AMPA	24.00		405.12	Ī	
188549	3/16/12	000122	HEALTH FIRST	ESTEVES, JOSE	63.00		1,063.44	I	
188550	3/16/12	000122	HEALTH FIRST	FERGERSON, TINA	35.00		590.80	I	
188551	3/16/12	000122	HEALTH FIRST	FERRERA, FRANCI	15.00		253.20	I	
188552	3/16/12	000122	HEALTH FIRST	FONTANES, PEDRO	21.00		354.48	I	
188553	3/16/12	000122	HEALTH FIRST	FONTANES, PEDRO	28.00		472.64	I	
188554	3/16/12	000122	HEALTH FIRST	FRANCISCO, RICH	56.00		945.28	I	
188555	3/02/12	000122	HEALTH FIRST	FRIAS, BARBARA	17.00		286.96	I	
188556	3/09/12	000122	HEALTH FIRST	HENRY, BRENDA	12.00		202.56	I	
188557	3/02/12	000122	HEALTH FIRST	HERRING, CHARLE	12.00		202.56	I	
188558	3/16/12	000122	HEALTH FIRST	KAUR, HARBANS	28.00		472.64	I	
188559	3/16/12	000122	HEALTH FIRST	KAUR, HARBANS	21.00		354.48	I	
188560	3/16/12	000122	HEALTH FIRST	LARA, TOMASA	28.00		472.64	I	
188561	3/16/12	000122	HEALTH FIRST	LAZALA, GLADYS	7.00		1,417.92	I	
188562	3/16/12	000122	HEALTH FIRST	LOPEZ-RAMIREZ,	64.00		1,080.32	I	
188563	3/16/12	000122	HEALTH FIRST	MACARENA, SAHAR	63.00		1,063.44	I	
188564	3/16/12	000122	HEALTH FIRST	MARTIN, ARIANA	12.00		202.56	I	
188565	3/16/12	000122	HEALTH FIRST	ORTIZ, TULA	25.00		422.00	I	
188566	3/16/12	000122	HEALTH FIRST	RIVERA, CHRISTO	21.00		354.48	I	
188567	3/16/12	000122	HEALTH FIRST	RIVERA, EDDIE	21.00		354.48	I	
188568	3/16/12	000122	HEALTH FIRST	RODRIGUEZ, MARG	20.00		337.60	I	
188569	3/16/12	000122	HEALTH FIRST	RUIZ JR, SAMUEL	14.00		236.32	I	
188570	3/16/12	000122	HEALTH FIRST	SALAZAR, LUZ MA	56.00		945.28	I	
188571	3/16/12	000122	HEALTH FIRST	SALHUANA, YOLAN	40.00		675.20	I	
188572	3/16/12	000122	HEALTH FIRST	SPIVEY, PATRICI	24.50		413.56	I	
188573	3/16/12	000122	HEALTH FIRST	ST ROMAINE, CLA	66.00		1,114.08	I	
188574	3/16/12	000122	HEALTH FIRST	SURIEL, GERTRUD	24.00		405.12	I	
188575	3/16/12	000122	HEALTH FIRST	TEJADA, PAULA	39.50		666.76	I	
188576	3/16/12	000122	HEALTH FIRST	VEGA, GLORIA	35.00		590.80	I	
188577	3/16/12	000122	HEALTH FIRST	WILLIAMS, RODNE	24.00		405.12	I	
				REFERENCE BHAIRO, KOWSILI BOCHENEC, JOLAN CARMONA, LUZ CARRION, MARIA CHARITAR, RAMKA CORTES DE GALIN DORNELLAS, STEL ESPAILLAT, AMPA ESTEVES, JOSE FERGERSON, TINA FERRERA, FRANCI FONTANES, PEDRO FONTANES, PEDRO FRANCISCO, RICH FRIAS, BARBARA HENRY, BRENDA HERRING, CHARLE KAUR, HARBANS KAUR, HARBANS LARA, TOMASA LAZALA, GLADYS LOPEZ-RAMIREZ, MACARENA, SAHAR MARTIN, ARIANA ORTIZ, TULA RIVERA, CHRISTO RIVERA, CHRISTO 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	1,197.00	0.00	21,505.12		
							21,505.12		

