RUN DATE 02/22/12 - SUP SUNNYSIDE CITYWIDE PAGE 1 - 1 SALES JRNL # 0269 LOC 001 SUNNYSIDE CITYWIDE REG NY NY SHP SENIOR HEALTH PARTNERS SALES REGISTER BILL WEEK ENDING 2/24/12 CUST NO CUSTOMER NAME INVOICE# DATE REFERENCE HOURS TAX AMT AMOUNT TYP SURPLUS SENIOR HEALTH PARTNERS
SIMON, LUPE
SENIOR HEALTH PARTNERS
VASQUEZ, CORNEL
SENIOR HEALTH PARTNERS
SENIOR HEA ALVAREZ, ANGELA 4.00 184607 2/10/12 000082 SENIOR HEALTH PARTNERS 52.40 I 184608 2/10/12 000082 52.40 I 304.58 I 184609 2/17/12 000082 184610 2/17/12 000082 455.23 184611 2/17/12 000082 524.00 184612 2/17/12 000082 209.60 184613 2/17/12 000082 52.40 184614 2/17/12 000082 419.20 184615 2/17/12 000082 340.00 184616 2/17/12 000082 327.50 184617 2/17/12 000082 445.40 184618 2/17/12 000082 1,061.10 184619 2/17/12 000082 393.00 184620 2/17/12 000082 32.75 184621 2/17/12 000082 995.60 184622 2/17/12 262.00 000082 184623 2/17/12 327.50 000082 184624 2/17/12 000082 104.80 2/17/12 184625 000082 524.00 184626 2/17/12 000082 104.80 184627 2/17/12 000082 524.00 184628 2/17/12 157.20 000082 184629 2/17/12 000082 52.40 -----_____ 565.50 0.00 7,721.86 CUSTOMER

CATEGORY

565.50

0.00

7,721.86

				YSIDE CITYWIDE				PAGE 1 -	2
S	ALES JRN	L # 0269	LOC 001	SUNNYSIDE CITYWIDE	REG NY NY SALES REGISTER			ADU ADULT BILL WEEK ENDING	2/24/12
I	NVOICE#	DATE	CUST NO	CUSTOMER NAME	REFERENCE	HOURS	TAX AMT	AMOUNT TYP	SURPLUS
1	84630	2/17/12	000008	VISITING NURSE SERVICE	ABBOTT, FAY	9.00		131.22 I	
					CAMEGODY			121 00	
					CATEGORY	9.00	0.00	131.22	

			YSIDE CITYWIDE				11101	-	3
SALES JRN	L # 0269	LOC 001	SUNNYSIDE CITYWIDE	REGNY NY SALES REGISTER			VCP CHOICE LE		2/24/12
			'	SALES KEGISIEK			DIDD WEEK END	JING	2/24/12
INVOICE#	DATE	CUST NO	CUSTOMER NAME	REFERENCE	HOURS	TAX AMT	AMOUNT	TYP	SURPLUS
104621	0/17/10	000000	TITGTETNIC NEIDOR OFFITTOR	ADIMANUT IDUM	FC 00		016 40	_	
184631 184632	2/17/12 2/17/12	000008 000008	VISITING NURSE SERVICE VISITING NURSE SERVICE	•	56.00 12.00		816.48 174.96	T T	
101032	2/1//12	000000	VIBITING NORDE BERVICE	ADREO, ANA					
				CUSTOMER	68.00	0.00	991.44		
				CATEGORY	68.00	0.00	991.44		

RUN DATE SALES JRN		SUP SUNN	YSIDE CITYWIDE SUNNYSIDE CITYWIDE	REG NY NY			PAGE 1 - LTC NURSING HOME	4 W/O WALLS (LT
SALES ORN	ш # 020)	100 001		ALES REGISTER			BILL WEEK ENDING	•
INVOICE#	DATE	CUST NO	CUSTOMER NAME	REFERENCE	HOURS	TAX AMT	AMOUNT TYP	SURPLUS
184633	2/17/12	800000	VISITING NURSE SERVICE	ACUNA, JOSE	35.00		510.30 I	
				CATEGORY	35.00	0.00	510.30	

RUN DATE	02/22/12 -	- SUP SUNN	YSIDE CITYWIDE				PAGE 1	-	5
SALES JRN	L # 0269	LOC 001	SUNNYSIDE CITYWIDE	REG NY NY			VCP CHOICE L		
				SALES REGISTED	R		BILL WEEK EN	DING	2/24/12
INVOICE#	DATE	CUST NO	CUSTOMER NAME	REFERENCE	HOURS	TAX AMT	AMOUNT	TYP	SURPLUS
184634	2/17/12	000008	VISITING NURSE SERVIC	E ADAMES, OLGA	25.00		364.50	I	
184635	2/17/12	800000	VISITING NURSE SERVICE	E ADAMES, RICARDO	35.00		510.30	I	
184636	2/17/12	000008	VISITING NURSE SERVIC	E ADAMS, MYRIAM	70.00		1,020.60	I	
184637	2/17/12	800000	VISITING NURSE SERVIC	E ADUN, JEANETTE	24.00		349.92	I	
				CUSTOMER	154.00	0.00	2,245.32		
				 CATEGORY	 154.00	0.00	2,245.32		

RUN DATE SALES JRN		SUP SUNN LOC 001	YSIDE CITYWIDE SUNNYSIDE CITYWIDE	REG NY NY			PAGE 1 - LTC NURSING HOM	6 IEW/O WALLS (LT
			S	ALES REGISTER			BILL WEEK ENDIN	IG 2/24/12
INVOICE#	DATE	CUST NO	CUSTOMER NAME	REFERENCE	HOURS	TAX AMT	AMOUNT TY	P SURPLUS
184638	2/17/12	800000	VISITING NURSE SERVICE	AGUILAR, ZORAID	45.00		656.10 I	
				CATEGORY	45.00	0.00	656.10	

			YSIDE CITYWIDE				PAGE 1 -	7
SALES JRN	L # 0269	LOC 001		REG NY NY			VCP CHOICE LHCS	
				SALES REGISTER			BILL WEEK ENDIN	NG 2/24/12
INVOICE#	DATE	CUST NO	CUSTOMER NAME	REFERENCE	HOURS	TAX AMT	AMOUNT TY	P SURPLUS
184639	2/17/12	800000	VISITING NURSE SERVICE	AKBAR, NASEEM	20.00		291.60	I .
				CATEGORY	20.00	0.00	291.60	

RUN DATE	02/22/12 -	- SUP SUNN	YSIDE CITYWIDE				PAGE 1 -	8
SALES JRN	ъ # 0269	LOC 001	SUNNYSIDE CITYWIDE	REG NY NY			ADU ADULT	
			S	ALES REGISTER			BILL WEEK ENDING	2/24/12
INVOICE#	DATE	CUST NO	CUSTOMER NAME	REFERENCE	HOURS	TAX AMT	AMOUNT TYP	SURPLUS
184640	2/17/12	800000	VISITING NURSE SERVICE	ALBANESE, IDA	15.00		218.70 I	
				CATEGORY	15.00	0.00	218.70	

RUN DATE	02/22/12 -	- SUP SUNN	YSIDE CITYWIDE				PAGE 1	_	9
SALES JRN	r∟ # 0269	LOC 001	SUNNYSIDE CITYWIDE	REG NY NY			VCP CHOICE LE		
			S	SALES REGISTER			BILL WEEK ENI	DING	2/24/12
INVOICE#	DATE	CUST NO	CUSTOMER NAME	REFERENCE	HOURS	TAX AMT	AMOUNT	TYP	SURPLUS
184641	2/17/12	000008	VISITING NURSE SERVICE	ALESSIU, AGRIPI	1.00		14.58	I	
184642	2/17/12	800000	VISITING NURSE SERVICE	ALFEREZ, GLORIA	20.00		291.60	I	
				CUSTOMER	21.00	0.00	306.18		
				CATEGORY	21.00	0.00	306.18		

RUN DATE (SALES JRN)			YSIDE CITYWIDE SUNNYSIDE CITYWIDE	REG NY NY			PAGE 1 - HOA HOSPICE ADU	JLT
INVOICE#	DATE	CUST NO	CUSTOMER NAME	SALES REGISTER REFERENCE	HOURS	TAX AMT	BILL WEEK ENDIN	
	2/17/12	000008	VISITING NURSE SERVICE		49.00	1722 7471	714.42	
				 CATEGORY	49.00	0.00	 714.42	

RUN DATE	02/22/12 -	- SUP SUNN	YSIDE CITYWIDE				PAGE 1	- 1	1
SALES JRN	L # 0269	LOC 001	SUNNYSIDE CITYWIDE	REG NY NY			VCP CHOICE LH		
				SALES REGISTER			BILL WEEK END	ING	2/24/12
INVOICE#	DATE	CUST NO	CUSTOMER NAME	REFERENCE	HOURS	TAX AMT	AMOUNT	TYP	SURPLUS
184644	2/17/12	000008	VISITING NURSE SERVICE	ANDRADE, LOLA	56.00		816.48	I	
184645	2/17/12	800000	VISITING NURSE SERVICE	ANDREWS, JOHNNI	56.00		816.48	I	
				CUSTOMER	112.00	0.00	1,632.96		
				CATEGORY	112.00	0.00	1,632.96		

RUN DATE (YSIDE CITYWIDE SUNNYSIDE CITYWIDE	REG NY NY			PAGE 1 - : ADU ADULT	12
0111111	- 11 0203	200 001		SALES REGISTER			BILL WEEK ENDING	2/24/12
INVOICE#	DATE	CUST NO	CUSTOMER NAME	REFERENCE	HOURS	TAX AMT	AMOUNT TYP	SURPLUS
184646	2/17/12	800000	VISITING NURSE SERVICE	ANGRISANO, RUTH	15.00		218.70 I	
				CATEGORY	15.00	0.00	218.70	

RUN DATE SALES JRN		- SUP SUNN LOC 001	YSIDE CITYWIDE SUNNYSIDE CITYWIDE	REG NY NY SALES REGISTER			PAGE 1 - LTC NURSING HOM BILL WEEK ENDIN	
INVOICE#	DATE	CUST NO	CUSTOMER NAME	REFERENCE	HOURS	TAX AMT	AMOUNT TY	P SURPLUS
184647 184648	2/17/12 2/17/12	000008 000008	VISITING NURSE SERVICE VISITING NURSE SERVICE	,	20.00 61.00		291.60 I 889.38 I	
				CUSTOMER	81.00	0.00	1,180.98	
				CATEGORY	81.00	0.00	1,180.98	

			YSIDE CITYWIDE				-	14
SALES JRN	ı∟ # 0269	LOC 001	SUNNYSIDE CITYWIDE	REG NY NY			VCP CHOICE LHCSA	
				SALES REGISTER			BILL WEEK ENDING	3 2/24/12
INVOICE#	DATE	CUST NO	CUSTOMER NAME	REFERENCE	HOURS	TAX AMT	AMOUNT TYP	SURPLUS
184649	2/17/12	000008	VISITING NURSE SERVICE	AOUN, ODETTE	12.00		174.96 I	
184650	2/17/12	800000	VISITING NURSE SERVICE	ARIAS, MAGDALEN	45.75		667.04 I	
				CUSTOMER	57.75	0.00	842.00	
				CATEGORY	57.75	0.00	842.00	

RUN DATE SALES JRN		- SUP SUNN LOC 001	YSIDE CITYWIDE SUNNYSIDE CITYWIDE	REG NY NY SALES REGISTER			PAGE 1 ADU ADULT BILL WEEK EN		5 2/24/12
INVOICE#	DATE	CUST NO	CUSTOMER NAME	REFERENCE	HOURS	TAX AMT	AMOUNT	TYP	SURPLUS
184651 184652	2/17/12 2/17/12	000008 000008	VISITING NURSE SERVICE VISITING NURSE SERVICE		21.00 12.00		306.18 174.96	I I	
				CUSTOMER	33.00	0.00	481.14		
				CATEGORY	33.00	0.00	481.14		

RUN DATE	02/22/12 -	SUP SUNN	YSIDE CITYWIDE				PAGE 1 - 1	6
SALES JRN	L # 0269	LOC 001	SUNNYSIDE CITYWIDE	REG NY NY			LTC NURSING HOMEW/	O WALLS (LT
			:	SALES REGISTER			BILL WEEK ENDING	2/24/12
INVOICE#	DATE	CUST NO	CUSTOMER NAME	REFERENCE	HOURS	TAX AMT	AMOUNT TYP	SURPLUS
184653	2/17/12	800000	VISITING NURSE SERVICE	ASHLEY, CLYDE	42.00		612.36 I	
				CATEGORY	42.00	0.00	612.36	

			YSIDE CITYWIDE				PAGE 1 -	= :
SALES JRN	L # 0269	LOC 001		REG NY NY			VCP CHOICE LHCS	
				SALES REGISTER			BILL WEEK ENDIN	G 2/24/12
INVOICE#	DATE	CUST NO	CUSTOMER NAME	REFERENCE	HOURS	TAX AMT	AMOUNT TY	P SURPLUS
184654	2/17/12	800000	VISITING NURSE SERVICE	AVILA, ENIDIA	20.00		291.60 I	
				CATEGORY	20.00	0.00	291.60	

			YSIDE CITYWIDE						- 1	
SALES JRN	ъ # 0269	LOC 001	SUNNYSIDE CITYWIDE	-	NY	_		LTC NURSING		,
				SALES R	EGISTE	R		BILL WEEK EN	DING	2/24/12
INVOICE#	DATE	CUST NO	CUSTOMER NAME	REFE	RENCE	HOURS	TAX AMT	AMOUNT	TYP	SURPLUS
184655	2/10/12	800000	VISITING NURSE SERVICE	AZAD,	ABUL	18.00		262.44	I	
184656	2/17/12	800000	VISITING NURSE SERVICE	AZAD,	ABUL	4.00		58.32	I	
					- CUSTOMER	22.00	0.00	320.76		
					CATEGORY	22.00	0.00	320.76		

RUN DATE	02/22/12 -	- SUP SUNN	YSIDE CITYWIDE				PAGE 1 -	19
SALES JRN	L # 0269	LOC 001	SUNNYSIDE CITYWIDE	REG NY NY			VCP CHOICE LHCS	
			:	SALES REGISTER			BILL WEEK ENDIN	NG 2/24/12
INVOICE#	DATE	CUST NO	CUSTOMER NAME	REFERENCE	HOURS	TAX AMT	AMOUNT TY	P SURPLUS
184657	2/17/12	000008	VISITING NURSE SERVICE	BADILLO, JOVITA	8.00		116.64	<u> </u>
184658	2/17/12	800000	VISITING NURSE SERVICE	BAEZ, JUAN	28.00		408.24	[
				GIIGHOMED	36 00	0.00	F24 00	
				CUSTOMER	36.00	0.00	524.88	
				CATEGORY	36.00	0.00	524.88	

RUN DATE 02/2 SALES JRNL #	22/12 - SUP SUNN 0269 LOC 001	YSIDE CITYWIDE SUNNYSIDE CITYWIDE	REG NY NY			PAGE 1 LTC NURSING	- 2	
SALES UNIT #	0209 100 001		SALES REGISTER			BILL WEEK EN		2/24/12
INVOICE# DA	ATE CUST NO	CUSTOMER NAME	REFERENCE	HOURS	TAX AMT	AMOUNT	TYP	SURPLUS
	17/12 000008 17/12 000008	VISITING NURSE SERVICE VISITING NURSE SERVICE	•	30.00 48.00		437.40 699.84	I I	
			CUSTOMER	78.00	0.00	1,137.24		
			CATEGORY	78.00	0.00	1,137.24		

RUN DATE SALES JRN		- SUP SUNN LOC 001	YSIDE CITYWIDE SUNNYSIDE CITYWIDE	REG NY NY			PAGE 1 - 2 ADU ADULT	1
DALLS OW	H 0205	HOC 001		SALES REGISTER			BILL WEEK ENDING	2/24/12
INVOICE#	DATE	CUST NO	CUSTOMER NAME	REFERENCE	HOURS	TAX AMT	AMOUNT TYP	SURPLUS
184661 184662	2/17/12 2/17/12	800000 800000	VISITING NURSE SERVICE VISITING NURSE SERVICE	BARBOSA, CARMEN BARBOSA, CARMEN	3.00 6.00		43.74 I 87.48 I	
				CUSTOMER	9.00	0.00	131.22	
				CATEGORY	9.00	0.00	131.22	

RUN DATE	02/22/12 -	- SUP SUNN	YSIDE CITYWIDE				PAGE 1	- 22	2
SALES JRN	L # 0269	LOC 001	SUNNYSIDE CITYWIDE	REG NY NY			LTC NURSING F	HOMEW/C	O WALLS (LT
			Ş	SALES REGISTER			BILL WEEK ENI	DING	2/24/12
INVOICE#	DATE	CUST NO	CUSTOMER NAME	REFERENCE	HOURS	TAX AMT	AMOUNT	TYP	SURPLUS
184663	2/17/12	000008	VISITING NURSE SERVICE	BARDEANU, VICTO	45.00		656.10	I	
184664	2/17/12	800000	VISITING NURSE SERVICE	BATTLE, JEANETT	47.50		692.56	I	
				CUSTOMER	92.50	0.00	1,348.66		
				CATEGORY	92.50	0.00	1,348.66		

ı	RUN DATE	02/22/12 -	- SUP SUNN	YSIDE CITYWIDE				PAGE 1 -	23
ı	SALES JRN	L # 0269	LOC 001	SUNNYSIDE CITYWIDE	REG NY NY			VCP CHOICE LHCS	A .
				S	SALES REGISTER			BILL WEEK ENDING	3 2/24/12
	INVOICE#	DATE	CUST NO	CUSTOMER NAME	REFERENCE	HOURS	TAX AMT	AMOUNT TYPE	SURPLUS
	184665	2/17/12	800000	VISITING NURSE SERVICE	BELLOROFONTE, M	151.00		2,201.58 I	
					CATEGORY	151.00	0.00	2,201.58	

RUN DATE SALES JRN		- SUP SUNN	YSIDE CITYWIDE SUNNYSIDE CITYWIDE	REG NY NY			PAGE 1 - 2	24
DILLEG GIAV	1 11 0200	100 001		SALES REGISTER			BILL WEEK ENDING	2/24/12
INVOICE#	DATE	CUST NO	CUSTOMER NAME	REFERENCE	HOURS	TAX AMT	AMOUNT TYP	SURPLUS
184666	2/03/12	800000	VISITING NURSE SERVICE	BERENBLIT, SARA	1.00		14.58 I	
184667 184668	2/17/12 2/17/12	000008 000008	VISITING NURSE SERVICE VISITING NURSE SERVICE	BERENBLIT, SARA BERSANI, CLAIRE	6.00 4.00		87.48 I 58.32 I	
104000	2/1//12	000000	VISITING NORSE SERVICE	DERGANI, CHAIRE				
				CUSTOMER	11.00	0.00	160.38	
				CATEGORY	11.00	0.00	160.38	

RUN DATE SALES JRN		- SUP SUNN LOC 001	YSIDE CITYWIDE SUNNYSIDE CITYWIDE	REG NY NY SALES REGISTER			PAGE 1 - 25 LTC NURSING HOMEW/O WALLS (LT BILL WEEK ENDING 2/24/12
INVOICE#	DATE	CUST NO	CUSTOMER NAME	REFERENCE	HOURS	TAX AMT	AMOUNT TYP SURPLUS
184669 184670	2/17/12 2/17/12	800000 800000	VISITING NURSE SERVICE VISITING NURSE SERVICE	•	25.00 30.00		364.50 I 437.40 I
				CUSTOMER	55.00	0.00	801.90
				CATEGORY	55.00	0.00	 801.90

RUN DATE	02/22/12 -	- SUP SUNN	YSIDE CITYWIDE				PAGE 1 -	26
SALES JRN	IL # 0269	LOC 001	SUNNYSIDE CITYWIDE	REG NY NY			VCP CHOICE LHCSA	<u>.</u>
			:	SALES REGISTER			BILL WEEK ENDING	2/24/12
INVOICE#	DATE	CUST NO	CUSTOMER NAME	REFERENCE	HOURS	TAX AMT	AMOUNT TYP	SURPLUS
184671	2/17/12	800000	VISITING NURSE SERVICE	BHULLA, JIWAN	24.00		349.92 I	
				CATEGORY	24.00	0.00	 349.92	

			YSIDE CITYWIDE	DEG NV NV			PAGE 1 - 27	
SALES JRN	L # ∪269	LOC 001	SUNNYSIDE CITYWIDE	REGNY NY SALES REGISTER			ADU ADULT BILL WEEK ENDING	2/24/12
INVOICE#	DATE	CUST NO	CUSTOMER NAME	REFERENCE	HOURS	TAX AMT	AMOUNT TYP	SURPLUS
184672 184673	2/03/12 2/17/12	800000 800000	VISITING NURSE SERVICE VISITING NURSE SERVICE		4.00 18.00		58.32 I 262.44 I	
				CUSTOMER	22.00	0.00	320.76	
				CATEGORY	22.00	0.00	320.76	

RUN DATE	02/22/12 -	- SUP SUNN	YSIDE CITYWIDE				PAGE 1 -	28
SALES JRN	L # 0269	LOC 001	SUNNYSIDE CITYWIDE	REG NY NY			LTC NURSING HOME	W/O WALLS (LT
			5	SALES REGISTER			BILL WEEK ENDING	2/24/12
INVOICE#	DATE	CUST NO	CUSTOMER NAME	REFERENCE	HOURS	TAX AMT	AMOUNT TYP	SURPLUS
184674	2/17/12	800000	VISITING NURSE SERVICE	BLANCAFLOR, PUR	40.00		583.20 I	
				CATEGORY	40.00	0.00	583.20	

ı	RUN DATE	02/22/12 -	- SUP SUNN	YSIDE CITYWIDE				PAGE 1 -	29	
ı	SALES JRN	L # 0269	LOC 001		REG NY NY			ADU ADULT	0.404.410	
				2	SALES REGISTER			BILL WEEK ENDING	2/24/12	
	INVOICE#	DATE	CUST NO	CUSTOMER NAME	REFERENCE	HOURS	TAX AMT	AMOUNT TYP	SURPLUS	
	184675	2/17/12	800000	VISITING NURSE SERVICE	BLUMENTHAL, EST	11.50		167.67 I		
					CATEGORY	11.50	0.00	 167.67		