RUN DATE SALES JRN	03/21/12 - IL # 0273	- SUP SUNN LOC 001	YSIDE CITYWIDE SUNNYSIDE CITYWIDE	REG 1	NY NY			PAGE 1 NHP NEIGHBORE	- 31 HOOD I	14 HEALTH
				SALE	S REGISTER			BILL WEEK ENI	DING	3/23/12
INVOICE#	DATE	CUST NO	CUSTOMER NAME		REFERENCE	HOURS	TAX AMT	AMOUNT	TYP	SURPLUS
188578	3/16/12	000120	NEIGHBORHOOD HEALTH PINEIGHBORHOOD HEALTH PI	ROVIDERS	AKHTER, SELINA	36.00		607.68	I	
188579	3/16/12	000120	NEIGHBORHOOD HEALTH PI	ROVIDERS	ARDITTO, PATRIC	30.00		506.40	I	
188580	3/16/12	000120	NEIGHBORHOOD HEALTH PI	ROVIDERS	BRATHWAITE, DON	1.00		16.88	I	
188581	3/16/12	000120	NEIGHBORHOOD HEALTH PI	ROVIDERS	CHUKWUJIORAH, T	42.00		708.96	I	
188582	3/16/12	000120	NEIGHBORHOOD HEALTH PI	ROVIDERS	DIAZ, CARMEN	20.00		337.60	I	
188583	3/16/12	000120	NEIGHBORHOOD HEALTH P	ROVIDERS	FERNANDEZ, MARI	12.00		202.56	I	
188584	3/02/12	000120	NEIGHBORHOOD HEALTH P	ROVIDERS	FLORES, MARITZA	70.00		1,181.60	I	
188585	3/16/12	000120	NEIGHBORHOOD HEALTH PI	ROVIDERS	JONES, CYNTHIA	45.00		759.60	I	
188586	3/16/12	000120	NEIGHBORHOOD HEALTH PI	ROVIDERS	KHALIL, RASHAN	29.00		489.52	I	
188587	3/16/12	000120	NEIGHBORHOOD HEALTH PI	ROVIDERS	KHAN, FARUQUE	30.00		506.40	I	
188588	3/16/12	000120	NEIGHBORHOOD HEALTH PI	ROVIDERS	KROLL, KATHERIN	35.00		590.80	I	
188589	3/16/12	000120	NEIGHBORHOOD HEALTH PI	ROVIDERS	MORALES, EDWIN	42.00		708.96	I	
188590	3/16/12	000120	NEIGHBORHOOD HEALTH PI	ROVIDERS	MOSKOWITZ, RONA	24.00		405.12	I	
188591	3/16/12	000120	NEIGHBORHOOD HEALTH PI	ROVIDERS	OCASIO, VIRGINI	21.00		354.48	I	
188592	3/16/12	000120	NEIGHBORHOOD HEALTH PI	ROVIDERS	RODRIGUEZ, MARI	12.00		202.56	I	
188593	3/16/12	000120	NEIGHBORHOOD HEALTH PI	ROVIDERS	SALVATO, MARY	56.00		945.28	I	
188594	3/16/12	000120	NEIGHBORHOOD HEALTH PI	ROVIDERS	SCOTT, MICHAEL	28.00		472.64	I	
188595	3/16/12	000120	NEIGHBORHOOD HEALTH PI	ROVIDERS	SHEPPARD, ERMA	59.00		995.92	I	
188596	3/16/12	000120	NEIGHBORHOOD HEALTH PI	ROVIDERS	WELLS, WYNORIA	12.00		202.56	I	
188597	3/16/12	000120	NEIGHBORHOOD HEALTH PI	ROVIDERS	WILSON, SHERYL	32.00		540.16	I	
					CUSTOMER	636.00	0.00	10,735.68		
					CATEGORY		0.00			