			NYSIDE CITYWIDE					30
SALES JRN	L # 0269	LOC 001	SUNNYSIDE CITYWIDE	REG NY NY SALES REGISTER			VCP CHOICE LHCS. BILL WEEK ENDIN	
				SALES REGISIER			PILL MEEK ENDIN	G 2/24/12
INVOICE#	DATE	CUST NO	CUSTOMER NAME	REFERENCE	HOURS	TAX AMT	AMOUNT TY	P SURPLUS
184676	2/17/12	800000	VISITING NURSE SERVICE	BLUNNIE, ELIZAB	20.00		291.60 I	
				CATEGORY	20.00	0.00	291.60	

			YSIDE CITYWIDE	DEG NV NV			PAGE 1 - 31	
SALES JRN	L # U269	LOC 001	SUNNYSIDE CITYWIDE	REG NY NY SALES REGISTER			ADU ADULT BILL WEEK ENDING 2	/24/12
INVOICE#	DATE	CUST NO	CUSTOMER NAME	REFERENCE	HOURS	TAX AMT	AMOUNT TYP S	URPLUS
184677 184678	2/17/12 2/17/12	800000 800000	VISITING NURSE SERVICE VISITING NURSE SERVICE		15.00 48.75		218.70 I 710.78 I	
				CUSTOMER	63.75	0.00	929.48	
				CATEGORY	63.75	0.00	929.48	

RUN DATE	02/22/12 -	SUP SUNN	YSIDE CITYWIDE				PAGE 1 -	32
SALES JRN	L # 0269	LOC 001	SUNNYSIDE CITYWIDE	REG NY NY			VCP CHOICE LHCSA	
			S	ALES REGISTER			BILL WEEK ENDING	2/24/12
INVOICE#	DATE	CUST NO	CUSTOMER NAME	REFERENCE	HOURS	TAX AMT	AMOUNT TYP	SURPLUS
184679	2/17/12	800000	VISITING NURSE SERVICE	BONILLA, LYDIA	20.00		291.60 I	
				CATEGORY	20.00	0.00	291.60	

RUN DATE	02/22/12 -	- SUP SUNN	YSIDE CITYWIDE				PAGE 1 -	33
SALES JRN	L # 0269	LOC 001		REG NY NY			LTC NURSING HOME	
			S	SALES REGISTER			BILL WEEK ENDING	2/24/12
INVOICE#	DATE	CUST NO	CUSTOMER NAME	REFERENCE	HOURS	TAX AMT	AMOUNT TYP	SURPLUS
184680	2/17/12	800000	VISITING NURSE SERVICE	BONSIGNORE, GAE	25.00		364.50 I	
				CATEGORY	25.00	0.00	364.50	

RUN DATE	02/22/12 -	- SUP SUNN	YSIDE CITYWIDE				PAGE 1 -	34
SALES JRN	L # 0269	LOC 001		REG NY NY			VCP CHOICE LHCS	
			S	SALES REGISTER			BILL WEEK ENDING	3 2/24/12
INVOICE#	DATE	CUST NO	CUSTOMER NAME	REFERENCE	HOURS	TAX AMT	AMOUNT TYPE	SURPLUS
184681	2/17/12	800000	VISITING NURSE SERVICE	BORYSEWICZ, MAR	12.00		174.96 I	
				CATEGORY	12.00	0.00	174.96	

RUN DATE	02/22/12 -	- SUP SUNN	YSIDE CITYWIDE				PAGE 1 - 35	
SALES JRN	L # 0269	LOC 001	SUNNYSIDE CITYWIDE	REG NY NY			LTC NURSING HOMEW/O WALLS (LT
				SALES REGISTER			BILL WEEK ENDING 2/24/12	
INVOICE#	DATE	CUST NO	CUSTOMER NAME	REFERENCE	HOURS	TAX AMT	AMOUNT TYP SURPLUS	
184682	2/17/12	000008	VISITING NURSE SERVICE	BOYADJIAN, ZARO	35.00		510.30 I	
				CATEGORY	35.00	0.00	510.30	

RUN DATE SALES JRN		- SUP SUNN	YSIDE CITYWIDE SUNNYSIDE CITYWIDE	REG NY NY			PAGE 1 - VCP CHOICE LHCSA	36
	2 11 0200	200 001		SALES REGISTER			BILL WEEK ENDING	
INVOICE#	DATE	CUST NO	CUSTOMER NAME	REFERENCE	HOURS	TAX AMT	AMOUNT TYP	SURPLUS
184683	2/17/12	000008	VISITING NURSE SERVICE	BOYLAN, FRANK	63.00		918.54 I	
184684	2/17/12	000008	VISITING NURSE SERVICE	BURGOS, RAFAELA	13.25		193.19 I	
184685	2/17/12	800000	VISITING NURSE SERVICE	BURNS, MARGARET	56.00		816.48 I	
				CUSTOMER	132.25	0.00	1,928.21	
				CATEGORY	132.25	0.00	1,928.21	

RUN DATE	02/22/12 -	SUP SUNN	YSIDE CITYWIDE				PAGE 1 -	37
SALES JRN	L # 0269	LOC 001	SUNNYSIDE CITYWIDE	REG NY NY			LAD NURSING HOME	
				SALES REGISTER			BILL WEEK ENDING	2/24/12
INVOICE#	DATE	CUST NO	CUSTOMER NAME	REFERENCE	HOURS	TAX AMT	AMOUNT TYP	SURPLUS
184686	2/17/12	800000	VISITING NURSE SERVICE	BUSCARELLO, JOH	53.75		783.68 I	
				CATEGORY	53.75	0.00	783.68	

RUN DATE SALES JRN	- , ,		YSIDE CITYWIDE SUNNYSIDE CITYWIDE	REG NY NY			PAGE 1 -	- 3	8
			S	SALES REGISTER			BILL WEEK END	ING	2/24/12
INVOICE#	DATE	CUST NO	CUSTOMER NAME	REFERENCE	HOURS	TAX AMT	AMOUNT	TYP	SURPLUS
184687	2/17/12	800000	VISITING NURSE SERVICE	CABA, PURA	10.00		145.80	I	
184688	2/17/12	800000	VISITING NURSE SERVICE	CALABRO, JOSEPH	40.00		583.20	I	
184689	2/17/12	800000	VISITING NURSE SERVICE	CALDERON, FRANC	44.00		641.52	I	
184690	2/17/12	800000	VISITING NURSE SERVICE	CALDERON, VIRGI	42.00		612.36	I	
				CUSTOMER	136.00	0.00	1,982.88		
				CATEGORY	136.00	0.00	1,982.88		

			YSIDE CITYWIDE					39
SALES JRNI	և # 0269	LOC 001	SUNNYSIDE CITYWIDE	REG NY NY			HOA HOSPICE ADULT	
			S	SALES REGISTER			BILL WEEK ENDING	2/24/12
INVOICE#	DATE	CUST NO	CUSTOMER NAME	REFERENCE	HOURS	TAX AMT	AMOUNT TYP	SURPLUS
184691	2/17/12	800000	VISITING NURSE SERVICE	CALKOSZ, JOSEFI	63.00		918.54 I	
				CATEGORY	63.00	0.00	918.54	

			YSIDE CITYWIDE SUNNYSIDE CITYWIDE	REG NY NY			PAGE 1 - VCP CHOICE LHCSA	40
SALES UKN	11 # 0209	100 001		SALES REGISTER			BILL WEEK ENDING	
INVOICE#	DATE	CUST NO	CUSTOMER NAME	REFERENCE	HOURS	TAX AMT	AMOUNT TYP	SURPLUS
184692	2/17/12	800000	VISITING NURSE SERVICE	CAMBARA, JOSEFA	56.00		816.48 I	
				CATEGORY	56.00	0.00	816.48	

			YSIDE CITYWIDE				-	41
SALES JRN	L # 0269	LOC 001	SUNNYSIDE CITYWIDE	REGNY NY SALES REGISTER			ADU ADULT BILL WEEK ENDING	2/24/12
								, ,
INVOICE#	DATE	CUST NO	CUSTOMER NAME	REFERENCE	HOURS	TAX AMT	AMOUNT TYP	SURPLUS
184693	2/17/12	000008	VISITING NURSE SERVICE	CANDIDO, ELENA	9.00		131.22 I	
				CATEGORY	9.00	0.00	131.22	

ı	RUN DATE	02/22/12 -	SUP SUNN	YSIDE CITYWIDE				PAGE 1 -	42	
ı	SALES JRN	և # 0269	LOC 001		REG NY NY			LTC NURSING HOMEW		
ı				:	SALES REGISTER			BILL WEEK ENDING	2/24/12	
	INVOICE#	DATE	CUST NO	CUSTOMER NAME	REFERENCE	HOURS	TAX AMT	AMOUNT TYP	SURPLUS	
	184694	2/17/12	800000	VISITING NURSE SERVICE	CANO, ADELINA	31.00		451.98 I		
					CATEGORY	31.00	0.00	 451.98		

RUN DATE SALES JRN				REGNY NY SALES REGISTER			PAGE 1 - ADU ADULT BILL WEEK ENDIN	
INVOICE#	DATE	CUST NO		REFERENCE	HOURS	TAX AMT	AMOUNT TY	- , ,
184695	2/03/12	800000	VISITING NURSE SERVICE	CANTO, THERESA	1.00		14.58 I	
				CATEGORY	1.00	0.00	14.58	

RUN DATE	02/22/12 -	- SUP SUNN	YSIDE CITYWIDE				PAGE 1 -	44
SALES JRN	L # 0269	LOC 001		REG NY NY			VCP CHOICE LHCS	
			:	SALES REGISTER			BILL WEEK ENDIN	NG 2/24/12
INVOICE#	DATE	CUST NO	CUSTOMER NAME	REFERENCE	HOURS	TAX AMT	AMOUNT TY	P SURPLUS
184696	2/17/12	800000	VISITING NURSE SERVICE	CAPORASO, VINCE	84.00		1,224.72	Ī.
				CATEGORY	84.00	0.00	1,224.72	

ı	RUN DATE	02/22/12 -	SUP SUNN	YSIDE CITYWIDE				PAGE 1 -	45
ı	SALES JRN	L # 0269	LOC 001	SUNNYSIDE CITYWIDE	REG NY NY			LAD NURSING HOM	E W/O WALLS LT
ı				5	SALES REGISTER			BILL WEEK ENDING	3 2/24/12
ı									
ı	INVOICE#	DATE	CUST NO	CUSTOMER NAME	REFERENCE	HOURS	TAX AMT	AMOUNT TY	P SURPLUS
ı									
ı	184697	2/17/12	000008	VISITING NURSE SERVICE	CARBAJAL, MERCE	35.00		510.30 I	
ı									
ı									
ı					CATEGORY	35.00	0.00	510.30	

RUN DATE SALES JRN		- SUP SUNN LOC 001		REGNY NY SALES REGISTER			PAGE 1 - ADU ADULT BILL WEEK ENDII	46 NG 2/24/12
INVOICE#	DATE	CUST NO		REFERENCE	HOURS	TAX AMT		YP SURPLUS
184698	2/17/12	800000	VISITING NURSE SERVICE	CARDONA, MARIA	70.00		1,020.60	I
				CATEGORY	70.00	0.00	1,020.60	

			TYSIDE CITYWIDE	DEC MY MY			11102		17
SALES JRN	L # U269	LOC 001	SUNNYSIDE CITYWIDE	REGNY NY SALES REGISTER			VCP CHOICE LE		2/24/12
			_		•		DILL ((1211 211		2,21,12
INVOICE#	DATE	CUST NO	CUSTOMER NAME	REFERENCE	HOURS	TAX AMT	AMOUNT	TYP	SURPLUS
184699	2/17/12	800000	VISITING NURSE SERVICE	CARDOSO, ORLAND	56.00		816.48	I	
184700	2/10/12	000008	VISITING NURSE SERVICE	CARELA-REYES, M	5.00		72.90	I	
184701	2/17/12	000008	VISITING NURSE SERVICE	CARELA-REYES, M	24.50		357.21	I	
184702	2/17/12	800000	VISITING NURSE SERVICE	CARRALERO, ROSA	30.00		437.40	I	
184703	2/17/12	800000	VISITING NURSE SERVICE	CARTAFALSA, NEL	70.00		1,020.60	I	
				CUSTOMER	185.50	0.00	2,704.59		
				CARECODY.	105 50	0.00	2,704.59		
				CATEGORY	185.50	0.00	2,704.59		

RUN DATE SALES JRN		SUP SUNN LOC 001	YSIDE CITYWIDE SUNNYSIDE CITYWIDE S	REG NY NY ALES REGISTER			PAGE 1 - 48 LTC NURSING HOMEW/C BILL WEEK ENDING	
INVOICE#	DATE	CUST NO	CUSTOMER NAME	REFERENCE	HOURS	TAX AMT	AMOUNT TYP	SURPLUS
184704	2/17/12	800000	VISITING NURSE SERVICE	CARTAGENA, FRAN	56.00		816.48 I	
				CATEGORY	56.00	0.00	816.48	

			YSIDE CITYWIDE				PAGE 1 - 49	
SALES JRN	L # 0269	LOC 001	SUNNYSIDE CITYWIDE	REG NY NY			VCP CHOICE LHCSA	
				SALES REGISTER			BILL WEEK ENDING 2/24	1/12
INVOICE#	DATE	CUST NO	CUSTOMER NAME	REFERENCE	HOURS	TAX AMT	AMOUNT TYP SURF	PLUS
184705	2/17/12	000008	VISITING NURSE SERVICE	CEBALLOS, CLEME	20.00		291.60 I	
184706	2/17/12	800000	VISITING NURSE SERVICE	CERNILLI, MARIA	24.00		349.92 I	
				CUSTOMER	44.00	0.00	641.52	
				CATEGORY	44.00	0.00	641.52	

RUN DATE 02/22/1						PAGE 1 -	
SALES JRNL # 026	O LOC 001		REG NY NY				MEW/O WALLS (LT
			SALES REGISTER			BILL WEEK ENDI	NG 2/24/12
INVOICE# DATE	CUST NO	CUSTOMER NAME	REFERENCE	HOURS	TAX AMT	AMOUNT T	YP SURPLUS
184707 2/10/1	2 000008	VISITING NURSE SERVICE	CHAPPLE, VICKIE	8.00		116.64	I
184708 2/17/1	000008	VISITING NURSE SERVICE	CHAPPLE, VICKIE	24.00		349.92	I
			CUSTOMER	32.00	0.00	466.56	
			CATEGORY	32.00	0.00	466.56	

RUN DATE SALES JRN			YSIDE CITYWIDE SUNNYSIDE CITYWIDE	REG NY NY			PAGE 1 - VCP CHOICE LHCSA	~ =
DALLO GIAN	ш _т одоу	100 001		SALES REGISTER			BILL WEEK ENDING	
INVOICE#	DATE	CUST NO	CUSTOMER NAME	REFERENCE	HOURS	TAX AMT	AMOUNT TYPE	SURPLUS
184709	2/17/12	800000	VISITING NURSE SERVICE	CHARLES PIERRE,	30.00		437.40 I	
				CATEGORY	30.00	0.00	437.40	

				YSIDE CITYWIDE				PAGE 1 -	52
S	SALES JRN	L # 0269	LOC 001	SUNNYSIDE CITYWIDE	REG NY NY			ADU ADULT	0 /04 /10
					SALES REGISTER			BILL WEEK ENDING	3 2/24/12
I	NVOICE#	DATE	CUST NO	CUSTOMER NAME	REFERENCE	HOURS	TAX AMT	AMOUNT TYP	SURPLUS
1	84710	2/17/12	800000	VISITING NURSE SERVICE	CHINGA, ALBA	25.00		364.50 I	
					CATEGORY	25.00	0.00	364.50	

RUN DATE	02/22/12 -	SUP SUNN	YSIDE CITYWIDE				PAGE 1 - 53	3
SALES JRN	L # 0269	LOC 001	SUNNYSIDE CITYWIDE	REG NY NY			LTC NURSING HOMEW/C	WALLS (LT
				SALES REGISTER			BILL WEEK ENDING	2/24/12
INVOICE#	DATE	CUST NO	CUSTOMER NAME	REFERENCE	HOURS	TAX AMT	AMOUNT TYP	SURPLUS
184711	2/17/12	800000	VISITING NURSE SERVICE	CHO, MOGEE	30.00		437.40 I	
				CATEGORY	30.00	0.00	437.40	

			YSIDE CITYWIDE	DEC NV NV			11102		54
SALES JRN	⊥ # UZ69	LOC 001	SUNNYSIDE CITYWIDE	REGNY NY SALES REGISTEI	3		VCP CHOICE L' BILL WEEK EN		2/24/12
INVOICE#	DATE	CUST NO	CUSTOMER NAME	REFERENCE	HOURS	TAX AMT	AMOUNT	TYP	SURPLUS
184712	2/17/12	000008	VISITING NURSE SERVICE	CHOUDHURY, SHAM	49.00		714.42	I	
184713 184714	2/17/12 2/17/12	000008 000008	VISITING NURSE SERVICE VISITING NURSE SERVICE	CHU, MOLLY CHUCK, ENA	40.00 31.50		583.20 459.27	I	
104/14	2/1//12	000008	VISITING NORSE SERVICE	CHOCK, ENA			459.27		
				CUSTOMER	120.50	0.00	1,756.89		
				CATEGORY	120.50	0.00	1,756.89		

RUN DATE	02/22/12 -	SUP SUNN	YSIDE CITYWIDE				PAGE 1 - 5!	5
SALES JRN	L # 0269	LOC 001	SUNNYSIDE CITYWIDE	REG NY NY			LTC NURSING HOMEW/	O WALLS (LT
			:	SALES REGISTER			BILL WEEK ENDING	2/24/12
INVOICE#	DATE	CUST NO	CUSTOMER NAME	REFERENCE	HOURS	TAX AMT	AMOUNT TYP	SURPLUS
184715	2/17/12	800000	VISITING NURSE SERVICE	CIPRIAN, FREDEV	56.00		816.48 I	
				CATEGORY	56.00	0.00	816.48	

RUN DATE SALES JRN		LOC 001	YSIDE CITYWIDE SUNNYSIDE CITYWIDE	REG NY NY S A L E S R E G I S T E R			PAGE 1 - 5 ADU ADULT BILL WEEK ENDING	2/24/12
INVOICE#	DATE	CUST NO	CUSTOMER NAME	REFERENCE	HOURS	TAX AMT	AMOUNT TYP	SURPLUS
184716	2/17/12	800000	VISITING NURSE SERVICE	COLEMAN, JAMES	6.00		87.48 I	
				CATEGORY	6.00	0.00	87.48	

RUN DATE	02/22/12 -	- SUP SUNN	YSIDE CITYWIDE				PAGE 1 -	- 57
SALES JRN	ъ # 0269	LOC 001	SUNNYSIDE CITYWIDE	REG NY NY			LTC NURSING HO	DMEW/O WALLS (LT
			5	SALES REGISTER			BILL WEEK ENDI	ING 2/24/12
INVOICE#	DATE	CUST NO	CUSTOMER NAME	REFERENCE	HOURS	TAX AMT	AMOUNT 7	TYP SURPLUS
184717	2/17/12	000008	VISITING NURSE SERVICE	COLLER, FELISA	16.00		233.28	I
184718	2/17/12	000008	VISITING NURSE SERVICE	COLLER, JOSE	12.00		174.96	I
184719	2/17/12	800000	VISITING NURSE SERVICE	COLON, ANTONIA	42.00		612.36	I
184720	2/17/12	800000	VISITING NURSE SERVICE	COLON, ISABEL	24.00		349.92	I
							1 252 52	
				CUSTOMER	94.00	0.00	1,370.52	
				CATEGORY	94.00	0.00	1,370.52	

			YSIDE CITYWIDE				PAGE 1 - 58	
SALES JRN	L # 0269	LOC 001		REG NY NY			CCL CONGREGATE CARE PROGRAM	
			2	SALES REGISTER			BILL WEEK ENDING 2/24/12	
INVOICE#	DATE	CUST NO	CUSTOMER NAME	REFERENCE	HOURS	TAX AMT	AMOUNT TYP SURPLUS	
184721	2/17/12	800000	VISITING NURSE SERVICE	CORDERO, NELLY	168.00		2,449.44 I	
				CATEGORY	168.00	0.00	2,449.44	

RUN DATE	02/22/12 -	- SUP SUNN	YSIDE CITYWIDE				PAGE 1 -	59
SALES JRN	IL # 0269	LOC 001	SUNNYSIDE CITYWIDE	REG NY NY			LTC NURSING HOMEW	//O WALLS (LT
			S	SALES REGISTER			BILL WEEK ENDING	2/24/12
INVOICE#	DATE	CUST NO	CUSTOMER NAME	REFERENCE	HOURS	TAX AMT	AMOUNT TYP	SURPLUS
184722	2/17/12	800000	VISITING NURSE SERVICE	CORREA, MARGARI	30.00		437.40 I	
				CATEGORY	30.00	0.00	437.40	

l	RUN DATE	02/22/12 -	SUP SUNN	YSIDE CITYWIDE				PAGE 1 -	60
	SALES JRN	L # 0269	LOC 001	SUNNYSIDE CITYWIDE	REG NY NY			VCP CHOICE LHCSA	
l				5	SALES REGISTER			BILL WEEK ENDING	2/24/12
	INVOICE#	DATE	CUST NO	CUSTOMER NAME	REFERENCE	HOURS	TAX AMT	AMOUNT TYP	SURPLUS
	184723	2/17/12	800000	VISITING NURSE SERVICE	COSTA, ANTOINET	20.00		291.60 I	
					CATEGORY	20.00	0.00	291.60	

RUN	DATE C	02/22/12 -	SUP SUNN	YSIDE CITYWIDE				PAGE 1 - 6	1
SALE	ES JRNI	L # 0269	LOC 001	SUNNYSIDE CITYWIDE	REG NY NY			LTC NURSING HOMEW/	O WALLS (LT
				S	SALES REGISTER			BILL WEEK ENDING	2/24/12
INVO	OICE#	DATE	CUST NO	CUSTOMER NAME	REFERENCE	HOURS	TAX AMT	AMOUNT TYP	SURPLUS
1847	724	2/17/12	800000	VISITING NURSE SERVICE	COSTA, ARSENE	22.75		331.70 I	
					CATEGORY	22.75	0.00	331.70	

RUN DATE SALES JRN		LOC 001		REGNY NY SALES REGISTER			PAGE 1 - 6 ADU ADULT BILL WEEK ENDING	2/24/12
INVOICE#	DATE	CUST NO	CUSTOMER NAME	REFERENCE	HOURS	TAX AMT	AMOUNT TYP	SURPLUS
184725	2/17/12	800000	VISITING NURSE SERVICE	COVALIU, SAVETA	25.00		364.50 I	
				CATEGORY	25.00	0.00	364.50	

RUN DATE SALES JRN		- SUP SUNN	YSIDE CITYWIDE SUNNYSIDE CITYWIDE	REG NY NY			PAGE 1 - 6 VCP CHOICE LHCSA	3
DALLES OWN	II # 0205	100 001		SALES REGISTER			BILL WEEK ENDING	2/24/12
INVOICE#	DATE	CUST NO	CUSTOMER NAME	REFERENCE	HOURS	TAX AMT	AMOUNT TYP	SURPLUS
184726 184727	2/10/12 2/17/12	800000 800000	VISITING NURSE SERVICE VISITING NURSE SERVICE	COVALIU, SIMION COVALIU, SIMION	4.00		58.32 I 291.60 I	
				CUSTOMER	24.00	0.00	349.92	
				CATEGORY	24.00	0.00	349.92	

RUN DATE	02/22/12	- SUP SUNN	YSIDE CITYWIDE				PAGE 1 -	64
SALES JRN	ı∟ # 0269	LOC 001		REG NY NY			HOA HOSPICE ADULT	
			:	SALES REGISTER			BILL WEEK ENDING	2/24/12
INVOICE#	DATE	CUST NO	CUSTOMER NAME	REFERENCE	HOURS	TAX AMT	AMOUNT TYP	SURPLUS
184728	2/17/12	800000	VISITING NURSE SERVICE	COX, PETRA	19.00		277.02 I	
				 CATEGORY	19.00	0.00	277.02	

RUN DATE	02/22/12 -	SUP SUNN	YSIDE CITYWIDE				PAGE 1 -	65
SALES JRN	L # 0269	LOC 001	SUNNYSIDE CITYWIDE	REG NY NY			LAD NURSING HOME	W/O WALLS LT
			S	SALES REGISTER			BILL WEEK ENDING	2/24/12
T1770 T GT	53.00	GTTGT 310	GUGEROVED MANE	DEFEDENCE	******			GIID DI IIG
INVOICE#	DATE	CUST NO	CUSTOMER NAME	REFERENCE	HOURS	TAX AMT	AMOUNT TYP	SURPLUS
184729	2/17/12	800000	VISITING NURSE SERVICE	CRUZ, HECTOR	29.00		422.82 I	
				CATEGORY	29.00	0.00	422.82	

RUN DATE SALES JRN		- SUP SUNN LOC 001	YSIDE CITYWIDE SUNNYSIDE CITYWIDE	REG NY NY			PAGE 1 VCP CHOICE L		66
DALLO OIU	L # 0205	100 001		SALES REGISTER			BILL WEEK EN		2/24/12
INVOICE#	DATE	CUST NO	CUSTOMER NAME	REFERENCE	HOURS	TAX AMT	AMOUNT	TYP	SURPLUS
184730	2/10/12	000008	VISITING NURSE SERVICE	CRUZ, JUANA	4.00		58.32	I	
184731	2/17/12	800000	VISITING NURSE SERVICE	CRUZ, JUANA	20.00		291.60	I	
184732	2/17/12	800000	VISITING NURSE SERVICE	CURLEY, INGEBOR	14.25		207.77	I	
				CUSTOMER	38.25	0.00	557.69		
				CATEGORY	38.25	0.00	557.69		

RUN DATE	02/22/12 -	- SUP SUNN	YSIDE CITYWIDE				PAGE 1 -	67
SALES JRN	L # 0269	LOC 001	SUNNYSIDE CITYWIDE	REG NY NY			LTC NURSING HOMEW	I/O WALLS (LT
			S	ALES REGISTER			BILL WEEK ENDING	2/24/12
INVOICE#	DATE	CUST NO	CUSTOMER NAME	REFERENCE	HOURS	TAX AMT	AMOUNT TYP	SURPLUS
184733	2/17/12	800000	VISITING NURSE SERVICE	DAMICO, ANGELA	25.00		364.50 I	
				CATEGORY	25.00	0.00	 364.50	

RUN DATE	02/22/12 -	- SUP SUNN	YSIDE CITYWIDE				PAGE 1 - 6	68
SALES JRN	L # 0269	LOC 001		REG NY NY			ADU ADULT	
			S	SALES REGISTER			BILL WEEK ENDING	2/24/12
INVOICE#	DATE	CUST NO	CUSTOMER NAME	REFERENCE	HOURS	TAX AMT	AMOUNT TYP	SURPLUS
184734	2/17/12	800000	VISITING NURSE SERVICE	DANIELS, DEIRDR	15.00		218.70 I	
				CATEGORY	15.00	0.00	218.70	

RUN DATE SALES JRN		- SUP SUNN LOC 001	YSIDE CITYWIDE SUNNYSIDE CITYWIDE S A	REG NY NY ALES REGISTER			PAGE 1 - LTC NURSING HOME BILL WEEK ENDING	EW/O WALLS (LT
INVOICE#	DATE	CUST NO	CUSTOMER NAME	REFERENCE	HOURS	TAX AMT	AMOUNT TYPE	SURPLUS
184735	2/17/12	800000	VISITING NURSE SERVICE	DANNY, RAMDULAR	56.00		816.48 I	
				CATEGORY	56.00	0.00	816.48	

			YSIDE CITYWIDE				-	70
SALES J	RNL # 0269	LOC 001		REG NY NY			VCP CHOICE LHCS	
				SALES REGISTER			BILL WEEK ENDIN	G 2/24/12
INVOICE	# DATE	CUST NO	CUSTOMER NAME	REFERENCE	HOURS	TAX AMT	AMOUNT TY	P SURPLUS
184736	2/17/12	800000	VISITING NURSE SERVICE	DAVIS, LOUELLEN	42.00		612.36 I	
				CATEGORY	42.00	0.00	612.36	

RUN DATE SALES JRN		LOC 001		REG NY NY SALES REGISTER			PAGE 1 - LAD NURSING HO BILL WEEK ENDI	71 ME W/O WALLS LT NG 2/24/12
INVOICE#	DATE	CUST NO	CUSTOMER NAME	REFERENCE	HOURS	TAX AMT	AMOUNT T	YP SURPLUS
184737	2/17/12	800000	VISITING NURSE SERVICE	DEL CARPIO, FEL	40.00		583.20	I
				CATEGORY	40.00	0.00	583.20	

			YSIDE CITYWIDE				PAGE 1 -	72
SALES JRNL	# 0269	LOC 001	SUNNYSIDE CITYWIDE	REG NY NY			LTC NURSING HOM	
				SALES REGISTER			BILL WEEK ENDIN	G 2/24/12
INVOICE#	DATE	CUST NO	CUSTOMER NAME	REFERENCE	HOURS	TAX AMT	AMOUNT TY	P SURPLUS
	2/17/12	800000	VISITING NURSE SERVICE	DELACRUZ, SEFER	34.00		495.72 I	
184739	2/17/12	000008	VISITING NURSE SERVICE	DELAROSA, CORAL	30.00		437.40 I	
				CUSTOMER	64.00	0.00	933.12	
				CAREGODY	64.00	0.00	022 12	
				CATEGORY	64.00	0.00	933.12	

RUN DATE SALES JRN		- SUP SUNN LOC 001	YSIDE CITYWIDE SUNNYSIDE CITYWIDE	REG NY NY			PAGE 1 VCP CHOICE LE		73
	_ "			SALES REGISTER			BILL WEEK ENI		2/24/12
INVOICE#	DATE	CUST NO	CUSTOMER NAME	REFERENCE	HOURS	TAX AMT	AMOUNT	TYP	SURPLUS
184740 184741	2/17/12 2/10/12	000008 000008	VISITING NURSE SERVICE VISITING NURSE SERVICE	DELOSSANTOS, MA DELPOZO, MIGUEL	31.00 16.00		451.98 233.28	I	
184742	2/17/12	000008	VISITING NURSE SERVICE	DELPOZO, MIGUEL	24.00		349.92	I	
				CUSTOMER	71.00	0.00	1,035.18		
				CATEGORY	71.00	0.00	1,035.18		

RUN DATE SALES JRN		- SUP SUNN LOC 001	YSIDE CITYWIDE SUNNYSIDE CITYWIDE	REG NY NY SALES REGISTER			PAGE 1 - 74 ADU ADULT BILL WEEK ENDING 2/24/12	
INVOICE#	DATE	CUST NO	CUSTOMER NAME	REFERENCE	HOURS	TAX AMT	AMOUNT TYP SURPLUS	
184743	2/17/12	800000	VISITING NURSE SERVICE	DELUCA, ANTIONE	28.00		408.24 I	
				CATEGORY	28.00	0.00	408.24	

			TYSIDE CITYWIDE					75
SALES JRN	L # 0269	LOC 001		REGNY NY SALES REGISTER			LTC NURSING HOME BILL WEEK ENDING	•
INVOICE#	DATE	CUST NO	CUSTOMER NAME	REFERENCE	HOURS	TAX AMT	AMOUNT TYP	SURPLUS
184744	2/17/12	800000	VISITING NURSE SERVICE	DELVALLE, JESUS	35.00		510.30 I	
				CATEGORY	35.00	0.00	510.30	

			YSIDE CITYWIDE				PAGE 1 -	76
SALES JRN	L # 0269	LOC 001	SUNNYSIDE CITYWIDE	REG NY NY			VCP CHOICE LHCSA	
			S	ALES REGISTER			BILL WEEK ENDING	G 2/24/12
INVOICE#	DATE	CUST NO	CUSTOMER NAME	REFERENCE	HOURS	TAX AMT	AMOUNT TYPE	P SURPLUS
184745	2/17/12	800000	VISITING NURSE SERVICE	DEZUMARAN, REBE	43.75		637.88 I	
				CATEGORY	43.75	0.00	637.88	

RUN DATE SALES JRN		- SUP SUNN LOC 001	YSIDE CITYWIDE SUNNYSIDE CITYWIDE	REG NY NY			PAGE 1 - 77 LTC NURSING HOMEW/O W	IAT.T.S (T.T
Brille Grav	1 0200	100 001		SALES REGISTER			BILL WEEK ENDING 2/	•
INVOICE#	DATE	CUST NO	CUSTOMER NAME	REFERENCE	HOURS	TAX AMT	AMOUNT TYP SU	RPLUS
184746	2/17/12	800000	VISITING NURSE SERVICE	DIAZ, HILDA	13.50		196.83 I	
							106.02	
				CATEGORY	13.50	0.00	196.83	

RUN DATE	- , ,		YSIDE CITYWIDE	DEC NV NV			11102		78
SALES JRN	L # U269	LOC 001	SUNNYSIDE CITYWIDE	REG NY NY ALES REGISTER			VCP CHOICE LH		2/24/12
			5	ALES KEGISIEI			DIDD WEEK END	TING	2/24/12
INVOICE#	DATE	CUST NO	CUSTOMER NAME	REFERENCE	HOURS	TAX AMT	AMOUNT	TYP	SURPLUS
								_	
184747	2/17/12	800000	VISITING NURSE SERVICE	DIAZ, MARIA	7.00		102.06	I	
184748	2/17/12	800000	VISITING NURSE SERVICE	DIAZ, OLGA	36.00		524.88	I	
184749	2/17/12	800000	VISITING NURSE SERVICE	DIAZ, ROSA	36.00		524.88	I	
184750	2/17/12	800000	VISITING NURSE SERVICE	DILLUVIO, MATTI	67.50		984.15	I	
184751	2/17/12	800000	VISITING NURSE SERVICE	DOMINGUEZ, MARI	42.00		612.36	I	
184752	2/17/12	800000	VISITING NURSE SERVICE	DOMINGUEZ-REIN,	11.75		171.32	I	
							0.010.65		
				CUSTOMER	200.25	0.00	2,919.65		
				CATEGORY	200.25	0.00	2,919.65		

RUN DATE SALES JRN		SUP SUNN LOC 001		REG NY NY SALES REGISTER			PAGE 1 LTC NURSING BILL WEEK EN		-
INVOICE#	DATE	CUST NO	CUSTOMER NAME	REFERENCE	HOURS	TAX AMT	AMOUNT	TYP	SURPLUS
184753 184754	2/17/12 2/17/12	000008 000008	VISITING NURSE SERVICE VISITING NURSE SERVICE	- , -	17.00 15.25		247.86 222.35	I I	
				CUSTOMER	32.25	0.00	470.21		
				 CATEGORY	32.25	0.00	470.21		

ı	RUN DATE	02/22/12 -	- SUP SUNN	YSIDE CITYWIDE				PAGE 1 -	80	
ı	SALES JRN	L # 0269	LOC 001	SUNNYSIDE CITYWIDE	REG NY NY			VCP CHOICE LHCS	\$A	
ı				5	SALES REGISTER			BILL WEEK ENDIN	IG 2/24/12	
	INVOICE#	DATE	CUST NO	CUSTOMER NAME	REFERENCE	HOURS	TAX AMT	AMOUNT TY	P SURPLUS	
	184755	2/17/12	000008	VISITING NURSE SERVICE	DUGLUS, MAY RUT	35.25		513.95 I	-	
ı										
ı					CATEGORY	35.25	0.00	513.95		

RUN DATE	02/22/12 -	- SUP SUNN	YSIDE CITYWIDE				PAGE 1 - 8	81
SALES JRN	L # 0269	LOC 001	SUNNYSIDE CITYWIDE	REG NY NY			LTC NURSING HOMEW,	•
			S	BALES REGISTER			BILL WEEK ENDING	2/24/12
INVOICE#	DATE	CUST NO	CUSTOMER NAME	REFERENCE	HOURS	TAX AMT	AMOUNT TYP	SURPLUS
184756	2/17/12	800000	VISITING NURSE SERVICE	DUTAN, SELINDA	40.00		583.20 I	
				CATEGORY	40.00	0.00	583.20	

ı	RUN DATE	02/22/12 -	- SUP SUNN	YSIDE CITYWIDE				PAGE 1 -	82
ı	SALES JRN	L # 0269	LOC 001	SUNNYSIDE CITYWIDE	REG NY NY			CCL CONGREGATE CA	ARE PROGRAM
				Ş	SALES REGISTER			BILL WEEK ENDING	2/24/12
	INVOICE#	DATE	CUST NO	CUSTOMER NAME	REFERENCE	HOURS	TAX AMT	AMOUNT TYP	SURPLUS
	184757	2/17/12	000008	VISITING NURSE SERVICE	DUVERGE, MARIA	12.00		174.96 I	
					CATEGORY	12.00	0.00	174.96	

RUN DATE	02/22/12 -	- SUP SUNN	YSIDE CITYWIDE				PAGE 1 -	83	
SALES JRN	L # 0269	LOC 001	SUNNYSIDE CITYWIDE	REG NY NY			VCP CHOICE LHC		
			5	SALES REGI	[S T E R		BILL WEEK ENDI	NG 2/24/12	
INVOICE#	DATE	CUST NO	CUSTOMER NAME	REFERENCE	E HOURS	TAX AMT	AMOUNT T	YP SURPLUS	
184758	2/17/12	000008	VISITING NURSE SERVICE	ECHEGARAY,	, MARI 38.50		561.34	I	
				CATE	EGORY 38.50	0.00	 561.34		

RUN DATE SALES JRN		- SUP SUNN LOC 001	YSIDE CITYWIDE SUNNYSIDE CITYWIDE	REG NY NY			PAGE 1 ADU ADULT	- :	84
SALES UKN	ш # 0209	LOC 001		SALES REGISTER			BILL WEEK EN	DING	2/24/12
INVOICE#	DATE	CUST NO	CUSTOMER NAME	REFERENCE	HOURS	TAX AMT	AMOUNT	TYP	SURPLUS
184759 184760	2/17/12 2/17/12	800000 800000	VISITING NURSE SERVICE VISITING NURSE SERVICE	,	4.00		58.32 14.58	I	
				CUSTOMER	5.00	0.00	72.90		
				CATEGORY	5.00	0.00	72.90		

RUN DATE	02/22/12 -	- SUP SUNN	YSIDE CITYWIDE				PAGE 1 -	85
SALES JRN	NL # 0269	LOC 001	SUNNYSIDE CITYWIDE	REG NY NY			VCP CHOICE LHCS	
			\$	SALES REGISTER			BILL WEEK ENDING	G 2/24/12
INVOICE#	DATE	CUST NO	CUSTOMER NAME	REFERENCE	HOURS	TAX AMT	AMOUNT TY	SURPLUS
184761	2/17/12	800000	VISITING NURSE SERVICE	EMILIAN, SIRPOO	4.00		58.32 I	
				CATEGORY	4.00	0.00	58.32	

RUN DATE	02/22/12 -	- SUP SUNN	YSIDE CITYWIDE				PAGE 1 - 86	
SALES JRN	rL # 0269	LOC 001	SUNNYSIDE CITYWIDE	REG NY NY			CCL CONGREGATE CARE PRO	OGRAM
			S	SALES REGISTER			BILL WEEK ENDING 2/24	4/12
INVOICE#	DATE	CUST NO	CUSTOMER NAME	REFERENCE	HOURS	TAX AMT	AMOUNT TYP SURI	PLUS
184762	2/17/12	800000	VISITING NURSE SERVICE	EPSTEIN, GEORGE	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 - 87 ADU ADULT
SALES URN	ш # 0209	LOC 001		SALES REGISTER			BILL WEEK ENDING 2/24/12
INVOICE#	DATE	CUST NO	CUSTOMER NAME	REFERENCE	HOURS	TAX AMT	AMOUNT TYP SURPLUS
184763 184764	2/17/12 2/17/12	000008 000008	VISITING NURSE SERVICE VISITING NURSE SERVICE		30.00		437.40 I 131.22 I
				CUSTOMER	39.00	0.00	568.62
				CATEGORY	39.00	0.00	568.62

RUN DATE	02/22/12 -	SUP SUNN	YSIDE CITYWIDE				PAGE 1 -	88
SALES JRN	ъ # 0269	LOC 001	SUNNYSIDE CITYWIDE	REG NY NY			VCP CHOICE LHCSA	J
			S	ALES REGISTER			BILL WEEK ENDING	3 2/24/12
INVOICE#	DATE	CUST NO	CUSTOMER NAME	REFERENCE	HOURS	TAX AMT	AMOUNT TYP	SURPLUS
184765	2/17/12	800000	VISITING NURSE SERVICE	EVERETT, SHIRLE	20.00		291.60 I	
				CATEGORY	20.00	0.00	291.60	

RUN DATE (YSIDE CITYWIDE	DEC NY NY			-	89
SALES URNI	L # 0269	LOC 001	SUNNYSIDE CITYWIDE	REG NY NY SALES REGISTER			ADU ADULT BILL WEEK ENDING	2/24/12
INVOICE#	DATE	CUST NO	CUSTOMER NAME	REFERENCE	HOURS	TAX AMT	AMOUNT TYP	SURPLUS
184766 184767	2/17/12 2/17/12	000008 000008	VISITING NURSE SERVICE VISITING NURSE SERVICE	, -	48.00 11.50		699.84 I 167.67 I	
				CUSTOMER	59.50	0.00	867.51	
				CATEGORY	59.50	0.00	867.51	

RUN DATE	02/22/12	- SUP SUNN	YSIDE CITYWIDE				PAGE 1 -	90
SALES JR	NL # 0269	LOC 001	SUNNYSIDE CITYWIDE	REG NY NY			HOA HOSPICE ADULT	1
			5	SALES REGISTE	R		BILL WEEK ENDING	2/24/12
INVOICE#	DATE	CUST NO	CUSTOMER NAME	REFERENCE	HOURS	TAX AMT	AMOUNT TYP	SURPLUS
184768	2/17/12	000008	VISITING NURSE SERVICE	FARO, JOSEPH	16.00		233.28 I	
				CATEGORY	16.00	0.00	233.28	

RUN DATE	02/22/12 -	- SUP SUNN	YSIDE CITYWIDE				PAGE 1 -	91
SALES JRN	L # 0269	LOC 001	SUNNYSIDE CITYWIDE	REG NY NY			CCL CONGREGATE CA	ARE PROGRAM
			Ş	SALES REGISTER			BILL WEEK ENDING	2/24/12
INVOICE#	DATE	CUST NO	CUSTOMER NAME	REFERENCE	HOURS	TAX AMT	AMOUNT TYP	SURPLUS
184769	2/17/12	000008	VISITING NURSE SERVICE	FARO, VIRGINIA	6.00		87.48 I	
				CATEGORY	6.00	0.00	87.48	

RUN DATE SALES JRN			YSIDE CITYWIDE SUNNYSIDE CITYWIDE	REGNY NY SALES REGISTER			PAGE 1 - ADU ADULT BILL WEEK ENDING	92 2/24/12
INVOICE#	DATE	CUST NO	CUSTOMER NAME	REFERENCE	HOURS	TAX AMT	AMOUNT TYP	SURPLUS
184770	2/17/12	000008	VISITING NURSE SERVICE	FAY, JULIA	32.75		477.50 I	
				CATEGORY	32.75	0.00	477.50	

RUN DATE	02/22/12 -	SUP SUNN	YSIDE CITYWIDE				PAGE 1 -	93
SALES JRN	L # 0269	LOC 001	SUNNYSIDE CITYWIDE	REG NY NY			VCP CHOICE LHCSA	
				SALES REGISTER			BILL WEEK ENDING	2/24/12
INVOICE#	DATE	CUST NO	CUSTOMER NAME	REFERENCE	HOURS	TAX AMT	AMOUNT TYP	SURPLUS
184771	2/17/12	800000	VISITING NURSE SERVICE	FERMIN, ORQUIDI	48.00		699.84 I	
				CATEGORY	48.00	0.00	699.84	