	03/21/12 -		YSIDE CITYWIDE				-	- 31	
SALES JRN	L # 0273	LOC 001	SUNNYSIDE CITYWIDE	REG NY NY			FID NY CATHO	LIC/FI	DELIS
				SALES REGISTER			BILL WEEK EN	DING	3/23/12
INVOICE#	DATE	CUST NO	CUSTOMER NAME	REFERENCE	HOURS	TAX AMT	AMOUNT	TYP	SURPLUS
188598	3/16/12	000126	NYS CATHOLIC/FIDELIS	BATISTA, JOSE	63.00		1,062.81	I	
188599	3/16/12	000126	NYS CATHOLIC/FIDELIS	BERGES, MARITZA	40.00		674.80	I	
				•					
188600	3/16/12	000126	NYS CATHOLIC/FIDELIS	LITMAN, GAIL	20.00		337.40	Τ	
188601	3/16/12	000126	NYS CATHOLIC/FIDELIS	MARTINEZ, LUISA	84.00		1,417.08	I	
188602	3/16/12	000126	NYS CATHOLIC/FIDELIS	MULLOKONDOVA, S	15.00		253.05	I	
188603	3/16/12	000126	NYS CATHOLIC/FIDELIS	PANOS, DESPINA	36.00		607.32	I	
188604	3/16/12	000126	NYS CATHOLIC/FIDELIS	PANOS, DESPINA	9.00		151.83	Т	
188605	3/16/12	000126	NYS CATHOLIC/FIDELIS	PURNELL, ROSE	24.00		404.88	T	
188606	3/16/12	000126		·	40.00		674.80	± -	
			NYS CATHOLIC/FIDELIS	ROMERO AYALA, A				Τ.	
188607	3/16/12	000126	NYS CATHOLIC/FIDELIS	SAMOJEDNY, MICH	8.00		134.96	I	
188608	3/16/12	000126	NYS CATHOLIC/FIDELIS	SZE, BECKY	33.00		556.71	I	
188609	3/16/12	000126	NYS CATHOLIC/FIDELIS	VARGAS, RAQUEL	45.00		759.15	I	
				CUSTOMER	417.00	0.00	7,034.79		
				CATEGORY	417.00	0.00	7,034.79		

	E 03/21/12 -		YSIDE CITYWIDE	556 100				- 31	.6
SALES JE	RNL # 0273	LOC 001	SUNNYSIDE CITYWIDE	REG NY NY	D		UHC UNITED H		2/02/10
				SALES REGISTE	R		BILL WEEK EN	DING	3/23/12
INVOICE	DATE	CUST NO	CUSTOMER NAME	REFERENCE	HOURS	TAX AMT	AMOUNT	TYP	SURPLUS
188610	11/04/11	000128	UNITED HEALTH CARE	AHMED, UMARA	329.75		5,658.51	I	
188611	12/16/11	000128	UNITED HEALTH CARE	AHMED, UMARA	329.50		5,654.22	I	
188612	1/27/12	000128	UNITED HEALTH CARE	AHMED, UMARA	200.00		3,432.00	I	
188613	3/16/12	000128	UNITED HEALTH CARE	CALDERON, MIGDA	49.00		840.84	I	
188614	3/16/12	000128	UNITED HEALTH CARE	MILLAN, ARMIDA	38.00		652.08	I	
188615	3/16/12	000128	UNITED HEALTH CARE	MUSHAYEV, BORIS	56.00		960.96	I	
188616	3/16/12	000128	UNITED HEALTH CARE	SAFOS, PATRA	56.00		960.96	I	
188617	3/16/12	000128	UNITED HEALTH CARE	SANTOS, MILAGRO	20.00		343.20	I	
188618	3/16/12	000128	UNITED HEALTH CARE	YUSUPOV, PULAT	28.00		480.48	I	
188619	3/16/12	000128	UNITED HEALTH CARE	ZANE, GEORGE	11.25		193.05	I	
				CUSTOMER	1,117.50	0.00	19,176.30		
				- CATEGORY	1,117.50	0.00	19,176.30		

RUN DATE SALES JRN		- SUP SUNN	YSIDE CITYWIDE SUNNYSIDE CITYWIDE	REG NY NY			PAGE 1 EHP EMBLEM HE	- 31	.7
	"			SALES REGISTER			BILL WEEK ENI		3/23/12
INVOICE#	DATE	CUST NO	CUSTOMER NAME	REFERENCE	HOURS	TAX AMT	AMOUNT	TYP	SURPLUS
188620	3/16/12	000114	EMBLEM HEALTH	COPE, WILLIE	84.00		1,176.00	I	
188621	3/16/12	000114	EMBLEM HEALTH	COPELAND, ELISE	18.00		256.50	I	
188622	3/16/12	000114	EMBLEM HEALTH	GAFFNEY, FREDER	20.00		280.00	I	
188623	3/02/12	000114	EMBLEM HEALTH	JACKSON, FRANCE	84.00		1,176.00	I	
188624	3/16/12	000114	EMBLEM HEALTH	KEATON, CATHERI	84.00		1,176.00	I	
188625	3/16/12	000114	EMBLEM HEALTH	REYNOLDS, HARRI	12.00		168.00	I	
188626	3/16/12	000114	EMBLEM HEALTH	WESTFIELD, BREN	56.00		784.00	I 	
				CUSTOMER	358.00	0.00	5,016.50		
				CATEGORY	358.00	0.00	5,016.50		