RUN DATE	02/22/12 -	- SUP SUNN	YSIDE CITYWIDE				PAGE 1 -	94
SALES JRN	rL # 0269	LOC 001	SUNNYSIDE CITYWIDE	REG NY NY			CCL CONGREGATE CA	RE PROGRAM
			S	SALES REGISTER			BILL WEEK ENDING	2/24/12
INVOICE#	DATE	CUST NO	CUSTOMER NAME	REFERENCE	HOURS	TAX AMT	AMOUNT TYP	SURPLUS
184772	2/17/12	800000	VISITING NURSE SERVICE	FERNANDEZ, JORG	15.00		218.70 I	
				CATEGORY	15.00	0.00	 218.70	

RUN DATE	02/22/12 -	SUP SUNN	YSIDE CITYWIDE				PAGE 1 -	95
SALES JRN	L # 0269	LOC 001		REG NY NY			VCP CHOICE LHCS	
			S	ALES REGISTER			BILL WEEK ENDING	3 2/24/12
INVOICE#	DATE	CUST NO	CUSTOMER NAME	REFERENCE	HOURS	TAX AMT	AMOUNT TYPE	SURPLUS
184773	2/17/12	800000	VISITING NURSE SERVICE	FERREIRO, JOSEP	15.00		218.70 I	
				CATEGORY	15.00	0.00	218.70	

RUN DATE SALES JRN			YSIDE CITYWIDE SUNNYSIDE CITYWIDE	REG NY	NY			PAGE 1 - ADU ADULT	96
SALES URN	ш # 0209	LOC 001		SALES R				BILL WEEK ENDIN	NG 2/24/12
INVOICE#	DATE	CUST NO	CUSTOMER NAME	REFE	RENCE	HOURS	TAX AMT	AMOUNT TY	P SURPLUS
184774	2/17/12	800000	VISITING NURSE SERVICE	FINK,	ROSEMARIE	9.00		131.22	I .
					 CATEGORY	9.00	0.00	131.22	

ı	RUN DATE	02/22/12 -	SUP SUNN	YSIDE CITYWIDE				PAGE 1 -	97
ı	SALES JRN	L # 0269	LOC 001	SUNNYSIDE CITYWIDE	REG NY NY			LTC NURSING HOMEW	·
ı				:	SALES REGISTER			BILL WEEK ENDING	2/24/12
	INVOICE#	DATE	CUST NO	CUSTOMER NAME	REFERENCE	HOURS	TAX AMT	AMOUNT TYP	SURPLUS
ı									
	184775	2/17/12	800000	VISITING NURSE SERVICE	FIUMARA, ROSE	52.75		769.10 I	
ı					CATEGORY	52.75	0.00	769.10	

RUN DATE	02/22/12 -	- SUP SUNN	YSIDE CITYWIDE				PAGE 1 -	98
SALES JRN	L # 0269	LOC 001	SUNNYSIDE CITYWIDE	REG NY NY			CCL CONGREGATE C	ARE PROGRAM
			5	SALES REGISTER			BILL WEEK ENDING	2/24/12
INVOICE#	DATE	CUST NO	CUSTOMER NAME	REFERENCE	HOURS	TAX AMT	AMOUNT TYP	SURPLUS
184776	2/17/12	800000	VISITING NURSE SERVICE	FLEITMAN, KLARA	6.00		87.48 I	
				CATEGORY	6.00	0.00	87.48	

RUN DATE	02/22/12 -	- SUP SUNN	YSIDE CITYWIDE				PAGE 1 -	99
SALES JRN	L # 0269	LOC 001	SUNNYSIDE CITYWIDE	REG NY NY			VCP CHOICE LHCS	A
			S	SALES REGISTER			BILL WEEK ENDIN	G 2/24/12
INVOICE#	DATE	CUST NO	CUSTOMER NAME	REFERENCE	HOURS	TAX AMT	AMOUNT TY	P SURPLUS
184777	2/17/12	800000	VISITING NURSE SERVICE	FOLLETTO, ROSIN	35.00		510.30 I	
				CATEGORY	35.00	0.00	510.30	

RUN DATE (YSIDE CITYWIDE SUNNYSIDE CITYWIDE	REG NY NY			PAGE 1 - CCL CONGREGATE C	100 CARE PROGRAM
			2	SALES REGISTER			BILL WEEK ENDING	2/24/12
INVOICE#	DATE	CUST NO	CUSTOMER NAME	REFERENCE	HOURS	TAX AMT	AMOUNT TYP	SURPLUS
184778	2/17/12	000008	VISITING NURSE SERVICE	FONSECA, EUGENI	35.00		510.30 I	
				CATEGORY	35.00	0.00	510.30	

RUN DATE SALES JRN			YSIDE CITYWIDE SUNNYSIDE CITYWIDE S	REGNY NY SALES REGISTER			PAGE 1 - VCP CHOICE LHCSA BILL WEEK ENDING	A
INVOICE#	DATE	CUST NO	CUSTOMER NAME	REFERENCE	HOURS	TAX AMT	AMOUNT TYPE	P SURPLUS
184779	2/17/12	000008	VISITING NURSE SERVICE	FONTEBOA, GUILL	35.00		510.30 I	
				CATEGORY	35.00	0.00	510.30	

RUN DATE SALES JRN		- SUP SUNN LOC 001	YSIDE CITYWIDE SUNNYSIDE CITYWIDE S	REGNY NY SALES REGISTER			PAGE 1 LTC NURSING 1 BILL WEEK EN		
INVOICE#	DATE	CUST NO	CUSTOMER NAME	REFERENCE	HOURS	TAX AMT	AMOUNT	TYP	SURPLUS
184780 184781 184782	2/17/12 2/17/12 2/17/12	000008 000008 000008	VISITING NURSE SERVICE VISITING NURSE SERVICE VISITING NURSE SERVICE	FRED, EULALIA FREIJOSO, ROSA FUNES, GEORGINA	55.00 46.00 35.00		801.90 670.68 510.30	I I I	
				CUSTOMER	136.00	0.00	1,982.88		
				CATEGORY	136.00	0.00	1,982.88		

RUN DATE SALES JRN		SUP SUNN	YSIDE CITYWIDE SUNNYSIDE CITYWIDE	REG NY NY			PAGE 1 - VCP CHOICE LHCSA	
511225 014	0209	200 001		SALES REGISTER			BILL WEEK ENDING	
INVOICE#	DATE	CUST NO	CUSTOMER NAME	REFERENCE	HOURS	TAX AMT	AMOUNT TYPE	SURPLUS
184783	2/17/12	800000	VISITING NURSE SERVICE	GAID, ASILA	35.00		510.30 I	
				CATEGORY	35.00	0.00		

RUN DATE SALES JRN		- SUP SUNN LOC 001	YSIDE CITYWIDE SUNNYSIDE CITYWIDE	REG NY NY			PAGE 1 - 104 ADU ADULT	
			S	ALES REGISTER			BILL WEEK ENDING 2/24/12	
INVOICE#	DATE	CUST NO	CUSTOMER NAME	REFERENCE	HOURS	TAX AMT	AMOUNT TYP SURPLUS	
184784	2/17/12	800000	VISITING NURSE SERVICE	GALARZA, JOSE	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 - VCP CHOICE LHC	
Brilles Grav	1 11 0200	100 001		SALES REGISTER			BILL WEEK ENDI	-
INVOICE#	DATE	CUST NO	CUSTOMER NAME	REFERENCE	HOURS	TAX AMT	AMOUNT T	YP SURPLUS
184785	2/17/12	000008	VISITING NURSE SERVICE		42.00		612.36	I
184786	2/17/12	000008	VISITING NURSE SERVICE	GALLINA, VIRGIN	9.00		131.22	
				CUSTOMER	51.00	0.00	743.58	
				CATEGORY	51.00	0.00	743.58	

RUN DATE 02/22/12 SALES JRNL # 0269	- SUP SUNNYSIDE CITYWIDE LOC 001 SUNNYSIDE CITYWIDE S	REG NY NY ALES REGISTER			PAGE 1 - 106 LTC NURSING HOMEW/O WALLS (LT BILL WEEK ENDING 2/24/12
INVOICE# DATE	CUST NO CUSTOMER NAME	REFERENCE	HOURS	TAX AMT	AMOUNT TYP SURPLUS
184787 2/17/12 184788 2/17/12	000008 VISITING NURSE SERVICE 000008 VISITING NURSE SERVICE	GALLO, BENJAMIN GARAY, ANGELES	38.50 16.00		561.33 I 233.28 I
		CUSTOMER	54.50	0.00	794.61
		CATEGORY	54.50	0.00	794.61

			YSIDE CITYWIDE				PAGE 1 - 107	
SALES JRN	L # 0269	TOC 001		REGNY NY SALES REGISTER			ADU ADULT BILL WEEK ENDING 2/	24/12
INVOICE#	DATE	CUST NO	CUSTOMER NAME	REFERENCE	HOURS	TAX AMT	AMOUNT TYP SU	JRPLUS
184789	2/17/12	800000	VISITING NURSE SERVICE	GARCIA, CONCEPC	23.00		335.34 I	
				CATEGORY	23.00	0.00	335.34	

RUN DATE	02/22/12 -	- SUP SUNN	YSIDE CITYWIDE				PAGE 1 - 1	08
SALES JRN	IL # 0269	LOC 001	SUNNYSIDE CITYWIDE	REG NY NY			VCP CHOICE LHCSA	
				SALES REGISTER			BILL WEEK ENDING	2/24/12
INVOICE#	DATE	CUST NO	CUSTOMER NAME	REFERENCE	HOURS	TAX AMT	AMOUNT TYP	SURPLUS
184790	2/17/12	800000	VISITING NURSE SERVICE	GARCIA, JOSEFIN	56.00		816.48 I	
				CATEGORY	56.00	0.00	816.48	

	ATE 02/22/12 JRNL # 0269		YSIDE CITYWIDE SUNNYSIDE CITYWIDE	REG NY NY			PAGE 1 - ADU ADULT	109
				SALES REGISTER			BILL WEEK ENDING	G 2/24/12
INVOI	CE# DATE	CUST NO	CUSTOMER NAME	REFERENCE	HOURS	TAX AMT	AMOUNT TY	P SURPLUS
18479	1 2/17/12	800000	VISITING NURSE SERVICE	GARCIA, JUANA	84.25		1,228.37 I	
				CATEGORY	84.25	0.00	1,228.37	

RUN DATE 02/22/12 SALES JRNL # 0269		SUNNYSIDE CITYWIDE	REG NY NY SALES REGISTER			PAGE 1 - LTC NURSING HOM BILL WEEK ENDIN	
INVOICE# DATE	CUST NO	CUSTOMER NAME	REFERENCE	HOURS	TAX AMT	AMOUNT TY	P SURPLUS
184792 2/17/12 184793 2/17/12 184794 2/10/12 184795 2/17/12	000008 000008	VISITING NURSE SERVICE VISITING NURSE SERVICE VISITING NURSE SERVICE VISITING NURSE SERVICE	GARY, MIKE GEBHARDT, DOROT	24.00 34.75 8.00 32.00		349.92 I 506.66 I 116.64 I 466.56 I	
			CUSTOMER	98.75	0.00	1,439.78	
			CATEGORY	98.75	0.00	1,439.78	

RUN DATE	02/22/12 -	- SUP SUNN	YSIDE CITYWIDE				PAGE 1 - 111	
SALES JRN	L # 0269	LOC 001	SUNNYSIDE CITYWIDE	REG NY NY			VCP CHOICE LHCSA	
			S	SALES REGISTER			BILL WEEK ENDING 2/2	24/12
INVOICE#	DATE	CUST NO	CUSTOMER NAME	REFERENCE	HOURS	TAX AMT	AMOUNT TYP SU	RPLUS
184796	2/17/12	800000	VISITING NURSE SERVICE	GEORGE, MERCEDE	42.00		612.36 I	
				CATEGORY	42.00	0.00	612.36	

RUN DATE	02/22/12 -	- SUP SUNN	YSIDE CITYWIDE				PAGE 1 - 1	112
SALES JRN	L # 0269	LOC 001	SUNNYSIDE CITYWIDE	REG NY NY			LTC NURSING HOME	V/O WALLS (LT
			:	SALES REGISTER			BILL WEEK ENDING	2/24/12
TATTOTOTOTI	DAME	GIIGE NO	CHCHOMED NAME	DEFEDERACE	HOHDG	max anm	AMOINE EUR	GIIDDI HG
INVOICE#	DATE	CUST NO	CUSTOMER NAME	REFERENCE	HOURS	TAX AMT	AMOUNT TYP	SURPLUS
184797	2/17/12	000008	VISITING NURSE SERVICE	GIORGIO, WILLIA	40.00		583.20 I	
101757	2/1//12	000000	VIBITING NORDE BERVICE	GIORGIO, WILLIA	10.00		303.20	
				CATEGORY	40.00	0.00	583.20	

RUN DATE	02/22/12 -	- SUP SUNN	YSIDE CITYWIDE				PAGE 1 - 11	.3
SALES JRN	L # 0269	LOC 001	SUNNYSIDE CITYWIDE	REG NY NY			HOA HOSPICE ADULT	
			S	SALES REGISTER			BILL WEEK ENDING	2/24/12
INVOICE#	DATE	CUST NO	CUSTOMER NAME	REFERENCE	HOURS	TAX AMT	AMOUNT TYP	SURPLUS
184798	2/17/12	800000	VISITING NURSE SERVICE	GIUNTA, MADELIN	11.00		160.38 I	
				CATEGORY	11.00	0.00	160.38	

RUN DATE	02/22/12 -	- SUP SUNN	YSIDE CITYWIDE				PAGE 1 - 114	1
SALES JRN	IL # 0269	LOC 001	SUNNYSIDE CITYWIDE	REG NY NY			CCL CONGREGATE CARE	E PROGRAM
			S	SALES REGISTER			BILL WEEK ENDING	2/24/12
INVOICE#	DATE	CUST NO	CUSTOMER NAME	REFERENCE	HOURS	TAX AMT	AMOUNT TYP	SURPLUS
184799	2/17/12	800000	VISITING NURSE SERVICE	GOLIGHTLY, OZEL	56.00		816.48 I	
				CATEGORY	56.00	0.00	816.48	

RUN DATE	02/22/12 -	- SUP SUNN	YSIDE CITYWIDE				PAGE 1 - 115	
SALES JRN	L # 0269	LOC 001	SUNNYSIDE CITYWIDE	REG NY NY			VCP CHOICE LHCSA	
			\$	SALES REGISTER			BILL WEEK ENDING 2/24	/12
INVOICE#	DATE	CUST NO	CUSTOMER NAME	REFERENCE	HOURS	TAX AMT	AMOUNT TYP SURP	LUS
184800	2/17/12	800000	VISITING NURSE SERVICE	GOMEZ, JOSEFINA	24.00		349.92 I	
				CATEGORY	24.00	0.00	349.92	

RUN DATE SALES JRN		SUP SUNN LOC 001		REGNY NY SALES REGISTER			PAGE 1 LTC NURSING H BILL WEEK END		
INVOICE#	DATE	CUST NO	CUSTOMER NAME	REFERENCE	HOURS	TAX AMT	AMOUNT	TYP	SURPLUS
184801 184802	2/17/12 2/17/12	000008 000008	VISITING NURSE SERVICE VISITING NURSE SERVICE	,	28.00 28.75		408.24 419.18	I	
				CUSTOMER	56.75	0.00	827.42		
				 CATEGORY	 56.75	0.00	827.42		

RUN DATE (SALES JRNI			YSIDE CITYWIDE SUNNYSIDE CITYWIDE	REGNY NY SALES REGISTER			PAGE 1 - 117 ADU ADULT BILL WEEK ENDING 2/24	4/12
INVOICE#	DATE	CUST NO	CUSTOMER NAME	REFERENCE	HOURS	TAX AMT	,	PLUS
184803	2/17/12	800000	VISITING NURSE SERVICE	GONZALEZ, CARLO	12.00		174.96 I	
				CATEGORY	12.00	0.00	174.96	

ı	RUN DATE	02/22/12 -	- SUP SUNN	YSIDE CITYWIDE				PAGE 1 -	118	
ı	SALES JRN	L # 0269	LOC 001	SUNNYSIDE CITYWIDE	REG NY NY			VCP CHOICE LHCS	SA	
ı				5	SALES REGISTER			BILL WEEK ENDIN	IG 2/24/12	
	INVOICE#	DATE	CUST NO	CUSTOMER NAME	REFERENCE	HOURS	TAX AMT	AMOUNT TY	P SURPLUS	
ı	INVOICE	DIII	CODI NO	CODICIDIC WILL	REFERENCE	1100115	11111 11111	11100111 11	I BOILI LOD	
	184804	2/17/12	800000	VISITING NURSE SERVICE	GONZALEZ, DOLOR	28.00		408.24 I		
ı					CATEGORY	28.00	0.00	408.24		

RUN DATE SALES JRN		LOC 001		REG NY NY A L E S R E G I S T E R			PAGE 1 - 119 LTC NURSING HOMEW/O WALLS (LT BILL WEEK ENDING 2/24/12	
INVOICE#	DATE	CUST NO	CUSTOMER NAME	REFERENCE	HOURS	TAX AMT	AMOUNT TYP SURPLUS	
184805	2/17/12	800000	VISITING NURSE SERVICE	GONZALEZ, ELSA	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 L	- 12	20
Bridde Grav	1 11 0200	100 001		SALES REGISTER			BILL WEEK EN		2/24/12
INVOICE#	DATE	CUST NO	CUSTOMER NAME	REFERENCE	HOURS	TAX AMT	AMOUNT	TYP	SURPLUS
184806	2/10/12	800000	VISITING NURSE SERVICE	GOYES, ELBA	16.00		233.28	I	
184807	2/17/12	000008	VISITING NURSE SERVICE	,	24.00		349.92	I	
184808	2/17/12	800000	VISITING NURSE SERVICE	GRAVER, EDNA	40.50		590.49	I	
				CUSTOMER	80.50	0.00	1,173.69		
				CATEGORY	80.50	0.00	1,173.69		

RUN DATE	02/22/12 -	- SUP SUNN	YSIDE CITYWIDE				PAGE 1 - 1	121
SALES JRN	L # 0269	LOC 001	SUNNYSIDE CITYWIDE	REG NY NY			LAA LOMBARDI AIDS	
				SALES REGISTER			BILL WEEK ENDING	2/24/12
INVOICE#	DATE	CUST NO	CUSTOMER NAME	REFERENCE	HOURS	TAX AMT	AMOUNT TYP	SURPLUS
184809	2/17/12	800000	VISITING NURSE SERVICE	GRESSINE, ARNOL	48.75		710.78 I	
				CATEGORY	48.75	0.00	710.78	

RUN DATE SALES JRN			YSIDE CITYWIDE SUNNYSIDE CITYWIDE	REG NY NY			PAGE 1 VCP CHOICE LH	- 12	2
SALES UKN	ш # 0209	TOC 001		SALES REGISTER			BILL WEEK END		2/24/12
INVOICE#	DATE	CUST NO	CUSTOMER NAME	REFERENCE	HOURS	TAX AMT	AMOUNT	TYP	SURPLUS
184810 184811	2/17/12 2/17/12	000008 000008	VISITING NURSE SERVICE VISITING NURSE SERVICE		84.00 40.00		1,224.72 583.20	I I	
				CUSTOMER	124.00	0.00	1,807.92		
				CATEGORY	124.00	0.00	1,807.92		

RUN DATE SALES JRN		- SUP SUNN LOC 001	YSIDE CITYWIDE SUNNYSIDE CITYWIDE	REG NY NY			PAGE 1 - 1 ADU ADULT	.23
			:	SALES REGISTER			BILL WEEK ENDING	2/24/12
INVOICE#	DATE	CUST NO	CUSTOMER NAME	REFERENCE	HOURS	TAX AMT	AMOUNT TYP	SURPLUS
184812 184813	2/17/12 2/17/12	000008 000008	VISITING NURSE SERVICE VISITING NURSE SERVICE	, =	12.00 17.50		174.96 I 255.15 I	
104013	2/1//12	000000	VISITING NORSE SERVICE	·				
				CUSTOMER	29.50	0.00	430.11	
				CATEGORY	29.50	0.00	430.11	

- 1				YSIDE CITYWIDE				PAGE 1 -	
l	SALES JRN	L # 0269	LOC 001		REG NY NY			VCP CHOICE LHCSA	
					SALES REGISTER			BILL WEEK ENDING	2/24/12
	INVOICE#	DATE	CUST NO	CUSTOMER NAME	REFERENCE	HOURS	TAX AMT	AMOUNT TYP	SURPLUS
	184814	2/17/12	000008	VISITING NURSE SERVICE	HENDY, BERNICE	15.00		218.70 I	
					CATEGORY	15.00	0.00	218.70	

RUN DATE SALES JRN		SUP SUNN	YSIDE CITYWIDE SUNNYSIDE CITYWIDE	REG NY NY			PAGE 1 - 1 ADU ADULT	25
			5	SALES REGISTER			BILL WEEK ENDING	2/24/12
INVOICE#	DATE	CUST NO	CUSTOMER NAME	REFERENCE	HOURS	TAX AMT	AMOUNT TYP	SURPLUS
184815	2/17/12	800000	VISITING NURSE SERVICE	HENRIQUEZ, MARI	56.00		816.48 I	
				CATEGORY	56.00	0.00	816.48	

RUN DATE	02/22/12 -	SUP SUNN	YSIDE CITYWIDE				PAGE 1 -	126
SALES JRN	L # 0269	LOC 001	SUNNYSIDE CITYWIDE	REG NY NY			VCP CHOICE LHCS	A
			:	SALES REGISTER			BILL WEEK ENDING	G 2/24/12
INVOICE#	DATE	CUST NO	CUSTOMER NAME	REFERENCE	HOURS	TAX AMT	AMOUNT TY	P SURPLUS
184816	2/17/12	800000	VISITING NURSE SERVICE	HERNANDEZ, MERC	36.00		524.88 I	
				CATEGORY	36.00	0.00	524.88	

	E 02/22/12 RNL # 0269		YSIDE CITYWIDE SUNNYSIDE CITYWIDE	REG NY NY			PAGE 1 - 12 ADU ADULT	27
			:	SALES REGISTER			BILL WEEK ENDING	2/24/12
INVOICE	# DATE	CUST NO	CUSTOMER NAME	REFERENCE	HOURS	TAX AMT	AMOUNT TYP	SURPLUS
184817	2/17/12	800000	VISITING NURSE SERVICE	HERNANDEZ, SANT	6.00		87.48 I	
				CATEGORY	6.00	0.00	87.48	

RUN DATE	02/22/12 -	- SUP SUNN	YSIDE CITYWIDE				PAGE 1	- 128
SALES JRN	IL # 0269	LOC 001	SUNNYSIDE CITYWIDE	REG NY NY				HOMEW/O WALLS (LT
			S	SALES REGISTER			BILL WEEK ENI	DING 2/24/12
INVOICE#	DATE	CUST NO	CUSTOMER NAME	REFERENCE	HOURS	TAX AMT	AMOUNT	TYP SURPLUS
184818	2/17/12	000008	VISITING NURSE SERVICE	HERRERA, ANGELA	30.50		444.69	I
184819	2/17/12	800000	VISITING NURSE SERVICE	HERRERA, HORACI	41.75		608.72	I
184820	2/17/12	800000	VISITING NURSE SERVICE	HUNGRIA, SABINA	40.00		583.20	I
				CUSTOMER	112.25	0.00	1,636.61	
				CATEGORY	112.25	0.00	1,636.61	

RUN DATE SALES JRN		- SUP SUNN LOC 001	YSIDE CITYWIDE SUNNYSIDE CITYWIDE	REG NY NY			PAGE 1 ADU ADULT	- 129	
	_ "			SALES REGISTER			BILL WEEK END	ING 2/24	:/12
INVOICE#	DATE	CUST NO	CUSTOMER NAME	REFERENCE	HOURS	TAX AMT	AMOUNT	TYP SURP	LUS
184821 184822	2/10/12 2/17/12	000008 000008	VISITING NURSE SERVICE VISITING NURSE SERVICE	IANNELLO, ROSE IANNELLO, ROSE	2.00		29.16 87.48	I I	
	_, _ , ,			CUSTOMER	8.00	0.00	116.64		
				CATEGORY	8.00	0.00	116.64		

RUN DATE	02/22/12 -	- SUP SUNN	YSIDE CITYWIDE				PAGE 1 - 13	30
SALES JRN	L # 0269	LOC 001	SUNNYSIDE CITYWIDE	REG NY NY			VCP CHOICE LHCSA	
			S	ALES REGISTER			BILL WEEK ENDING	2/24/12
INVOICE#	DATE	CUST NO	CUSTOMER NAME	REFERENCE	HOURS	TAX AMT	AMOUNT TYP	SURPLUS
184823	2/17/12	800000	VISITING NURSE SERVICE	IBASCO, SOFIA	20.00		291.60 I	
				CATEGORY	20.00	0.00	291.60	

١	RUN DATE	02/22/12 -	SUP SUNN	YSIDE CITYWIDE				PAGE 1 - 131	
١	SALES JRN	L # 0269	LOC 001	SUNNYSIDE CITYWIDE	REG NY NY			LAA LOMBARDI AIDS AI	DULT POPUL
١					SALES REGISTER			BILL WEEK ENDING 2	2/24/12
١									
١	INVOICE#	DATE	CUST NO	CUSTOMER NAME	REFERENCE	HOURS	TAX AMT	AMOUNT TYP S	SURPLUS
١									
١	184824	2/17/12	800000	VISITING NURSE SERVICE	INOSTROZA, RAPH	21.00		306.18 I	
١									
١									
ı					CATEGORY	21.00	0.00	306.18	

RUN DATE	02/22/12 -	- SUP SUNN	YSIDE CITYWIDE				PAGE 1 - 1	32	
SALES JRN	և # 0269	LOC 001	SUNNYSIDE CITYWIDE	REG NY NY			VCP CHOICE LHCSA		
			5	SALES REGISTER			BILL WEEK ENDING	2/24/12	
INVOICE#	DATE	CUST NO	CUSTOMER NAME	REFERENCE	HOURS	TAX AMT	AMOUNT TYP	SURPLUS	
184825	2/17/12	800000	VISITING NURSE SERVICE	INSERRA, CATHER	49.00		714.42 I		
				CATEGORY	49.00	0.00	714.42		

RUN DATE	02/22/12 -	- SUP SUNN	YSIDE CITYWIDE				PAGE 1 - 1	.33
SALES JRN	L # 0269	LOC 001	SUNNYSIDE CITYWIDE	REG NY NY			CCL CONGREGATE CA	ARE PROGRAM
			Ş	SALES REGISTER			BILL WEEK ENDING	2/24/12
INVOICE#	DATE	CUST NO	CUSTOMER NAME	REFERENCE	HOURS	TAX AMT	AMOUNT TYP	SURPLUS
184826	2/17/12	800000	VISITING NURSE SERVICE	IRUSTA, MARIA	6.00		87.48 I	
				CATEGORY	6.00	0.00	87.48	

ı	RUN DATE	02/22/12 -	SUP SUNN	YSIDE CITYWIDE				PAGE 1 -	134	
ı	SALES JRN	L # 0269	LOC 001	SUNNYSIDE CITYWIDE	REG NY NY			VCP CHOICE LHCSA		
ı				i	SALES REGISTER			BILL WEEK ENDING	2/24/12	
	INVOICE#	DATE	CUST NO	CUSTOMER NAME	REFERENCE	HOURS	TAX AMT	AMOUNT TYP	SURPLUS	
	184827	2/17/12	800000	VISITING NURSE SERVICE	ISKENDERIAN, KA	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 - 1 LTC NURSING HOMEW BILL WEEK ENDING	
INVOICE#	DATE	CUST NO	CUSTOMER NAME	REFERENCE	HOURS	TAX AMT	AMOUNT TYP	SURPLUS
184828 184829	2/17/12 2/17/12	800000 800000	VISITING NURSE SERVICE VISITING NURSE SERVICE		37.25 38.00		543.11 I 554.04 I	
				CUSTOMER	75.25	0.00	1,097.15	
				CATEGORY	75.25	0.00	1,097.15	

			YSIDE CITYWIDE				PAGE 1	
SALES JRN	L # 0269	LOC 001	SUNNYSIDE CITYWIDE	REG NY NY			VCP CHOICE LH	
			i	SALES REGISTER			BILL WEEK END	ING 2/24/12
INVOICE#	DATE	CUST NO	CUSTOMER NAME	REFERENCE	HOURS	TAX AMT	AMOUNT	TYP SURPLUS
184830	2/17/12	000008	VISITING NURSE SERVICE	JARA DEURUCHIM,	10.00		145.80	I
184831	2/17/12	800000	VISITING NURSE SERVICE	JARAMILLO PAL,	4.00		58.32	I
				CUSTOMER	14.00	0.00	204.12	
				CARRICODY	14 00	0.00	204 12	
				CATEGORY	14.00	0.00	204.12	

RUN DATE SALES JRN			YSIDE CITYWIDE SUNNYSIDE CITYWIDE	REG NY NY			PAGE 1 - 13 ADU ADULT	17
DALLO OIGI	1L # 0209	100 001		SALES REGISTER			BILL WEEK ENDING	2/24/12
INVOICE#	DATE	CUST NO	CUSTOMER NAME	REFERENCE	HOURS	TAX AMT	AMOUNT TYP	SURPLUS
184832	2/17/12	000008	VISITING NURSE SERVICE	JASZKOWSKI, GEN	6.00		87.48 I	
				CATEGORY	6.00	0.00	 87.48	

RUN DATE SALES JRN		- SUP SUNN LOC 001	YSIDE CITYWIDE SUNNYSIDE CITYWIDE	REG NY NY			PAGE 1 VCP CHOICE LE	- 13 HCSA	38
				BALES REGISTER			BILL WEEK ENI		2/24/12
INVOICE#	DATE	CUST NO	CUSTOMER NAME	REFERENCE	HOURS	TAX AMT	AMOUNT	TYP	SURPLUS
184833 184834	2/17/12 2/17/12	000008 000008	VISITING NURSE SERVICE VISITING NURSE SERVICE	JEWAT, LUCILLE JHAVERI, RAMESH	76.25 24.00		1,111.73 349.92	I I	
				CUSTOMER	100.25	0.00	1,461.65		
				CATEGORY	100.25	0.00	1,461.65		

RUN DATE SALES JRN			YSIDE CITYWIDE SUNNYSIDE CITYWIDE	REG NY NY			PAGE 1 - 1 HOA HOSPICE ADULT	
DALLD OIL	ш # 0205	100 001		SALES REGISTER			BILL WEEK ENDING	
INVOICE#	DATE	CUST NO	CUSTOMER NAME	REFERENCE	HOURS	TAX AMT	AMOUNT TYP	SURPLUS
184835	2/17/12	800000	VISITING NURSE SERVICE	JIANNARAS, ANNA	70.00		1,020.60 I	
				CATEGORY	70.00	0.00	1,020.60	

RUN DATE SALES JRN				REGNY NY SALES REGISTER			PAGE 1 - 1 LTC NURSING HOMEN BILL WEEK ENDING	W/O WALLS (LT
INVOICE#	DATE	CUST NO	CUSTOMER NAME	REFERENCE	HOURS	TAX AMT	AMOUNT TYP	SURPLUS
184836	2/17/12	800000	VISITING NURSE SERVICE	JIMENEZ, ALTAGR	25.00		364.50 I	
				CATEGORY	25.00	0.00	364.50	

-	02/22/12 NL # 0269	- SUP SUNN	YSIDE CITYWIDE SUNNYSIDE CITYWIDE	REG NY NY			PAGE 1 ADU ADULT	- 14	1 1
SALES ON	NL # 0205	100 001		ALES REGISTER			BILL WEEK EN	DING	2/24/12
INVOICE#	DATE	CUST NO	CUSTOMER NAME	REFERENCE	HOURS	TAX AMT	AMOUNT	TYP	SURPLUS
184837	2/10/12	000008	VISITING NURSE SERVICE	JIMENEZ, BETTY	8.00		116.64	I	
184838	2/17/12	800000	VISITING NURSE SERVICE	JIMENEZ, BETTY	12.00		174.96	I	
184839	2/17/12	800000	VISITING NURSE SERVICE	JOHANSSON, MARI	3.00		43.74	I	
184840	2/17/12	000008	VISITING NURSE SERVICE	JOHANSSON, MARI	6.00		87.48	I	
184841	12/30/11	000008	VISITING NURSE SERVICE	JOHNSON, DOROTH	4.00		58.32	I	
184842	1/06/12	000008	VISITING NURSE SERVICE	JOHNSON, DOROTH	4.00		58.32	I	
184843	2/17/12	800000	VISITING NURSE SERVICE	JOHNSON, DOROTH	20.00		291.60	I	
				CUSTOMER	57.00	0.00	831.06		
				CATEGORY	57.00	0.00	831.06		

RUN DATE	02/22/12 -	- SUP SUNN	YSIDE CITYWIDE				PAGE 1 - 1	42
SALES JRN	L # 0269	LOC 001	SUNNYSIDE CITYWIDE	REG NY NY			VCP CHOICE LHCSA	
			S.	ALES REGISTER			BILL WEEK ENDING	2/24/12
INVOICE#	DATE	CUST NO	CUSTOMER NAME	REFERENCE	HOURS	TAX AMT	AMOUNT TYP	SURPLUS
184844	2/17/12	800000	VISITING NURSE SERVICE	JOHNSON, FANNY	22.00		320.76 I	
				CATEGORY	22.00	0.00	320.76	

RUN DATE	02/22/12 -	- SUP SUNN	YSIDE CITYWIDE				PAGE 1	- 14	13
SALES JRN	IL # 0269	LOC 001		REG NY NY			LTC NURSING		•
			S	SALES REGISTER			BILL WEEK EN	DING	2/24/12
INVOICE#	DATE	CUST NO	CUSTOMER NAME	REFERENCE	HOURS	TAX AMT	AMOUNT	TYP	SURPLUS
184845	2/17/12	000008	VISITING NURSE SERVICE	JORRIN, HORTENS	24.75		360.86	I	
184846	2/17/12	800000	VISITING NURSE SERVICE	JORRIN, NILIO	39.00		568.62	I	
				 CUSTOMER	63.75	0.00	929.48		
				COSTOMER	03.73	0.00	222.40		
				CATEGORY	63.75	0.00	929.48		

RUN DATE 02/22/1: SALES JRNL # 026		IDE CITYWIDE SUNNYSIDE CITYWIDE	REG NY NY			PAGE 1 - 144 ADU ADULT
SALES CITYL # 020.) LOC 001 2		SALES REGISTER			BILL WEEK ENDING 2/24/12
INVOICE# DATE	CUST NO CU	USTOMER NAME	REFERENCE	HOURS	TAX AMT	AMOUNT TYP SURPLUS
184847 2/10/12 184848 2/17/12		ISITING NURSE SERVICE ISITING NURSE SERVICE	KAKOULLIS, FAY KAKOULLIS, FAY	3.00 9.00		43.74 I 131.22 I
			CUSTOMER	12.00	0.00	174.96
			CATEGORY	12.00	0.00	 174.96

RUN DATE SALES JRN		- SUP SUNN LOC 001	YSIDE CITYWIDE SUNNYSIDE CITYWIDE	REG NY NY			PAGE 1 VCP CHOICE LE	- 14 HCSA	15
			S	SALES REGISTER			BILL WEEK ENI	DING	2/24/12
INVOICE#	DATE	CUST NO	CUSTOMER NAME	REFERENCE	HOURS	TAX AMT	AMOUNT	TYP	SURPLUS
184849	2/17/12	000008	VISITING NURSE SERVICE	KAUR, SARD	8.00		116.64	I	
184850	2/17/12	800000	VISITING NURSE SERVICE	KAUR, SHARAN	51.50		750.87	I	
184851	2/17/12	800000	VISITING NURSE SERVICE	KEARNEY, LORRAI	19.50		284.31	I	
				CUSTOMER	79.00	0.00	1,151.82		
				CATEGORY	79.00	0.00	1,151.82		

RUN DATE SALES JRN				REGNY NY SALES REGISTER			PAGE 1 - ADU ADULT BILL WEEK ENDING	146 3 2/24/12
INVOICE#	DATE	CUST NO		REFERENCE	HOURS	TAX AMT	AMOUNT TY	, ,
184852	2/17/12	000008	VISITING NURSE SERVICE	KLUCZKOWSKI, TH	4.00		58.32 I	
				CATEGORY	4.00	0.00	58.32	

RUN DATE	02/22/12 -	- SUP SUNN	YSIDE CITYWIDE				PAGE 1 -	147	
SALES JRN	L # 0269	LOC 001	SUNNYSIDE CITYWIDE	REG NY NY			VCP CHOICE LHCS	A	
			5	SALES REGISTER			BILL WEEK ENDING	G 2/24/12	
INVOICE#	DATE	CUST NO	CUSTOMER NAME	REFERENCE	HOURS	TAX AMT	AMOUNT TY	P SURPLUS	
104050	0 /1 5 /1 0								
184853	2/17/12	000008	VISITING NURSE SERVICE	KOUTROUBAS, THE	55.50		809.19 I		
				GA EDGODY		0.00	000 10		
				CATEGORY	55.50	0.00	809.19		

			YSIDE CITYWIDE				-	148
SALES JRN	L # 0269	LOC 001	SUNNYSIDE CITYWIDE	REGNY NY SALES REGISTER			ADU ADULT	2/24/12
			•	SALES REGISTER			BILL WEEK ENDING	2/24/12
INVOICE#	DATE	CUST NO	CUSTOMER NAME	REFERENCE	HOURS	TAX AMT	AMOUNT TYP	SURPLUS
184854	2/17/12	000008	VISITING NURSE SERVICE	LAKNER, MARIE	6.00		87.48 I	
184855	2/17/12	800000	VISITING NURSE SERVICE	LANDAU, BERNARD	20.00		291.60 I	
				CUSTOMER	26.00	0.00	379.08	
				CATEGORY	26.00	0.00	379.08	

RUN DATE	02/22/12 -	- SUP SUNN	YSIDE CITYWIDE				PAGE 1 - 149	
SALES JRN	NL # 0269	LOC 001	SUNNYSIDE CITYWIDE	REG NY NY			VCP CHOICE LHCSA	
			S	SALES REGISTER			BILL WEEK ENDING 2/24/	12
INVOICE#	DATE	CUST NO	CUSTOMER NAME	REFERENCE	HOURS	TAX AMT	AMOUNT TYP SURPL	JUS
184856	2/17/12	800000	VISITING NURSE SERVICE	LARA-MORA, BELE	56.00		816.48 I	
				CATEGORY	56.00	0.00	816.48	

RUN DATE SALES JRN				REGNY NY SALES REGISTER			PAGE 1 - CCL CONGREGATE BILL WEEK ENDIN	CARE PROGRAM
INVOICE#	DATE	CUST NO	CUSTOMER NAME	REFERENCE	HOURS	TAX AMT	AMOUNT TY	P SURPLUS
184857	2/17/12	800000	VISITING NURSE SERVICE	LEE, HEE	8.00		116.64 I	
				CATEGORY	8.00	0.00	116.64	

RUN DATE 02/22/12 SALES JRNL # 0269	- SUP SUNN LOC 001	SUNNYSIDE CITYWIDE	REG NY NY SALES REGISTER			PAGE 1 - 151 LTC NURSING HOMEW/O WALLS (LT BILL WEEK ENDING 2/24/12
INVOICE# DATE	CUST NO	CUSTOMER NAME	REFERENCE	HOURS	TAX AMT	AMOUNT TYP SURPLUS
184858 2/17/12 184859 2/17/12	000008 000008	VISITING NURSE SERVICE VISITING NURSE SERVICE	•	24.00 19.75		349.92 I 287.96 I
			CUSTOMER	43.75	0.00	637.88
			CATEGORY	43.75	0.00	637.88

RUN DATE SALES JRN		- SUP SUNN LOC 001	YSIDE CITYWIDE SUNNYSIDE CITYWIDE	REG NY NY			PAGE 1 - ADU ADULT	- 152
	_ "			SALES REGISTER			BILL WEEK ENDI	ING 2/24/12
INVOICE#	DATE	CUST NO	CUSTOMER NAME	REFERENCE	HOURS	TAX AMT	AMOUNT 7	TYP SURPLUS
184860 184861	2/17/12 2/17/12	000008 000008	VISITING NURSE SERVICE VISITING NURSE SERVICE	,	4.00 6.00		58.32 87.48	I T
101001	2/1//12	00000	VIDITING NORDE BERVICE	CUSTOMER	10.00	0.00	145.80	
				CODIONERC				
				CATEGORY	10.00	0.00	145.80	

ı	RUN DATE	02/22/12 -	- SUP SUNN	YSIDE CITYWIDE				PAGE 1 -	153	
ı	SALES JRN	L # 0269	LOC 001	SUNNYSIDE CITYWIDE	REG NY NY			VCP CHOICE LHCS	A	
ı				S	SALES REGISTER			BILL WEEK ENDING	G 2/24/12	
ı										
ı	INVOICE#	DATE	CUST NO	CUSTOMER NAME	REFERENCE	HOURS	TAX AMT	AMOUNT TY	P SURPLUS	
ı										
ı	184862	2/17/12	800000	VISITING NURSE SERVICE	LEWIS, CATHERIN	56.00		816.48 I		
ı										
ı										
ı					CATEGORY	56.00	0.00	816.48		

RUN DATE 02/22/12 - SALES JRNL # 0269	SUP SUNN LOC 001	SUNNYSIDE CITYWIDE	REG NY NY			PAGE 1 - 154 ADU ADULT	
INVOICE# DATE	CUST NO	CUSTOMER NAME	SALES REGISTER REFERENCE	HOURS	TAX AMT	BILL WEEK ENDING 2/24/ AMOUNT TYP SURPL	
184863 2/17/12		VISITING NURSE SERVICE		16.00	IAM AIII	233.28 I	OB

			YSIDE CITYWIDE SUNNYSIDE CITYWIDE	REG NY NY			PAGE 1 - VCP CHOICE LHCSA	
			5	SALES REGISTER			BILL WEEK ENDING	2/24/12
INVOICE#	DATE	CUST NO	CUSTOMER NAME	REFERENCE	HOURS	TAX AMT	AMOUNT TYP	SURPLUS
184864	2/17/12	000008	VISITING NURSE SERVICE	LIRIANO, FRANCI	70.00		1,020.60 I	
				CATEGORY	70.00	0.00	1,020.60	

RUN DATE 02/22/12 - SUP SU	UNNYSIDE CITYWIDE				PAGE 1 - 1	56
SALES JRNL # 0269 LOC 00					ADU ADULT	
	S A L E	S REGISTER			BILL WEEK ENDING	2/24/12
INVOICE# DATE CUST N	NO CUSTOMER NAME	REFERENCE	HOUDG	max amm	AMOUNT TYP	GIIDDI IIG
INVOICE# DATE CUST N	NO CUSTOMER NAME	REFERENCE	HOURS	TAX AMT	AMOUNI IYP	SURPLUS
184865 2/17/12 000008	8 VISITING NURSE SERVICE	LITSAS, MARTHA	24.00		349.92 I	
2, 1, 12 00000	VIBILING NONDE BENVIOL	Eller, illicimi	21.00		313.72	
		CATEGORY	24.00	0.00	349.92	

RUN DATE	02/22/12 -	- SUP SUNN	YSIDE CITYWIDE				PAGE 1	- 15	57
SALES JRN	L # 0269	LOC 001	SUNNYSIDE CITYWIDE	REG NY NY			LTC NURSING	HOMEW/	O WALLS (LT
			5	SALES REGISTER			BILL WEEK EN	DING	2/24/12
INVOICE#	DATE	CUST NO	CUSTOMER NAME	REFERENCE	HOURS	TAX AMT	AMOUNT	TYP	SURPLUS
184866	2/17/12	000008	VISITING NURSE SERVICE	LOCORRIERE, JOS	40.00		583.20	I	
184867	2/17/12	800000	VISITING NURSE SERVICE	LOGAN, ADELE	39.00		568.62	I	
				CUSTOMER	79.00	0.00	1,151.82		
				COSTONER	75.00	0.00	1,131.02		
				CATEGORY	79.00	0.00	1,151.82		