RUN DATE	03/21/12 -	- SUP SUNN	YSIDE CITYWIDE					PAGE 1	- 32	18
SALES JRN	L # 0273	LOC 001	SUNNYSIDE CITYWIDE	REG	NY NY			HIP HEALTH I	NSURAI	NCE PLAN
				SALE	S REGISTE	R		BILL WEEK EN	DING	3/23/12
INVOICE#	DATE	CUST NO	CUSTOMER NAME		REFERENCE	HOURS	TAX AMT	AMOUNT	TYP	SURPLUS
188627	3/16/12	000136	HEALTH INSURANCE PLAN	OF NY	AHMAD, AMATUL	14.00		236.32	I	
188628	3/16/12	000136	HEALTH INSURANCE PLAN	OF NY	BORLAZA, FRANCI	168.00		2,835.84	I	
188629	3/16/12	000136	HEALTH INSURANCE PLAN	OF NY	CIPRIAN, JACQUE	8.00		135.04	I	
188630	3/02/12	000136	HEALTH INSURANCE PLAN	OF NY	DE JESUS, TIBUR	64.00		1,080.32	I	
188631	3/16/12	000136	HEALTH INSURANCE PLAN	OF NY	GOMES, AGUSTINA	63.00		1,063.44	I	
188632	3/16/12	000136	HEALTH INSURANCE PLAN	OF NY	LOYOLA, MARIA	50.00		844.00	I	
188633	3/09/12	000136	HEALTH INSURANCE PLAN	OF NY	ORR, LOUISE	31.00		523.28	I	
188634	3/16/12	000136	HEALTH INSURANCE PLAN	OF NY	SHAH, HANSIKABE	5.00		84.40	I	
188635	3/16/12	000136	HEALTH INSURANCE PLAN	OF NY	TOWLES, ADA	16.00		270.08	I	
188636	3/16/12	000136	HEALTH INSURANCE PLAN	OF NY	WILLIAMS, DIANE	16.00		270.08	I	
188637	3/16/12	000136	HEALTH INSURANCE PLAN	OF NY	ZAMBRANO, ZOILA	15.50		261.64	I	
					CUSTOMER	450.50	0.00	7,604.44		
					CATEGORY	450.50	0.00	7,604.44		
1										

RUN DATE	03/21/12 -	- SUP SUNN	YSIDE CITYWIDE				PAGE 1	- 31	L9
SALES JRN	rL # 0273	LOC 001	SUNNYSIDE CITYWIDE	REG NY NY			HPS HEALTH P	LUS	
				SALES REGISTER			BILL WEEK EN	DING	3/23/12
INVOICE#	DATE	CUST NO	CUSTOMER NAME	REFERENCE	HOURS	TAX AMT	AMOUNT	TYP	SURPLUS
188638	3/16/12	000138	HEALTH PLUS PHSP, INC	DENNISON, KELVI	18.00		306.00	I	
188639	3/16/12	000138	HEALTH PLUS PHSP, INC	HARDING, EDNA	30.00		510.00	I	
188640	3/09/12	000138	HEALTH PLUS PHSP, INC	WALTERS, BYRON	50.00		850.00	I	
188641	3/02/12	000138	HEALTH PLUS PHSP, INC	YOUNG, KALEILE	12.00		204.00	I	
188642	3/02/12	000138	HEALTH PLUS PHSP, INC	YOUNG, KALEILE	24.00		408.00	I	
				CUSTOMER	134.00	0.00	2,278.00		
				CATEGORY	134.00	0.00	2,278.00		

RUN DATE	03/21/12	- SUP SUNN	YSIDE CITYWIDE	REGNY NY SALES REGISTER			PAGE 1	- 32	20
SALES JRN	IL # 0273	LOC 001	SUNNYSIDE CITYWIDE	REG NY NY			MPH METROPLUS	S HEAI	JTH
				SALES REGISTER			BILL WEEK ENI	DING	3/23/12
INVOICE#	DATE	CHST NO	CUSTOMER NAME	PFFFFNCF	HOTTRS	ΤΔΥ ΔΜΤ	ΔMΩΠΝΤ	TVD	SURPLUS
188643	3/16/12	000130	METROPLUS HEALTH	ABBAS, SENOWARA	84.00		1,440.60	I	
188644	3/16/12	000130	METROPLUS HEALTH	ANDERSON, BETH	42.00		720.30	I	
188645	3/16/12	000130	METROPLUS HEALTH	ARIAS, NORA	68.00		1,166.20	I	
188646	3/16/12	000130	METROPLUS HEALTH	BEDOYA, MONICA	35.00		600.25	I	
188647	3/16/12	000130	METROPLUS HEALTH	BRACERO, HELEN	56.00		960.40	I	
188648	2/10/12	000130	METROPLUS HEALTH	BRIGGS, LOUIS	92.00		1,577.80	I	
188649	3/16/12	000130	METROPLUS HEALTH	CHAPMAN, ESTREL	15.00		257.25	I	
188650	3/16/12	000130	METROPLUS HEALTH	CORDERO, ROSEND	67.00		1,149.05	I	
188651	3/09/12	000130	METROPLUS HEALTH	DAVIS, ANGIE	84.50		1,449.18	I	
188652	3/16/12	000130	METROPLUS HEALTH	DEWANJEE, MIRA	12.00		205.80	I	
188653	3/16/12	000130	METROPLUS HEALTH	DEWANJEE, MIRA	8.00		137.20	I	
188654	3/16/12	000130	METROPLUS HEALTH	DURHAM, CYNTHIA	20.00		343.00	I	
188655	3/16/12	000130	METROPLUS HEALTH	GALAS, TERESA	35.00		600.25	I	
188656	3/16/12	000130	METROPLUS HEALTH	MANIACI, VINCEN	56.00		960.40	I	
188657	3/09/12	000130	METROPLUS HEALTH	MURDOCK, GERTRU	40.00		686.00	I	
188658	3/16/12	000130	METROPLUS HEALTH	PERSAD, USHA	71.00		1,217.65	I	
188659	3/16/12	000130	METROPLUS HEALTH	PUCHUELA, MARIA	56.00		960.40	I	
188660	3/16/12	000130	METROPLUS HEALTH	RAMPERSAID, ALI	20.00		343.00	I	
188661	3/16/12	000130	METROPLUS HEALTH	RYALS, CHARLES	12.00		205.80	I	
188662	3/09/12	000130	METROPLUS HEALTH	SANTORO, MATTHE	72.00		1,234.80	I	
188663	3/16/12	000130	METROPLUS HEALTH	ABBAS, SENOWARA ANDERSON, BETH ARIAS, NORA BEDOYA, MONICA BRACERO, HELEN BRIGGS, LOUIS CHAPMAN, ESTREL CORDERO, ROSEND DAVIS, ANGIE DEWANJEE, MIRA DEWANJEE, MIRA DURHAM, CYNTHIA GALAS, TERESA MANIACI, VINCEN MURDOCK, GERTRU PERSAD, USHA PUCHUELA, MARIA RAMPERSAID, ALI RYALS, CHARLES SANTORO, MATTHE SHUMON, NUK-FNU	28.00		480.20	I	
				CUSTOMER	973.50	0.00	16,695.53		
				CATEGORY		0.00	16,695.53		

RUN DATE	03/21/12 -		YSIDE CITYWIDE					PAGE 1 -	32	1
SALES JRN	ъ # 0273	LOC 001	SUNNYSIDE CITYWIDE	REG :	NY NY			WEL WELCARE OF	NY	
				SALE	S REGISTER			BILL WEEK ENDI	NG	3/23/12
INVOICE#	DATE	CUST NO	CUSTOMER NAME		REFERENCE	HOURS	TAX AMT	T TRUOMA	YP	SURPLUS
188664	3/16/12	000124	WELCARE OF NEW YORK,	INC.	GENAO, DANIELA	54.75		941.70	I	
188665	3/16/12	000124	WELCARE OF NEW YORK,	INC.	MARTINEZ, MARIA	36.00		619.20	I	
188666	3/09/12	000124	WELCARE OF NEW YORK,	INC.	PEREZ, MAURA	80.00		1,376.00	I	
188667	2/17/12	000124	WELCARE OF NEW YORK,	INC.	RAMIREZ, ALIDA	89.75		1,543.70	I	
					CUSTOMER	260.50	0.00	4,480.60		
					CATEGORY	260.50	0.00	4,480.60		