RUN DATE	02/22/12 -	- SUP SUNN	YSIDE CITYWIDE				PAGE 1	- 15	8	
SALES JRN	IL # 0269	LOC 001	SUNNYSIDE CITYWIDE	REG NY NY			VCP CHOICE LHO			
			5	SALES REGISTER			BILL WEEK END	ING	2/24/12	
INVOICE#	DATE	CUST NO	CUSTOMER NAME	REFERENCE	HOURS	TAX AMT	AMOUNT	TYP	SURPLUS	
184868	2/17/12	800000	VISITING NURSE SERVICE	LONDONO, AMIRA	70.00		1,020.60	I		
				CATEGORY	70.00	0.00	1,020.60			

RUN DATE SALES JRN		- SUP SUNN LOC 001	VYSIDE CITYWIDE SUNNYSIDE CITYWIDE	REG NY NY S A L E S R E G I S T E R			PAGE 1 - 159 ADU ADULT BILL WEEK ENDING 2/24/12
INVOICE#	DATE	CUST NO	CUSTOMER NAME	REFERENCE	HOURS	TAX AMT	AMOUNT TYP SURPLUS
184869	2/17/12	800000	VISITING NURSE SERVICE	LOOR, MERCY	56.00		816.48 I
				CATEGORY	56.00	0.00	816.48

RUN DATE (02/22/12 -	- SUP SUNN	YSIDE CITYWIDE				PAGE 1 - 160	
SALES JRNI	L # 0269	LOC 001	SUNNYSIDE CITYWIDE	REG NY NY			VCP CHOICE LHCSA	
			2	SALES REGISTER			BILL WEEK ENDING 2/	24/12
INVOICE#	DATE	CUST NO	CUSTOMER NAME	REFERENCE	HOURS	TAX AMT	AMOUNT TYP SU	RPLUS
184870	2/17/12	800000	VISITING NURSE SERVICE	LOPEZ, ANGELICA	25.00		364.50 I	
				CATEGORY	25.00	0.00	364.50	

			YSIDE CITYWIDE				PAGE 1 - 161	
SALES JRN	L # 0269	TOG 001	SUNNYSIDE CITYWIDE	REGNY NY SALES REGISTER			AUR ADULT REHAB ONI BILL WEEK ENDING	」Y 2/24/12
							DIDD WEEK ENDING	2/21/12
INVOICE#	DATE	CUST NO	CUSTOMER NAME	REFERENCE	HOURS	TAX AMT	AMOUNT TYP	SURPLUS
184871	2/17/12	800000	VISITING NURSE SERVICE	LOPEZ, GRACIELA	9.00		131.22 I	
				CATEGORY	9.00	0.00	131.22	

RUN DATE	02/22/12 -	SUP SUNN	IYSIDE CITYWIDE			F	PAGE 1 -	162
SALES JRN	L # 0269	LOC 001	SUNNYSIDE CITYWIDE	REG NY NY		I	TC NURSING HOM	EW/O WALLS (LT
			S	SALES REGISTER		E	BILL WEEK ENDIN	G 2/24/12
INVOICE#	DATE	CUST NO	CUSTOMER NAME	REFERENCE	HOURS	TAX AMT	AMOUNT TY	P SURPLUS
184872	2/17/12	800000	VISITING NURSE SERVICE	LOPEZ, MARIA	40.00		583.20 I	
				CATEGORY	40.00	0.00	583.20	

RUN DATE (SALES JRN)			YSIDE CITYWIDE SUNNYSIDE CITYWIDE	REGNY NY SALES REGISTER			PAGE 1 - 16 ADU ADULT BILL WEEK ENDING	
INVOICE#	DATE	CUST NO	CUSTOMER NAME	REFERENCE	HOURS	TAX AMT	AMOUNT TYP	SURPLUS
184873	2/17/12	800000	VISITING NURSE SERVICE	LOPEZDELCASTIL,	70.00		1,020.60 I	
				CATEGORY	70.00	0.00	1,020.60	

RUN DATE	02/22/12	- SUP SUNN	YSIDE CITYWIDE				PAGE 1 -	164
SALES JRN	rL # 0269	LOC 001	SUNNYSIDE CITYWIDE	REG NY NY			CCL CONGREGATE C	
			\$	SALES REGISTER			BILL WEEK ENDING	2/24/12
INVOICE#	DATE	CUST NO	CUSTOMER NAME	REFERENCE	HOURS	TAX AMT	AMOUNT TYP	SURPLUS
184874	2/17/12	000008	VISITING NURSE SERVICE	LUCES, LETICIA	19.75		287.96 I	
184875	2/17/12	000008	VISITING NURSE SERVICE	LYMN, ANGIE	30.00		437.40 I	
				CUSTOMER	49.75	0.00	725.36	
				CATEGORY	49.75	0.00	725.36	

RUN DATE	02/22/12 -	- SUP SUNN	YSIDE CITYWIDE				PAGE 1 -	- 165
SALES JRN	L # 0269	LOC 001	SUNNYSIDE CITYWIDE	REG NY NY			ADU ADULT	
				SALES REGISTER			BILL WEEK ENDI	ING 2/24/12
INVOICE#	DATE	CUST NO	CUSTOMER NAME	REFERENCE	HOURS	TAX AMT	AMOUNT T	YP SURPLUS
104076	0 / 1 5 / 1 0				05 00		264 50	_
184876	2/17/12	800000	VISITING NURSE SERVICE	MACCHIA, CATHY	25.00		364.50	1
				GAERGODY	25 00	0.00	264 50	
				CATEGORY	25.00	0.00	364.50	

RUN DATE	02/22/12	- SUP SUNN	YSIDE CITYWIDE				PAGE 1 - 10	66
SALES JF	NL # 0269	LOC 001	SUNNYSIDE CITYWIDE	REG NY NY			CCL CONGREGATE CAI	RE PROGRAM
			5	SALES REGISTER			BILL WEEK ENDING	2/24/12
INVOICE#	DATE	CUST NO	CUSTOMER NAME	REFERENCE	HOURS	TAX AMT	AMOUNT TYP	SURPLUS
184877	2/17/12	000008	VISITING NURSE SERVICE	MAGILLIGAN, LOR	25.00		364.50 I	
				CATEGORY	25.00	0.00	364.50	

RUN DATE	02/22/12 -	- SUP SUNN	YSIDE CITYWIDE				PAGE 1 - 1	.67
SALES JRN	IL # 0269	LOC 001	SUNNYSIDE CITYWIDE	REG NY NY			VCP CHOICE LHCSA	
			S	SALES REGISTER			BILL WEEK ENDING	2/24/12
INVOICE#	DATE	CUST NO	CUSTOMER NAME	REFERENCE	HOURS	TAX AMT	AMOUNT TYP	SURPLUS
184878	2/17/12	800000	VISITING NURSE SERVICE	MAGNANI, VINCEN	78.25		1,140.89 I	
				CATEGORY	78.25	0.00	1,140.89	

	E 02/22/12 - RNL # 0269		YSIDE CITYWIDE SUNNYSIDE CITYWIDE	REG NY NY			PAGE 1 - 16 ADU ADULT	8
SALES	RNL # 0209	LOC 001		SALES REGISTER			BILL WEEK ENDING	2/24/12
INVOICE	# DATE	CUST NO	CUSTOMER NAME	REFERENCE	HOURS	TAX AMT	AMOUNT TYP	SURPLUS
184879	2/17/12	800000	VISITING NURSE SERVICE	MALIA, AGNES	9.00		131.22 I	
				CATEGORY	9.00	0.00	131.22	

RUN DATE SALES JRN		- SUP SUNN LOC 001	YSIDE CITYWIDE SUNNYSIDE CITYWIDE	REG NY NY			PAGE 1 VCP CHOICE L	- 16	59
51125 0141	_	200 001		SALES REGISTER			BILL WEEK EN		2/24/12
INVOICE#	DATE	CUST NO	CUSTOMER NAME	REFERENCE	HOURS	TAX AMT	AMOUNT	TYP	SURPLUS
184880 184881	2/17/12 2/17/12	000008 000008	VISITING NURSE SERVICE VISITING NURSE SERVICE	MANGAN, JOHN MANNINO, FRANCE	20.00 77.00		291.60 1,122.66	I	
104001	2/1//12	000000	VISITING NORSE SERVICE	PANNINO, FRANCE					
				CUSTOMER	97.00	0.00	1,414.26		
				CATEGORY	97.00	0.00	1,414.26		

RUN DATE	02/22/12 -	- SUP SUNN	YSIDE CITYWIDE				PAGE 1	- 17	70
SALES JRN	L # 0269	LOC 001	SUNNYSIDE CITYWIDE	REG NY NY			LTC NURSING	HOMEW/	O WALLS (LT
			5	SALES REGISTER			BILL WEEK EN	DING	2/24/12
INVOICE#	DATE	CUST NO	CUSTOMER NAME	REFERENCE	HOURS	TAX AMT	AMOUNT	TYP	SURPLUS
184882	2/17/12	000008	VISITING NURSE SERVICE	MANOS, ARCHIE	42.00		612.36	I	
184883	2/17/12	800000	VISITING NURSE SERVICE	MANOS, VASILIKE	21.00		306.18	I	
				CUSTOMER	63.00	0.00	918.54		
				CATEGORY	63.00	0.00	918.54		

RUN DATE 0 SALES JRNL		- SUP SUNN LOC 001	YSIDE CITYWIDE SUNNYSIDE CITYWIDE	REG NY NY SALES REGISTER			PAGE 1 - 1' ADU ADULT BILL WEEK ENDING	71 2/24/12
INVOICE#	DATE	CUST NO	CUSTOMER NAME	REFERENCE	HOURS	TAX AMT	AMOUNT TYP	SURPLUS
184885	2/03/12 2/17/12 2/17/12	000008 000008 000008	VISITING NURSE SERVICE VISITING NURSE SERVICE VISITING NURSE SERVICE	MANTILLA, CLEME MANTILLA, CLEME MANTILLA, SEGUN	3.00 9.00 5.00		43.74 I 131.22 I 72.90 I	
				CUSTOMER	17.00	0.00	247.86	
				CATEGORY	17.00	0.00	247.86	

RUN DATE	02/22/12 -	- SUP SUNN	YSIDE CITYWIDE				PAGE 1 - 17	2
SALES JRN	rL # 0269	LOC 001	SUNNYSIDE CITYWIDE	REG NY NY			CCL CONGREGATE CAR	E PROGRAM
			S	SALES REGISTER			BILL WEEK ENDING	2/24/12
INVOICE#	DATE	CUST NO	CUSTOMER NAME	REFERENCE	HOURS	TAX AMT	AMOUNT TYP	SURPLUS
184887	2/17/12	800000	VISITING NURSE SERVICE	MARINO, ANN	24.00		349.92 I	
				CATEGORY	24.00	0.00	349.92	

RUN DATE	02/22/12 -	SUP SUNN	YSIDE CITYWIDE				PAGE 1 - 173	
SALES JRN	L # 0269	LOC 001	SUNNYSIDE CITYWIDE	REG NY NY			VCP CHOICE LHCSA	
			S	SALES REGISTER			BILL WEEK ENDING 2/24/12	
INVOICE#	DATE	CUST NO	CUSTOMER NAME	REFERENCE	HOURS	TAX AMT	AMOUNT TYP SURPLUS	
184888	2/17/12	800000	VISITING NURSE SERVICE	MARMOL ESPINAL,	25.00		364.50 I	
				CATEGORY	25.00	0.00	364.50	

RUN DATE SALES JRN				REG NY NY A L E S R E G I S T E R			PAGE 1 - LTC NURSING HOM BILL WEEK ENDING	EW/O WALLS (LT
INVOICE#	DATE	CUST NO	CUSTOMER NAME	REFERENCE	HOURS	TAX AMT	AMOUNT TY	P SURPLUS
184889	2/17/12	800000	VISITING NURSE SERVICE	MARMOL, LIDIA	43.00		626.94 I	
				CATEGORY	43.00	0.00	626.94	

			YSIDE CITYWIDE	DDG 1997			PAGE 1 - 17	5
SALES JRN	IL # 0269	TOC 001	SUNNYSIDE CITYWIDE	REGNY NY SALES REGISTER			ADU ADULT BILL WEEK ENDING	2/24/12
INVOICE#	DATE	CUST NO	CUSTOMER NAME	REFERENCE	HOURS	TAX AMT	AMOUNT TYP	SURPLUS
184890	2/17/12	800000	VISITING NURSE SERVICE	MARTE, JOSE	1.00		14.58 I	
				CATEGORY	1.00	0.00	14.58	

RUN DATE SALES JRN		- SUP SUNN	YSIDE CITYWIDE SUNNYSIDE CITYWIDE	REG NY NY			PAGE 1 - 17 VCP CHOICE LHCSA	6
SALES OW	IL # 0205	HOC 001		SALES REGISTER			BILL WEEK ENDING	2/24/12
INVOICE#	DATE	CUST NO	CUSTOMER NAME	REFERENCE	HOURS	TAX AMT	AMOUNT TYP	SURPLUS
184891 184892	2/17/12 2/17/12	000008 000008	VISITING NURSE SERVICE VISITING NURSE SERVICE	,	11.75 15.00		171.32 I 218.70 I	
				CUSTOMER	26.75	0.00	390.02	
				CATEGORY	26.75	0.00	390.02	

RUN DATE	02/22/12 -	- SUP SUNN	YSIDE CITYWIDE				PAGE 1 - 177	
SALES JRN	L # 0269	LOC 001	SUNNYSIDE CITYWIDE	REG NY NY			CCL CONGREGATE CARE PR	OGRAM
			S	SALES REGISTER			BILL WEEK ENDING 2/2	4/12
INVOICE#	DATE	CUST NO	CUSTOMER NAME	REFERENCE	HOURS	TAX AMT	AMOUNT TYP SUR	PLUS
184893	2/17/12	800000	VISITING NURSE SERVICE	MARTINEZ, ELENA	70.00		1,020.60 I	
				CATEGORY	70.00	0.00	1,020.60	

RUN DATE SALES JRN			YSIDE CITYWIDE SUNNYSIDE CITYWIDE	REG NY NY			PAGE 1 VCP CHOICE LH	- 17	18
	- "			SALES REGISTER			BILL WEEK END		2/24/12
INVOICE#	DATE	CUST NO	CUSTOMER NAME	REFERENCE	HOURS	TAX AMT	AMOUNT	TYP	SURPLUS
184894	2/17/12	000008	VISITING NURSE SERVICE	MARTINEZ, MARGA	30.00		437.40	I	
184895	2/17/12	800000	VISITING NURSE SERVICE	MARTINEZ, MARTA	36.00		524.88	I	
184896	2/17/12	800000	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 DATE SALES JRN		LOC 001		REG NY NY A L E S R E G I S T E R			PAGE 1 - 179 LTC NURSING HOMEW/O W BILL WEEK ENDING 2/	•
INVOICE#	DATE	CUST NO	CUSTOMER NAME	REFERENCE	HOURS	TAX AMT	AMOUNT TYP SU	JRPLUS
184897	2/17/12	800000	VISITING NURSE SERVICE	MARTINEZ, ROSAL	38.00		554.04 I	
				CATEGORY	38.00	0.00	554.04	

			YSIDE CITYWIDE	DEC NV NV			PAGE 1 - 1	
SALES JRNI	L # U269	LOC 001	SUNNYSIDE CITYWIDE	REG NY NY SALES REGISTER			HOA HOSPICE ADULT BILL WEEK ENDING	
INVOICE#	DATE	CUST NO	CUSTOMER NAME	REFERENCE	HOURS	TAX AMT	AMOUNT TYP	SURPLUS
184898	2/17/12	800000	VISITING NURSE SERVICE	MASI, RAFFAELE	15.00		218.70 I	
				CATEGORY	15.00	0.00	218.70	

			YSIDE CITYWIDE					181
SALES JRN	L # 0269	LOC 001	SUNNYSIDE CITYWIDE	REG NY NY			VCP CHOICE LHCS	
			· ·	SALES REGISTER			BILL WEEK ENDIN	NG 2/24/12
INVOICE#	DATE	CUST NO	CUSTOMER NAME	REFERENCE	HOURS	TAX AMT	AMOUNT TY	P SURPLUS
184899	2/17/12	000008	VISITING NURSE SERVICE	MATOS, ROSA	40.75		594.14	
				CATEGORY	40.75	0.00	594.14	

RUN DATE	02/22/12 -	- SUP SUNN	YSIDE CITYWIDE				PAGE 1	- 18	32
SALES JRN	L # 0269	LOC 001	SUNNYSIDE CITYWIDE	REG NY NY			ADU ADULT		
			i	SALES REGISTER			BILL WEEK ENI	DING	2/24/12
INVOICE#	DATE	CUST NO	CUSTOMER NAME	REFERENCE	HOURS	TAX AMT	AMOUNT	TYP	SURPLUS
184900	2/17/12	000008	VISITING NURSE SERVICE	MAZZONE, FRANCE	63.00		918.54	I	
184901	2/17/12	800000	VISITING NURSE SERVICE	MCBRAYER, SYLVI	168.00		2,449.44	I	
				CUSTOMER	231.00	0.00	3,367.98		
				CATEGORY	231.00	0.00	3,367.98		

ı	RUN DATE	02/22/12 -	SUP SUNN	YSIDE CITYWIDE				PAGE 1	- 183	3	
ı	SALES JRN	ъ # 0269	LOC 001	SUNNYSIDE CITYWIDE	REG NY NY			VCP CHOICE LH			
ı				\$	SALES REGISTER			BILL WEEK END	ING	2/24/12	
	INVOICE#	DATE	CUST NO	CUSTOMER NAME	REFERENCE	HOURS	TAX AMT	AMOUNT	TYP	SURPLUS	
	184902	2/17/12	000008	VISITING NURSE SERVICE	MCGUIRE, HELEN	56.00		816.48	I		
ı											
					CATEGORY	56.00	0.00	816.48			

				YSIDE CITYWIDE				PAGE 1 - 1	184
SAL	ES JRNI	L # 0269	LOC 001	SUNNYSIDE CITYWIDE	REG NY NY			ADU ADULT	0.404.410
				2	SALES REGISTER			BILL WEEK ENDING	2/24/12
INV	OICE#	DATE	CUST NO	CUSTOMER NAME	REFERENCE	HOURS	TAX AMT	AMOUNT TYP	SURPLUS
184	903	2/17/12	800000	VISITING NURSE SERVICE	MCPARTLAN, CATH	4.00		58.32 I	
					CATEGORY	4.00	0.00	58.32	

RUN DATE SALES JRN		- SUP SUNN LOC 001	YSIDE CITYWIDE SUNNYSIDE CITYWIDE	REG NY NY			PAGE 1 - VCP CHOICE LHO	
			S	SALES REGISTER			BILL WEEK END	ING 2/24/12
INVOICE#	DATE	CUST NO	CUSTOMER NAME	REFERENCE	HOURS	TAX AMT	AMOUNT 7	TYP SURPLUS
184904	2/17/12	000008	VISITING NURSE SERVICE	MEJIA, DINORAH	19.25		280.67	Ī
184905 184906	2/03/12 2/17/12	000008 000008	VISITING NURSE SERVICE VISITING NURSE SERVICE	MEJIA, MARINA MEJIA, MARINA	4.00 24.00		58.32 349.92	I I
				CUSTOMER	47.25	0.00	688.91	
				COBTOMER	17.25	0.00	000.91	
				CATEGORY	47.25	0.00	688.91	

RUN DATE	02/22/12 -	SUP SUNN	YSIDE CITYWIDE				PAGE 1 - 186	
SALES JRN	L # 0269	LOC 001	SUNNYSIDE CITYWIDE	REG NY NY			LTC NURSING HOMEW/O WALLS (LT	
			:	SALES REGISTER			BILL WEEK ENDING 2/24/12	
INVOICE#	DATE	CUST NO	CUSTOMER NAME	REFERENCE	HOURS	TAX AMT	AMOUNT TYP SURPLUS	
184907	2/17/12	800000	VISITING NURSE SERVICE	MEJIA, ROSA	37.75		550.40 I	
				CATEGORY	37.75	0.00	550.40	

RUN DATE	02/22/12 -	- SUP SUNN	YSIDE CITYWIDE				PAGE 1 -	187
SALES JRN	NL # 0269	LOC 001	SUNNYSIDE CITYWIDE	REG NY NY			VCP CHOICE LHCS	
			S	SALES REGISTER			BILL WEEK ENDIN	G 2/24/12
INVOICE#	DATE	CUST NO	CUSTOMER NAME	REFERENCE	HOURS	TAX AMT	AMOUNT TY	P SURPLUS
184908	2/17/12	800000	VISITING NURSE SERVICE	MELILLO, GRACE	20.00		291.60 I	
				CATEGORY	20.00	0.00	291.60	

RUN DATE	02/22/12 -	- SUP SUNN	YSIDE CITYWIDE				PAGE 1 - 188	
SALES JF	NL # 0269	LOC 001	SUNNYSIDE CITYWIDE	REG NY NY			LAA LOMBARDI AIDS ADULT POPUL	
			S	SALES REGISTER			BILL WEEK ENDING 2/24/12	
INVOICE#	DATE	CUST NO	CUSTOMER NAME	REFERENCE	HOURS	TAX AMT	AMOUNT TYP SURPLUS	
184909	2/17/12	800000	VISITING NURSE SERVICE	MENDEZ, NELLY	25.00		364.50 I	
				CATEGORY	25.00	0.00	364.50	

RUN DATE SALES JRN		- SUP SUNN LOC 001		REGNY NY SALES REGISTER			PAGE 1 - 189 ADU ADULT BILL WEEK ENDING 2/24/12	
INVOICE#	DATE	CUST NO	CUSTOMER NAME	REFERENCE	HOURS	TAX AMT	AMOUNT TYP SURPLUS	
184910	2/17/12	800000	VISITING NURSE SERVICE	MENDOLIA, ANTOI	60.50		882.09 I	
				CATEGORY	60.50	0.00	882.09	