RUN DATE	03/21/12 -	- SUP SUNN	YSIDE CITYWIDE					PAGE 1 -	322
SALES JRN	rL # 0273	LOC 001	SUNNYSIDE CITYWIDE	REG N				NPS NY PRESBYTE	-
				SALES	REGISTER			BILL WEEK ENDIN	G 3/23/12
INVOICE#	DATE	CUST NO	CUSTOMER NAME		REFERENCE	HOURS	TAX AMT	AMOUNT TY	P SURPLUS
188668	3/16/12	000134	NY-PRESBYTERIAN SYSTEM	1 SELECT	KARASSAVIDIS, A	35.00		600.60 I	
					CATEGORY	35.00	0.00	600.60	

			YSIDE CITYWIDE				PAGE 1 -	323
SALES JRN	L # 0273	LOC 001	SUNNYSIDE CITYWIDE	REG NY NY			AMG AMERIGROUP	
				SALES REGISTER			BILL WEEK ENDING	3/23/12
INVOICE#	DATE	CUST NO	CUSTOMER NAME	REFERENCE	HOURS	TAX AMT	AMOUNT TYP	SURPLUS
188669	3/16/12	000132	AMERIGROUP	FERNANDEZ, NORK	39.50		666.37 I	
188670	3/16/12	000132	AMERIGROUP	GUERRA, LORRAIN	70.00		1,180.90 I	
188671	3/16/12	000132	AMERIGROUP	HAWKINS S, MA	50.00		843.50 I	
188672	3/16/12	000132	AMERIGROUP	PRUITT, JOHNNY	8.00		135.04 I	
				CUSTOMER	167.50	0.00	2,825.81	
				CATEGORY	167.50	0.00	2,825.81	

			YSIDE CITYWIDE				PAGE 1	- 32	24
SALES JRN	ъ # 0273	LOC 001					PAR PRIVATE		
			SALE	S REGISTER			BILL WEEK EN	DING	3/23/12
INVOICE#	DATE	CUST NO	CUSTOMER NAME	REFERENCE	HOURS	TAX AMT	AMOUNT	TYP	SURPLUS
188673 188674 188675	3/16/12 3/16/12 3/16/12	000002 000002 000002	SUNNYSIDE COMMUNITY SERVICES SUNNYSIDE COMMUNITY SERVICES SUNNYSIDE COMMUNITY SERVICES	BURY, GLADYS GRECH, JANE KRITSONIS-KOLLA	4.00 6.00 1.00		58.00 87.00 14.50	I I T	
100075	3, 10, 12	000002	501112222	CUSTOMER	11.00	0.00	159.50		
188676	3/16/12	000040	DUISIN, CHRISTINE	DUISIN, XENIA	16.00		248.00	I	
188677 188678	3/16/12 3/16/12	000049 000049	ELIZABETH SETON PEDIATRIC CTR ELIZABETH SETON PEDIATRIC CTR	DIOP, SERIGNE MORSHELINA, NAS	25.00 12.00		344.75 165.48	I I	
				CUSTOMER	37.00	0.00	510.23		
188679	3/16/12	000069	AMY L. WELTMAN	LUSKIND, FRANCE	5.00		948.00	I	
188680	3/16/12	000078	MCDERMOTT, LOUISE	MCDERMOTT, LOUI	8.00		124.00	I	
				CATEGORY	77.00	0.00	1,989.73		

RUN DATE	03/21/12 -	- SUP SUNN	YSIDE CITYWIDE				PAGE 1	- 32	5
SALES JRN	L # 0273	LOC 001	SUNNYSIDE CITYWIDE	REG NY NY			CAS CHILDREN	'S AID	SOCIETY
			S A	ALES REGISTER			BILL WEEK ENI	DING	3/23/12
INVOICE#	DATE	CUST NO	CUSTOMER NAME	REFERENCE	HOURS	TAX AMT	AMOUNT	TYP	SURPLUS
188681	3/09/12	000088	CHILDREN'S AID SOCIETY	DUNNE, MYEISHA	5.00		77.50	I	
188682	3/16/12	000088	CHILDREN'S AID SOCIETY	DUNNE, MYEISHA	20.00		310.00	I	
188683	3/16/12	000088	CHILDREN'S AID SOCIETY	GIL, GENEVIEVE	6.00		93.00	I	
188684	3/16/12	000088	CHILDREN'S AID SOCIETY	GIL, MARANGELI	6.00		93.00	I	
188685	3/16/12	000088	CHILDREN'S AID SOCIETY	JOHNSON, CAMRYN	20.00		310.00	I	
188686	3/16/12	000088	CHILDREN'S AID SOCIETY	REDDICK, LORENZ	23.00		356.50	I	
188687	3/16/12	000088	CHILDREN'S AID SOCIETY	REDDICK, TRINIT	23.00		356.50	I	
188688	3/16/12	880000	CHILDREN'S AID SOCIETY	SALAS, HELENA	28.00		434.00	I	
				CUSTOMER	131.00	0.00	2,030.50		
				CATEGORY	131.00	0.00	2,030.50		

ı	RUN DATE	03/21/12 -	SUP SUNN	YSIDE CITYWIDE					PAGE 1 - 32	26
	SALES JRN	L # 0273	LOC 001	SUNNYSIDE CITYWIDE	REG N	IY NY			GHC GIRLING HEALTH	I CARE OF NY
					SALES	REGISTER			BILL WEEK ENDING	3/23/12
	INVOICE#	DATE	CUST NO	CUSTOMER NAME		REFERENCE	HOURS	TAX AMT	AMOUNT TYP	SURPLUS
	188689	1/06/12	000090	GIRLING HEALTH CARE O	F NY	KILIMLIAN, PEPR	5.00		65.00 I	
						CATEGORY	5.00	0.00	65.00	

RUN DATE SALES JRN		SUP SUNN LOC 001	YSIDE CITYWIDE SUNNYSIDE CITYWIDE	REG NY NY SALES REGISTER			PAGE 1 - 32 PAR PRIVATE BILL WEEK ENDING	3/23/12
INVOICE#	DATE	CUST NO	CUSTOMER NAME	REFERENCE	HOURS	TAX AMT	AMOUNT TYP	SURPLUS
188690	3/16/12	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		NY E G I S T E	R		PAGE 1 ELD ELDERSER BILL WEEK EN		
INVOICE#	DATE	CUST NO	CUSTOMER NAME	REFE	RENCE	HOURS	TAX AMT	AMOUNT	TYP	SURPLUS
188691 188692	3/09/12 3/16/12	000101 000101	ELDERSERVEHEALTH ELDERSERVEHEALTH	•	ELMIRA ELMIRA	5.00 25.00		71.25 356.25	I	
					CUSTOMER	30.00	0.00	427.50		
					 CATEGORY	30.00	0.00	427.50		

RUN DATE SALES JRN		- SUP SUNN LOC 001	YSIDE CITYWIDE SUNNYSIDE CITYWIDE	REG NY NY SALES REGISTER			PAGE 1 - PAR PRIVATE BILL WEEK ENDI	
INVOICE#	DATE	CUST NO	CUSTOMER NAME	REFERENCE	HOURS	TAX AMT	AMOUNT T	TYP SURPLUS
188693	3/16/12	000143	ETTORE COPPOLA	COPPOLA, ETTORE	19.00		300.50	I
188694	3/16/12	000145	LARRY EISENBERG	BERGER, TESS	51.00		817.50	I
				CATEGORY	70.00	0.00	1,118.00	

RUN DATE	03/21/12 -	- SUP SUNN	YSIDE CITYWIDE					PAGE 1	- 33	30
SALES JRN	L # 0273	LOC 001	SUNNYSIDE CITYWIDE	REG	NY NY			CCM COMPREHE	NSIVE	CARE MGMT
				SALE	S REGISTER			BILL WEEK EN	DING	3/23/12
INVOICE#	DATE	CUST NO	CUSTOMER NAME		REFERENCE	HOURS	TAX AMT	AMOUNT	TYP	SURPLUS
188695	3/16/12	000150	COMPREHENSIVE CARE M	IANAGEMENT	BONES, ANA	16.00		225.60	I	
188696	3/16/12	000150	COMPREHENSIVE CARE M	IANAGEMENT	ROSARIO, CELEST	36.00		478.20	I	
					CUSTOMER	52.00	0.00	703.80		
					CATEGORY	 52.00	0.00	703.80		