			YSIDE CITYWIDE				PAGE 1 -	
SALES JRN	L # 0269	LOC 001		REG NY NY			LTC NURSING HOME	•
			S	SALES REGISTER			BILL WEEK ENDING	2/24/12
INVOICE#	DATE	CUST NO	CUSTOMER NAME	REFERENCE	HOURS	TAX AMT	AMOUNT TYP	SURPLUS
184911	2/17/12	000008	VISITING NURSE SERVICE	MENDOZA, JULIO	39.00		568.62 I	
				CATEGORY	39.00	0.00	568.62	

			YSIDE CITYWIDE	DEC NV NV			PAGE 1 - 1	191
SALES JRN	⊥ # UZ09	LOC 001	SUNNYSIDE CITYWIDE	REGNY NY SALES REGISTER			VCP CHOICE LHCSA BILL WEEK ENDING	2/24/12
INVOICE#	DATE	CUST NO	CUSTOMER NAME	REFERENCE	HOURS	TAX AMT	AMOUNT TYP	SURPLUS
184912	2/17/12	000008	VISITING NURSE SERVICE	MENDOZA, VALENT	20.00		291.60 I	
184913	2/17/12	800000	VISITING NURSE SERVICE	MILEO, MARY	28.00		408.24 I	
				CUSTOMER	48.00	0.00	699.84	

				CATECODY	49 00	0.00	600 04	
				CATEGORY	48.00	0.00	699.84	

RUN DATE (SUP SUNN LOC 001	YSIDE CITYWIDE SUNNYSIDE CITYWIDE	REG NY NY			PAGE 1 - ADU ADULT	192
0111111	- 11 0205	200 001		SALES REGISTER			BILL WEEK ENDING	2/24/12
INVOICE#	DATE	CUST NO	CUSTOMER NAME	REFERENCE	HOURS	TAX AMT	AMOUNT TYP	SURPLUS
184914	2/17/12	000008	VISITING NURSE SERVICE	MIRANDA, ANDRES	9.00		131.22 I	
				CATEGORY	9.00	0.00	131.22	

RUN DATE 02, SALES JRNL	/22/12 - SUP SUN # 0269 LOC 001	SUNNYSIDE CITYWIDE	REGNY NY SALES REGISTER			PAGE 1 - 1 VCP CHOICE LHCSA BILL WEEK ENDING	93 2/24/12
INVOICE# I	DATE CUST NO	CUSTOMER NAME	REFERENCE	HOURS	TAX AMT	AMOUNT TYP	SURPLUS
184916 2	/17/12 000008 /17/12 000008 /17/12 000008	VISITING NURSE SERVICE VISITING NURSE SERVICE VISITING NURSE SERVICE	MONSERRAT, DORI MONTES, MARTA MORAITIS, AGATH	9.75 30.00 25.00		142.16 I 437.40 I 364.50 I	
			CUSTOMER	64.75	0.00	944.06	
			CATEGORY	64.75	0.00	944.06	

RUN DATE	02/22/12 -	SUP SUNN	YSIDE CITYWIDE				PAGE 1 - 1	.94
SALES JRN	L # 0269	LOC 001	SUNNYSIDE CITYWIDE	REG NY NY			LTC NURSING HOMEW	//O WALLS (LT
			5	SALES REGISTER			BILL WEEK ENDING	2/24/12
INVOICE#	DATE	CUST NO	CUSTOMER NAME	REFERENCE	HOURS	TAX AMT	AMOUNT TYP	SURPLUS
184918	2/17/12	800000	VISITING NURSE SERVICE	MORALES, ANGELI	36.75		535.82 I	
				CATEGORY	36.75	0.00	535.82	

RUN DATE (SALES JRN)			YSIDE CITYWIDE SUNNYSIDE CITYWIDE S	REG NY NY SALES REGISTER			PAGE 1 - 195 ADU ADULT BILL WEEK ENDING	2/24/12
INVOICE#	DATE	CUST NO	CUSTOMER NAME	REFERENCE	HOURS	TAX AMT	AMOUNT TYP	SURPLUS
184919	2/17/12	800000	VISITING NURSE SERVICE	MORALES, GENERO	83.75		1,221.08 I	
				CATEGORY	83.75	0.00	1,221.08	

			TYSIDE CITYWIDE				PAGE 1 - 196	5
SALES	JRNL # 0269	LOC 001	SUNNYSIDE CITYWIDE	REGNY NY SALES REGISTER			VCP CHOICE LHCSA BILL WEEK ENDING	2/24/12
				SALES KEGISIEK			BILL MEEK ENDING	2/24/12
INVOIC	CE# DATE	CUST NO	CUSTOMER NAME	REFERENCE	HOURS	TAX AMT	AMOUNT TYP	SURPLUS
184920	2/17/12	800000	VISITING NURSE SERVICE	NAGY, GEORGE	40.00		583.20 I	
				CATEGORY	40.00	0.00	583.20	

RUN DATE	02/22/12 -	- SUP SUNN	YSIDE CITYWIDE				PAGE 1 - 197	
SALES JRN	rL # 0269	LOC 001	SUNNYSIDE CITYWIDE	REG NY NY			CCL CONGREGATE CARE	PROGRAM
			5	SALES REGISTER			BILL WEEK ENDING 2	/24/12
INVOICE#	DATE	CUST NO	CUSTOMER NAME	REFERENCE	HOURS	TAX AMT	AMOUNT TYP S	URPLUS
184921	2/17/12	800000	VISITING NURSE SERVICE	NAVARRO, MARIA	20.00		291.60 I	
				CATEGORY	20.00	0.00	291.60	

RUN DATE	02/22/12 -	- SUP SUNN	YSIDE CITYWIDE				PAGE 1 - 19	8
SALES JRN	NL # 0269	LOC 001	SUNNYSIDE CITYWIDE	REG NY NY			VCP CHOICE LHCSA	
				SALES REGISTER			BILL WEEK ENDING	2/24/12
INVOICE#	DATE	CUST NO	CUSTOMER NAME	REFERENCE	HOURS	TAX AMT	AMOUNT TYP	SURPLUS
184922	2/17/12	800000	VISITING NURSE SERVICE	NELLINI, MARY	20.00		291.60 I	
				CATEGORY	20.00	0.00	291.60	

RUN DATE	02/22/12 -	SUP SUNN	YSIDE CITYWIDE				PAGE 1 - 199	
SALES JRN	L # 0269	LOC 001	SUNNYSIDE CITYWIDE	REG NY NY			LTC NURSING HOMEW/O	WALLS (LT
			5	SALES REGISTER			BILL WEEK ENDING 2	/24/12
INVOICE#	DATE	CUST NO	CUSTOMER NAME	REFERENCE	HOURS	TAX AMT	AMOUNT TYP S	URPLUS
184923	2/17/12	800000	VISITING NURSE SERVICE	NIDO, MICHAEL	49.00		714.42 I	
				CATEGORY	49.00	0.00	714.42	

RUN DATE (02/22/12 -	SUP SUNN	YSIDE CITYWIDE					PAGE 1	- 20	0
SALES JRNI	L # 0269	LOC 001	SUNNYSIDE CITYWIDE	REG NY	NY			CCL CONGREGAT	E CAR	E PROGRAM
			S	SALES	REGISTER			BILL WEEK ENI	DING	2/24/12
				_						
INVOICE#	DATE	CUST NO	CUSTOMER NAME	R	EFERENCE	HOURS	TAX AMT	AMOUNT	TYP	SURPLUS
104004	0 / 1 7 / 1 0					60 55		014 00	_	
184924	2/17/12	000008	VISITING NURSE SERVICE	NI	ETO RAMOS, JO	62.75		914.90	Τ	
								014 00		
					CATEGORY	62.75	0.00	914.90		

RUN DATE SALES JRN		- SUP SUNN LOC 001	YSIDE CITYWIDE SUNNYSIDE CITYWIDE	REG NY NY			PAGE 1 - VCP CHOICE LHO	- 201 'SA
	2 11 0200	200 001		SALES REGISTER			BILL WEEK ENDI	
INVOICE#	DATE	CUST NO	CUSTOMER NAME	REFERENCE	HOURS	TAX AMT	AMOUNT T	TYP SURPLUS
184925 184926	2/17/12 2/17/12	000008 000008	VISITING NURSE SERVICE		27.00 19.75		393.66 287.96	I
184926	2/1//12	000008	VISITING NURSE SERVICE	NINO, CARMEN	19.75 		287.90	
				CUSTOMER	46.75	0.00	681.62	
				CATEGORY	 46.75	0.00	 681.62	

RUN DATE SALES JRN		SUP SUNN LOC 001	YSIDE CITYWIDE SUNNYSIDE CITYWIDE	REG NY NY SALES REGISTER			PAGE 1 LTC NURSING H BILL WEEK END	OMEW/O WALLS (LT
INVOICE#	DATE	CUST NO	CUSTOMER NAME	REFERENCE	HOURS	TAX AMT	AMOUNT	TYP SURPLUS
184927 184928	2/17/12 2/17/12	000008 000008	VISITING NURSE SERVICE VISITING NURSE SERVICE		26.00 34.00		379.08 495.72	I
				CUSTOMER	60.00	0.00	874.80	
				CATEGORY	60.00	0.00	874.80	

RUN DATE	02/22/12	- SUP SUNN	YSIDE CITYWIDE				PAGE 1	- 20	03
SALES JRN	L # 0269	LOC 001	SUNNYSIDE CITYWIDE	REG NY NY			VCP CHOICE L	HCSA	
			S	ALES REGISTER			BILL WEEK EN	DING	2/24/12
INVOICE#	DATE	CUST NO	CUSTOMER NAME	REFERENCE	HOURS	TAX AMT	AMOUNT	TYP	SURPLUS
184929	2/17/12	000008	VISITING NURSE SERVICE	NUZIALE, CONCET	42.00		612.36	I	
184930	2/17/12	800000	VISITING NURSE SERVICE	OCHOA, LUIS	43.00		626.94	I	
184931	2/17/12	800000	VISITING NURSE SERVICE	ORTEGA, CARLOS	16.00		233.28	I	
184932	2/17/12	800000	VISITING NURSE SERVICE	OSPINA, ANA	8.00		116.64	I	
184933	2/17/12	800000	VISITING NURSE SERVICE	PANASKAROLIDIS,	31.25		455.64	I	
				CUSTOMER	140.25	0.00	2,044.86		
				 CATEGORY	140.25	0.00	2,044.86		

	22/12 - SUP SUNN					PAGE 1	- 20	4
SALES JRNL #	0269 LOC 001	SUNNYSIDE CITYWIDE	REG NY NY			ADU ADULT		
		\$	SALES REGISTER			BILL WEEK END	ING	2/24/12
INVOICE# D	ATE CUST NO	CUSTOMER NAME	REFERENCE	HOURS	TAX AMT	AMOUNT	TYP	SURPLUS
184934 2/	10/12 000008	VISITING NURSE SERVICE	PAPAGIANNAKIS,	3.00		43.74	I	
184935 2/	17/12 000008	VISITING NURSE SERVICE	PAPAGIANNAKIS,	17.50		255.15	I	
			CUSTOMER	20.50	0.00	298.89		
			CATEGORY	20.50	0.00	298.89		

RUN DATE SALES JRN		- SUP SUNN LOC 001	YSIDE CITYWIDE SUNNYSIDE CITYWIDE	REG NY NY SALES REGISTER			PAGE 1 VCP CHOICE LHOBILL WEEK END		2/24/12
INVOICE#	DATE	CUST NO	CUSTOMER NAME	REFERENCE	HOURS	TAX AMT		TYP	SURPLUS
184936 184937 184938	2/17/12 2/17/12 2/17/12	000008 000008 000008	VISITING NURSE SERVICE VISITING NURSE SERVICE VISITING NURSE SERVICE	PAPOUTSIS, MARY	50.00 3.00 55.75		729.00 43.74 812.84	I I I	
				CUSTOMER	108.75	0.00	1,585.58		
				CATEGORY	108.75	0.00	1,585.58		

RUN DATE	02/22/12 -	SUP SUNN	YSIDE CITYWIDE				PAGE 1 - 206
SALES JRN	L # 0269	LOC 001	SUNNYSIDE CITYWIDE	REG NY NY			LTC NURSING HOMEW/O WALLS (LT
			S	SALES REGISTER			BILL WEEK ENDING 2/24/12
INVOICE#	DATE	CUST NO	CUSTOMER NAME	REFERENCE	HOURS	TAX AMT	AMOUNT TYP SURPLUS
184939	2/17/12	800000	VISITING NURSE SERVICE	PARK, SUNG	20.00		291.60 I
				CATEGORY	20.00	0.00	291.60

RUN DATE SALES JRN		- SUP SUNN LOC 001	YSIDE CITYWIDE SUNNYSIDE CITYWIDE S	REG NY NY ALES REGISTER			PAGE 1 - ADU ADULT BILL WEEK ENDIR	207 NG 2/24/12
INVOICE#	DATE	CUST NO	CUSTOMER NAME	REFERENCE	HOURS	TAX AMT	AMOUNT TY	P SURPLUS
184940 184941	2/17/12 2/17/12	800000 800000	VISITING NURSE SERVICE VISITING NURSE SERVICE	PARTAGAS, ANA PAULINO, VICTOR	20.00		291.60 43.74	<u> </u>
				CUSTOMER	23.00	0.00	335.34	
				CATEGORY	23.00	0.00	335.34	

RUN DATE	02/22/12 -	- SUP SUNN	YSIDE CITYWIDE				PAGE 1 - 208	8
SALES JRN	ъ # 0269	LOC 001	SUNNYSIDE CITYWIDE	REG NY NY			VCP CHOICE LHCSA	
			:	SALES REGISTER			BILL WEEK ENDING	2/24/12
INVOICE#	DATE	CUST NO	CUSTOMER NAME	REFERENCE	HOURS	TAX AMT	AMOUNT TYP	SURPLUS
184942	2/17/12	000008	VISITING NURSE SERVICE	PENA, VICTORIA	38.25		557.69 I	
184943	2/17/12	800000	VISITING NURSE SERVICE	PENAGOS, MARIA	24.75		360.86 I	
				CUSTOMER	63.00	0.00	918.55	
				CATEGORY	63.00	0.00	918.55	

RUN DATE SALES JRN		- SUP SUNN LOC 001	YSIDE CITYWIDE SUNNYSIDE CITYWIDE	REG NY NY SALES REGISTER			PAGE 1 - 209 ADU ADULT BILL WEEK ENDING 2	/24/12
INVOICE#	DATE	CUST NO	CUSTOMER NAME	REFERENCE	HOURS	TAX AMT	AMOUNT TYP S	URPLUS
184944 184945	2/17/12 2/17/12	800000 800000	VISITING NURSE SERVICE VISITING NURSE SERVICE	, -	12.00 49.00		174.96 I 714.42 I	
				CUSTOMER	61.00	0.00	889.38	
				CATEGORY	61.00	0.00	889.38	

		SUP SUNN LOC 001	YSIDE CITYWIDE	DEG NY NY				210
SALES JRNI	L # 0269	LOC UUI	SUNNYSIDE CITYWIDE S	REG NY NY ALES REGISTER			LTC NURSING HOME BILL WEEK ENDING	•
INVOICE#	DATE	CUST NO	CUSTOMER NAME	REFERENCE	HOURS	TAX AMT	AMOUNT TYPE	SURPLUS
184946	2/17/12	800000	VISITING NURSE SERVICE	PEREZ, DOMINGA	42.00		612.36 I	
				CATEGORY	42.00	0.00	612.36	

RUN DATE SALES JRN			YSIDE CITYWIDE SUNNYSIDE CITYWIDE	REGNY NY SALES REGISTER			PAGE 1 - 211 VCP CHOICE LHCSA BILL WEEK ENDING 2	/24/12
INVOICE#	DATE	CUST NO	CUSTOMER NAME	REFERENCE	HOURS	TAX AMT	AMOUNT TYP S	URPLUS
184947	2/17/12	800000	VISITING NURSE SERVICE	PEREZ, GLADYS	35.00		510.30 I	
				CATEGORY	35.00	0.00	510.30	

			YSIDE CITYWIDE				PAGE 1 - 212
SALES JRN	L # U269	LOC 001	SUNNYSIDE CITYWIDE	REGNY NY SALES REGISTER			ADU ADULT BILL WEEK ENDING 2/24/12
INVOICE#	DATE	CUST NO	CUSTOMER NAME	REFERENCE	HOURS	TAX AMT	AMOUNT TYP SURPLUS
184948	2/10/12	000008	VISITING NURSE SERVICE	PEREZ, JOAQUIN	3.00		43.74 I
184949	2/17/12	800000	VISITING NURSE SERVICE	PEREZ, JOAQUIN	15.00		218.70 I
				CUSTOMER	18.00	0.00	262.44
				CODIONAL	10.00	0.00	202.11
				CATEGORY	18.00	0.00	262.44

RUN DATE	02/22/12 -	- SUP SUNN	NYSIDE CITYWIDE				PAGE 1 -	213
SALES JRN	IL # 0269	LOC 001	SUNNYSIDE CITYWIDE	REG NY NY			LTC NURSING HOME	W/O WALLS (LT
			5	SALES REGISTER			BILL WEEK ENDING	2/24/12
INVOICE#	DATE	CUST NO	CUSTOMER NAME	REFERENCE	HOURS	TAX AMT	AMOUNT TYP	SURPLUS
184950	2/17/12	800000	VISITING NURSE SERVICE	PERSAUD, RITA	35.00		510.30 I	
				CATEGORY	35.00	0.00		

RUN DATE 02/22/12 - SUP SUNNYSIDE CITYWIDE PAGE 1 - 214 SALES JRNL # 0269 LOC 001 SUNNYSIDE CITYWIDE REG NY NY VCP CHOICE LHCSA									
			S	SALES REGISTER			BILL WEEK END	ING	2/24/12
INVOICE#	DATE	CUST NO	CUSTOMER NAME	REFERENCE	HOURS	TAX AMT	AMOUNT '	TYP	SURPLUS
184951	2/17/12	000008	VISITING NURSE SERVICE	PHILIPPS, MARY	32.00		466.56	I	
184952	2/17/12	800000	VISITING NURSE SERVICE	PIZARRO, BARBAR	3.00		43.74	I	
184953	2/17/12	800000	VISITING NURSE SERVICE	PLACIDO, GENARO	20.00		291.60	I	
184954	2/17/12	800000	VISITING NURSE SERVICE	PLACIDO, MERCED	24.00		349.92	I	
184955	2/17/12	800000	VISITING NURSE SERVICE	POGGI, EMERITA	36.00		524.88	I	
				CUSTOMER	115.00	0.00	1,676.70		
				CATEGORY	115.00	0.00	1,676.70		

RUN DATE SALES JRN			YSIDE CITYWIDE SUNNYSIDE CITYWIDE	REG NY NY ALES REGISTER			PAGE 1 - 215 LTC NURSING HOMEW/O WALLS (LT BILL WEEK ENDING 2/24/12
INVOICE#	DATE	CUST NO	CUSTOMER NAME	REFERENCE	HOURS	TAX AMT	AMOUNT TYP SURPLUS
184956	2/17/12	800000	VISITING NURSE SERVICE	PONCE, ALICIA	40.00		583.20 I
				CATEGORY	40.00	0.00	583.20

RUN DATE 02/22/1 SALES JRNL # 026			REG NY NY			PAGE 1 - 216 VCP CHOICE LHCSA	5
DALLO OIGNE # 020	J 100 001		SALES REGISTER				2/24/12
INVOICE# DATE	CUST NO	CUSTOMER NAME	REFERENCE	HOURS	TAX AMT	AMOUNT TYP	SURPLUS
184957 2/17/1 184958 2/17/1		VISITING NURSE SERVICE VISITING NURSE SERVICE	PUISELLO, CIRA PULLIZA, DIANNE	27.50 36.00		400.95 I 524.88 I	
			CUSTOMER	63.50	0.00	925.83	
			CATEGORY	63.50	0.00	925.83	

RUN DATE	02/22/12 -	- SUP SUNN	YSIDE CITYWIDE				PAGE 1	- 21	.7
SALES JRN	L # 0269	LOC 001	SUNNYSIDE CITYWIDE	REG NY NY			LTC NURSING	HOMEW/	O WALLS (LT
			5	SALES REGISTE	R		BILL WEEK EN	DING	2/24/12
INVOICE#	DATE	CUST NO	CUSTOMER NAME	REFERENCE	HOURS	TAX AMT	AMOUNT	TYP	SURPLUS
184959	1/20/12	000008	VISITING NURSE SERVICE	OUIZHPI, MARIA	12.00		174.96	I	
184960	2/17/12	000008	VISITING NURSE SERVICE	QUIZHPI, MARIA	48.75		710.78	I	
				CUSTOMER	60.75	0.00	885.74		
				CATEGORY	60.75	0.00	885.74		

R	UN DATE (02/22/12 -	SUP SUNN	YSIDE CITYWIDE				PAGE 1 - 21	18
S	SALES JRNI	L # 0269	LOC 001	SUNNYSIDE CITYWIDE	REG NY NY			LAP LOMBARDI AIDES	S PEDIATRIC
				S	SALES REGISTER			BILL WEEK ENDING	2/24/12
I	NVOICE#	DATE	CUST NO	CUSTOMER NAME	REFERENCE	HOURS	TAX AMT	AMOUNT TYP	SURPLUS
1	.84961	2/17/12	000008	VISITING NURSE SERVICE	RAMIREZ, ANA	40.00		583.20 I	
					CATEGORY	40.00	0.00	583.20	

RUN DATE 02/22/11 SALES JRNL # 026		SUNNYSIDE CITYWIDE	REG NY NY SALES REGISTER			PAGE 1 - 219 LTC NURSING HOMEW/O WALLS (LT BILL WEEK ENDING 2/24/12
INVOICE# DATE	CUST NO	CUSTOMER NAME	REFERENCE	HOURS	TAX AMT	AMOUNT TYP SURPLUS
184962 2/17/12 184963 2/17/12		VISITING NURSE SERVICE VISITING NURSE SERVICE	,	43.00 20.00		626.94 I 291.60 I
			CUSTOMER	63.00	0.00	918.54
			CATEGORY	63.00	0.00	918.54