RUN DATE SALES JRN		SUP SUNN	YSIDE CITYWIDE SUNNYSIDE CITYWIDE REG NY NY S A L E S R E G I S T E R				PAGE 1 PAR PRIVATE BILL WEEK EN	3/23/12	
INVOICE#	DATE	CUST NO	CUSTOMER NAME	REFERENCE	HOURS	TAX AMT	AMOUNT		SURPLUS
188697	3/16/12	000151	MICHAEL SIANO	SIANO, ANDREW	20.00		270.00	I	
188698	3/16/12	000153	PATRICIA RUECKHER	RUECKHER, PATRI	15.00		232.50	I	
188699 188700	3/09/12 3/16/12	000155 000155	ROSEMARY JIBAJA ROSEMARY JIBAJA	JIBAJA, ROSEMAR JIBAJA, ROSEMAR	12.00 168.00		186.00 2,676.00	I I	
				CUSTOMER	180.00	0.00	2,862.00		
188701	3/16/12	002215	KEITH SALMON	LAWRANCE, LILLA	20.00		322.00	I	
188702	3/16/12	003108	NIGRO, CATHERINE	NIGRO, CATHERIN	20.00		310.00	I	
188703	3/16/12	003743	VICTOR NICASSIO	NICASSIO, VICTO	9.00		139.50	I	
188704	3/16/12	004784	CAMILLERI, JOSEPH	CAMILLERI, JOSE	17.75		239.63	I	
188705	3/16/12	006337	STEPHEN EDEL	EDEL, CANDACE	80.50		1,271.76	I	
188706	3/16/12	007521	DOROTHY GILBERT	GILBERT, DOROTH	35.00		550.00	I	
188707	3/16/12	007630	MAUREEN MAIORANA	MAIORANA, MAURE	8.00		130.00	I	
188708	3/16/12	007631	MICHAEL MAIRANO	MAIORANA, MICHE	12.00		195.00	I	
188709	3/16/12	007883	ABBAMONTE, RUTH	ABBAMONTE, RUTH	6.00		99.00	I	
188710	3/16/12	009498	LOUIS LE NOACH	LENOACH, LOUIS	6.00		102.00	I	
188711	3/16/12	009566	ELIZABETH CERNY	CERNY, ELIZABET	9.00		139.50	I	
188712	3/16/12	009605	OLGA OBYMAKO	OBYMAKO, OLGA	6.00		93.00	I	
188713	1/27/12	009632	KELLY SHAFFER	KELLY, PATRICK	1.00		15.50	I	
188714	3/16/12	009752	PETER CAPORASO	CAPORASO, VINCE	24.00		408.00	I	
188715	3/16/12	009788	ARIADNI GLYPTIS	GLYPTIS, ARIADN	3.00		46.50	I	
188716	3/16/12	009854	HELEN TAYLOR	HERNANDEZ, FRAN	4.00		62.00	I	
188717	3/16/12	009857	ALZHEIMER'S ASSOCIATION, NYC	MARTIN, RUTH	8.00		124.00	I	
188718	3/16/12	009932	JOSEPH SCANDARIATO	SCANDARIATOR, J	6.00		93.00	I	
188719	3/16/12	009933	VICKY GOULINUS POULOS	GOULIMIS, GEORG	3.00		46.50	I	
188720	3/16/12	010007	DOROTHY TUCCI	TUCCI, DOROTHY	6.00		97.50	I	

RUN DATE SALES JRN			YSIDE CITYWIDE SUNNYSIDE CITYWIDE	REG N	7 NY			PAGE 2 PAR PRIVATE	- 33	32
	_ "			SALES		E R		BILL WEEK EN	DING	3/23/12
INVOICE#	DATE	CUST NO	CUSTOMER NAME		REFERENCE	HOURS	TAX AMT	AMOUNT	TYP	SURPLUS
188721	3/16/12	010008	LOUIS TUCCI	7	rucci, Louis	6.00		97.50	I	
188722	3/16/12	997760	MARASA, ANTONIO	I	MARASA, ANTONIO	9.00		121.50	I	
					CATEGORY	514.25	0.00	8,067.89		
					CAIEGORI	514.25	0.00	0,007.09		
					LOCATION	22,884.45	0.00	353,412.45		
					COMPANY	22,884.45	0.00	353,412.45		

RUN DATE 03/21/12 - SUP SUNNYSIDE CITYWIDE PAGE 1 - 333
SALES JRNL # 0273 LOC 001 SUNNYSIDE CITYWIDE REG NY NY PAR PRIVATE

SALES REGISTER

BILL WEEK ENDING 3/23/12

INVOICE# DATE CUST NO CUSTOMER NAME REFERENCE HOURS TAX AMT AMOUNT TYP SURPLUS

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