RUN DATE SALES JRN		- SUP SUNN LOC 001	YSIDE CITYWIDE SUNNYSIDE CITYWIDE	REG NY NY SALES REGISTER			PAGE 1 - 220 AUR ADULT REHAB ONLY BILL WEEK ENDING 2/	24/12
INVOICE#	DATE	CUST NO	CUSTOMER NAME	REFERENCE	HOURS	TAX AMT	AMOUNT TYP SU	RPLUS
184964	2/17/12	800000	VISITING NURSE SERVICE	E RAMOS, JENNIFER	31.75		462.92 I	
				CATEGORY	31.75	0.00	462.92	

RUN DATE	02/22/12 -	- SUP SUNN	YSIDE CITYWIDE				PAGE 1 -	221
SALES JRN	L # 0269	LOC 001	SUNNYSIDE CITYWIDE	REG NY NY			VCP CHOICE LHCSA	
				SALES REGISTER			BILL WEEK ENDING	3 2/24/12
INVOICE#	DATE	CUST NO	CUSTOMER NAME	REFERENCE	HOURS	TAX AMT	AMOUNT TYP	SURPLUS
184965	2/17/12	000008	VISITING NURSE SERVICE	RAMPHAL, INDRIA	12.00		174.96 I	
184966	2/17/12	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	

			YSIDE CITYWIDE				PAGE 1 -	
SALES JRNI	L # 0269	LOC 001	SUNNYSIDE CITYWIDE	REG NY NY			AMH ADULT MENTAL	
			S	SALES REGISTER			BILL WEEK ENDING	3 2/24/12
INVOICE#	DATE	CUST NO	CUSTOMER NAME	REFERENCE	HOURS	TAX AMT	AMOUNT TYP	SURPLUS
184967	2/17/12	800000	VISITING NURSE SERVICE	RASMUSSEN, GEOR	5.75		83.84 I	
				CATEGORY	5.75	0.00	83.84	

RUN DATE	02/22/12 -	- SUP SUNN	YSIDE CITYWIDE				PAGE 1 - 223	
SALES JRN	ъ # 0269	LOC 001	SUNNYSIDE CITYWIDE	REG NY NY			VCP CHOICE LHCSA	
				SALES REGISTER			BILL WEEK ENDING 2	/24/12
INVOICE#	DATE	CUST NO	CUSTOMER NAME	REFERENCE	HOURS	TAX AMT	AMOUNT TYP S	URPLUS
184968	2/17/12	000008	VISITING NURSE SERVICE	REINA, JOSE	19.50		284.31 I	
184969	2/17/12	800000	VISITING NURSE SERVICE	RIVADENEIRA, OL	30.00		437.40 I	
				CUSTOMER	49.50	0.00	721.71	
				CATEGORY	49.50	0.00	721.71	

			YSIDE CITYWIDE				PAGE 1 -	224	
SALES JRN	L # 0269	LOC 001	SUNNYSIDE CITYWIDE	REGNY NY SALES REGISTER			LTC NURSING HOM BILL WEEK ENDIN		
							DIED WEEK ENDIN	0 2/21/12	
INVOICE#	DATE	CUST NO	CUSTOMER NAME	REFERENCE	HOURS	TAX AMT	AMOUNT TY	TP SURPLUS	
184970	2/17/12	800000	VISITING NURSE SERVICE	RIVADENEIRA, RO	47.00		685.27 I		
				CATEGORY	47.00	0.00	685.27		

RUN DATE	02/22/12 -	- SUP SUNN	YSIDE CITYWIDE				PAGE 1 - 225	
SALES JRN	L # 0269	LOC 001	SUNNYSIDE CITYWIDE	REG NY NY			VCP CHOICE LHCSA	
				SALES REGISTER			BILL WEEK ENDING	2/24/12
INVOICE#	DATE	CUST NO	CUSTOMER NAME	REFERENCE	HOURS	TAX AMT	AMOUNT TYP	SURPLUS
184971	2/17/12	000008	VISITING NURSE SERVICE	RIVERA, CARMEN	19.75		287.96 I	
184972	2/17/12	800000	VISITING NURSE SERVICE	RIVERA, ERNESTO	20.00		291.60 I	
				CUSTOMER	39.75	0.00	579.56	
				CATEGORY	39.75	0.00	579.56	

	02/22/12 - JL # 0269			REGNY NY SALES REGISTER			PAGE 1 - 2 LTC NURSING HOMEW BILL WEEK ENDING	V/O WALLS (LT
INVOICE#	DATE	CUST NO	CUSTOMER NAME	REFERENCE	HOURS	TAX AMT	AMOUNT TYP	SURPLUS
184973	2/17/12	800000	VISITING NURSE SERVICE	RIVERA, GRACIEL	20.00		291.60 I	
				CATEGORY	20.00	0.00		

RUN DATE SALES JRN		- SUP SUNN LOC 001	YSIDE CITYWIDE SUNNYSIDE CITYWIDE	REG NY NY			PAGE 1 - ADU ADULT	227
	_ "			SALES REGISTER			BILL WEEK ENDIN	IG 2/24/12
INVOICE#	DATE	CUST NO	CUSTOMER NAME	REFERENCE	HOURS	TAX AMT	AMOUNT TY	P SURPLUS
184974 184975	2/17/12 2/17/12	000008 000008	VISITING NURSE SERVICE VISITING NURSE SERVICE		4.00 28.00		58.32 I 408.24 I	
101575	2/1//12	000000	VIBITING NONDE BERVICE	, ~				·
				CUSTOMER	32.00	0.00	466.56	
				CATEGORY	32.00	0.00	466.56	

RUN DATE 02/ SALES JRNL #	/22/12 - SUP SUNN ‡ 0269 LOC 001	SUNNYSIDE CITYWIDE	REGNY NY SALES REGISTER			PAGE 1 - 228 LTC NURSING HOMEW/O WALLS (LT BILL WEEK ENDING 2/24/12	
INVOICE# D	DATE CUST NO	CUSTOMER NAME	REFERENCE	HOURS	TAX AMT	AMOUNT TYP SURPLUS	
	/17/12 000008 /17/12 000008	VISITING NURSE SERVICE VISITING NURSE SERVICE	•	36.25 12.00		528.53 I 174.96 I	
			CUSTOMER	48.25	0.00	703.49	
			CATEGORY	48.25	0.00	703.49	

			YSIDE CITYWIDE				PAGE 1 - 2	29
SALES JRN	IL # 0269	TOG 001	SUNNYSIDE CITYWIDE	REGNY NY SALES REGISTER			VCP CHOICE LHCSA BILL WEEK ENDING	2/24/12
				JALES KEGISIEK			BIDD WEEK ENDING	2/24/12
INVOICE#	DATE	CUST NO	CUSTOMER NAME	REFERENCE	HOURS	TAX AMT	AMOUNT TYP	SURPLUS
184978	2/17/12	000008	VISITING NURSE SERVICE	ROBINSON, MARGA	39.25		572.27 I	
				CATEGORY	39.25	0.00	572.27	

ı	RUN DATE	02/22/12 -	SUP SUNN	YSIDE CITYWIDE				PAGE 1 - 2	30	
ı	SALES JRN	L # 0269	LOC 001		REG NY NY			LTC NURSING HOMEW		
ı				:	SALES REGISTER			BILL WEEK ENDING	2/24/12	
	INVOICE#	DATE	CUST NO	CUSTOMER NAME	REFERENCE	HOURS	TAX AMT	AMOUNT TYP	SURPLUS	
	184979	2/17/12	000008	VISITING NURSE SERVICE	ROCCISANO, LOUI	39.75		579.56 I		
ı					CATEGORY	39.75	0.00	579.56		

RUN DATE (SALES JRNI			YSIDE CITYWIDE SUNNYSIDE CITYWIDE S	REGNY NY SALES REGISTER			PAGE 1 - ADU ADULT BILL WEEK ENDII	231 NG 2/24/12
INVOICE#	DATE	CUST NO	CUSTOMER NAME	REFERENCE	HOURS	TAX AMT	AMOUNT T	YP SURPLUS
184980	2/17/12	800000	VISITING NURSE SERVICE	RODRIGUEZ CABA,	11.50		167.67	I
				CATEGORY	11.50	0.00	167.67	

RUN DATE	02/22/12 -	- SUP SUNN	YSIDE CITYWIDE				PAGE 1 - 232	
SALES JRN	L # 0269	LOC 001	SUNNYSIDE CITYWIDE	REG NY NY			VCP CHOICE LHCSA	
			S	SALES REGISTER			BILL WEEK ENDING 2/	24/12
INVOICE#	DATE	CUST NO	CUSTOMER NAME	REFERENCE	HOURS	TAX AMT	AMOUNT TYP SU	RPLUS
184981	2/17/12	800000	VISITING NURSE SERVICE	RODRIGUEZ, FERM	20.00		291.60 I	
				CATEGORY	20.00	0.00	291.60	

RUN DATE (YSIDE CITYWIDE SUNNYSIDE CITYWIDE	REG NY NY			PAGE 1 - ADU ADULT	233
			5	SALES REGISTER			BILL WEEK ENDING	2/24/12
INVOICE#	DATE	CUST NO	CUSTOMER NAME	REFERENCE	HOURS	TAX AMT	AMOUNT TYP	SURPLUS
184982	2/17/12	800000	VISITING NURSE SERVICE	RODRIGUEZ, IRMA	41.75		608.72 I	
1				CATEGORY	41.75	0.00	608.72	

RUN DATE	02/22/12	- SUP SUNN	YSIDE CITYWIDE				PAGE 1 - 234	
SALES JRI	NL # 0269	LOC 001	SUNNYSIDE CITYWIDE	REG NY NY			CCL CONGREGATE CARE	
			:	SALES REGISTER			BILL WEEK ENDING 2	2/24/12
INVOICE#	DATE	CUST NO	CUSTOMER NAME	REFERENCE	HOURS	TAX AMT	AMOUNT TYP S	SURPLUS
184983	2/17/12	800000	VISITING NURSE SERVICE	RODRIGUEZ, MARC	82.75		1,206.50 I	
				CATEGORY	82.75	0.00	1,206.50	

			YSIDE CITYWIDE				-	235
SALES JRN	L # 0269	LOC 001	SUNNYSIDE CITYWIDE	REGNY NY SALES REGISTER			ADU ADULT BILL WEEK ENDING	2/24/12
			_				2122 N22N 2N21N	. 2,21,12
INVOICE#	DATE	CUST NO	CUSTOMER NAME	REFERENCE	HOURS	TAX AMT	AMOUNT TYP	SURPLUS
104004	2/10/12	000000	VICTUING NUDGE CEDVICE	DODDIGUEZ MADI	F 00		70 00 T	
184984 184985	2/10/12 2/17/12	000008 000008	VISITING NURSE SERVICE VISITING NURSE SERVICE	RODRIGUEZ, MARI RODRIGUEZ, MARI	5.00 3.00		72.90 I 43.74 I	
184986	2/17/12	000008	VISITING NURSE SERVICE	RODRIGUEZ, MARI RODRIGUEZ, MARI	3.00		43.74 I	
104700	2/1//12	000000	VISITING NORSE SERVICE	RODRIGOEZ, MARI				
				CUSTOMER	11.00	0.00	160.38	
				CATEGORY	11.00	0.00	160.38	

RUN DATE	02/22/12 -	- SUP SUNN	YSIDE CITYWIDE				PAGE 1 -	236
SALES JRN	IL # 0269	LOC 001		REG NY NY			LTC NURSING HOME	
			\$	SALES REGISTER			BILL WEEK ENDING	2/24/12
INVOICE#	DATE	CUST NO	CUSTOMER NAME	REFERENCE	HOURS	TAX AMT	AMOUNT TYP	SURPLUS
184987	2/17/12	800000	VISITING NURSE SERVICE	RODRIGUEZ, OLGA	18.00		262.44 I	
				CATEGORY	18.00	0.00	262.44	

RUN DATE	02/22/12 -	- SUP SUNN	YSIDE CITYWIDE				PAGE 1 -	237	
SALES JRN	ъ # 0269	LOC 001	SUNNYSIDE CITYWIDE	REG NY NY			VCP CHOICE LHC	SA	
			S	SALES REGISTER			BILL WEEK ENDI	NG 2/24/12	
INVOICE#	DATE	CUST NO	CUSTOMER NAME	REFERENCE	HOURS	TAX AMT	AMOUNT T	YP SURPLUS	
184988	2/17/12	000008	VISITING NURSE SERVICE	RODRIGUEZ, PORF	49.00		714.42	I	
				CATEGORY	49.00	0.00	714.42		

RUN DATE SALES JRN		- SUP SUNN LOC 001	YSIDE CITYWIDE SUNNYSIDE CITYWIDE	REG NY NY SALES REGISTER			PAGE 1 LTC NURSING F BILL WEEK ENI	HOMEW/O WALLS (LT
INVOICE#	DATE	CUST NO	CUSTOMER NAME	REFERENCE	HOURS	TAX AMT	AMOUNT	TYP SURPLUS
184989 184990	2/17/12 2/17/12	000008 000008	VISITING NURSE SERVICE VISITING NURSE SERVICE	, ~	40.00 39.50		583.20 575.92	I I
				CUSTOMER	79.50	0.00	1,159.12	
				CATEGORY	79.50	0.00	1,159.12	

RUN DATE SALES JRN			YSIDE CITYWIDE SUNNYSIDE CITYWIDE	REG NY NY			PAGE 1 - 239 ADU ADULT	
DILLES CIA	_ 0203	200 001		SALES REGISTER				/24/12
INVOICE#	DATE	CUST NO	CUSTOMER NAME	REFERENCE	HOURS	TAX AMT	AMOUNT TYP SU	JRPLUS
184991	2/17/12	800000	VISITING NURSE SERVICE	ROMERO, HERNAN	24.75		360.86 I	
				CATEGORY	24.75	0.00	360.86	

			YSIDE CITYWIDE				PAGE 1 - 2	40
SALES JE	RNL # 0269	LOC 001		REG NY NY			VCP CHOICE LHCSA	0 / 0 4 / 1 0
				SALES REGISTER			BILL WEEK ENDING	2/24/12
INVOICE#	DATE	CUST NO	CUSTOMER NAME	REFERENCE	HOURS	TAX AMT	AMOUNT TYP	SURPLUS
104000	0 /15 /10	000000		DOMEDO GLAVILLA	F2 00		550 55 T	
184992	2/17/12	800000	VISITING NURSE SERVICE	ROMERO, SANTHY	53.00		772.75 I	
				CATEGORY	53.00	0.00	772.75	

RUN DATE 02/22/1 SALES JRNL # 026		SUNNYSIDE CITYWIDE	-	NY E G I S T E	R		PAGE 1 LTC NURSING BILL WEEK EN		
INVOICE# DATE	CUST NO	CUSTOMER NAME	REFE	CRENCE	HOURS	TAX AMT	AMOUNT	TYP	SURPLUS
184993 2/17/1 184994 2/17/1		VISITING NURSE SERVICE VISITING NURSE SERVICE		FLOR ANA	52.50 40.00		765.45 583.20	I I	
				CUSTOMER	92.50	0.00	1,348.65		
				 CATEGORY	92.50	0.00	1,348.65		

RUN DATE 02/22/13 SALES JRNL # 0269		SUNNYSIDE CITYWIDE	REG NY NY			PAGE 1 - 242 ADU ADULT	
INVOICE# DATE	CUST NO		SALES REGISTER REFERENCE	HOURS	TAX AMT		/24/12 URPLUS
184995 2/17/1:		VISITING NURSE SERVICE		53.75	TAX ANT	783.68 I	OKI 105
			 CATEGORY	 53.75	0.00	 783.68	

RUN DATE (- SUP SUNN LOC 001	YSIDE CITYWIDE SUNNYSIDE CITYWIDE	REG NY NY SALES REGISTER			PAGE 1 - VCP CHOICE LHO BILL WEEK END		2/24/12
INVOICE#	DATE	CUST NO	CUSTOMER NAME	REFERENCE	HOURS	TAX AMT	AMOUNT	ГҮР	SURPLUS
184996 184997 184998	2/17/12 2/17/12 2/17/12	000008 000008 000008	VISITING NURSE SERVICE VISITING NURSE SERVICE VISITING NURSE SERVICE	ROSARIO, ELSA	16.00 36.00 20.50		233.28 524.88 298.89	I I I	
				CUSTOMER	72.50	0.00	1,057.05		
				CATEGORY	72.50	0.00	1,057.05		

	2/12 - SUP SUNN					111011 1	- 244
SALES JRNL #	0269 LOC 001	SUNNYSIDE CITYWIDE	REGNY NY SALES REGISTER			ADU ADULT BILL WEEK ENI	DING 2/24/12
			NATES KEGISIEK			DILL MEEK EMI	JING 2/24/12
INVOICE# DA	TE CUST NO	CUSTOMER NAME	REFERENCE	HOURS	TAX AMT	AMOUNT	TYP SURPLUS
104000 0/1	F /10 000000		DOGGT DAVINGED	00.00		001 60	_
	7/12 000008 7/12 000008	VISITING NURSE SERVICE VISITING NURSE SERVICE	ROSSI, RAYMOND RUBIN, EVGENY	20.00 20.00		291.60 291.60	<u> </u>
103000 2/1	7/12 000000	VISITING NORSE SERVICE	ROBIN, EVGENT				
			CUSTOMER	40.00	0.00	583.20	
			CATECODY	40.00	0.00	583.20	
			CATEGORY	40.00	0.00	383.20	

RUN	DATE	02/22/12	- SUP SUNN	YSIDE CITYWIDE				PAGE 1 - 2	245
SAL	ES JRN	L # 0269	LOC 001	SUNNYSIDE CITYWIDE	REG NY NY			VCP CHOICE LHCSA	
				S	SALES REGISTER			BILL WEEK ENDING	2/24/12
	70 T G T	DAME	CTICE NO	CHOMOMED NAME	DEFEDENCE	HOHDG	max and	AMOTINE EXT	GIID DI IIG
INV	OICE#	DATE	CUST NO	CUSTOMER NAME	REFERENCE	HOURS	TAX AMT	AMOUNT TYP	SURPLUS
185	001	2/17/12	000008	VISITING NURSE SERVICE	RUEDA, INES	46.25		674.33 I	
					CATEGORY	46.25	0.00	674.33	

RUN DATE	02/22/12 -	- SUP SUNN	YSIDE CITYWIDE				PAGE 1 -	246
SALES JRN	IL # 0269	LOC 001		REG NY NY			LTC NURSING HOM	•
			S	ALES REGISTER			BILL WEEK ENDIN	G 2/24/12
INVOICE#	DATE	CUST NO	CUSTOMER NAME	REFERENCE	HOURS	TAX AMT	AMOUNT TY	P SURPLUS
185002	2/17/12	800000	VISITING NURSE SERVICE	RUFFEN, SANDRA	30.25		441.05 I	
				CATEGORY	30.25	0.00	441.05	

RUN DATE SALES JRN		- SUP SUNN LOC 001	YSIDE CITYWIDE SUNNYSIDE CITYWIDE	REGNY NY SALES REGISTER			PAGE 1 - 247 ADU ADULT BILL WEEK ENDING 2/24/12	
INVOICE#	DATE	CUST NO	CUSTOMER NAME	REFERENCE	HOURS	TAX AMT	AMOUNT TYP SURPLUS	
185003	2/17/12	800000	VISITING NURSE SERVICE	RUSSO, MONICA	70.00		1,020.60 I	
				CATEGORY	70.00	0.00	1,020.60	

	RUN DATE	02/22/12 -	SUP SUNN	YSIDE CITYWIDE				PAGE 1 - 2	48
ı	SALES JRN	L # 0269	LOC 001	SUNNYSIDE CITYWIDE	REG NY NY			LTC NURSING HOMEW	//O WALLS (LT
				5	SALES REGISTER			BILL WEEK ENDING	2/24/12
	INVOICE#	DATE	CUST NO	CUSTOMER NAME	REFERENCE	HOURS	TAX AMT	AMOUNT TYP	SURPLUS
	185004	2/17/12	800000	VISITING NURSE SERVICE	SAAVEDRA, STELL	32.25		470.21 I	
					CATEGORY	32.25	0.00	470.21	

			YSIDE CITYWIDE				PAGE 1 - 2	249
SALES JRNI	L # 0269	LOC 001	SUNNYSIDE CITYWIDE	REGNY NY SALES REGISTER			VCP CHOICE LHCSA BILL WEEK ENDING	2/24/12
				SALES REGISIER			BILL MEEK ENDING	2/24/12
INVOICE#	DATE	CUST NO	CUSTOMER NAME	REFERENCE	HOURS	TAX AMT	AMOUNT TYP	SURPLUS
105005	0 /15 /10						1 100 66 -	
185005	2/17/12	000008	VISITING NURSE SERVICE	SALADIN, MARIA	77.00		1,122.66 I	
				CATEGORY	77.00	0.00	1,122.66	

RUN DATE SALES JRN			YSIDE CITYWIDE SUNNYSIDE CITYWIDE	REG NY NY			PAGE 1 - 25 ADU ADULT	50
511225 0141	2 11 0209	200 001		BALES REGISTER			BILL WEEK ENDING	2/24/12
INVOICE#	DATE	CUST NO	CUSTOMER NAME	REFERENCE	HOURS	TAX AMT	AMOUNT TYP	SURPLUS
185006	2/17/12	800000	VISITING NURSE SERVICE	SALCEDO, JOSE	9.00		131.22 I	
				CATEGORY	9.00	0.00	131.22	

RUN DATE	02/22/12 -	- SUP SUNN	YSIDE CITYWIDE				PAGE 1 - :	251
SALES JRN	IL # 0269	LOC 001	SUNNYSIDE CITYWIDE	REG NY NY			LTC NURSING HOME	W/O WALLS (LT
			S	SALES REGISTER			BILL WEEK ENDING	2/24/12
INVOICE#	DATE	CUST NO	CUSTOMER NAME	REFERENCE	HOURS	TAX AMT	AMOUNT TYP	SURPLUS
185007	2/17/12	800000	VISITING NURSE SERVICE	SALVATIERRA, TE	36.00		524.88 I	
				CATEGORY	36.00	0.00	524.88	

RUN DATE	02/22/12 -	- SUP SUNN	YSIDE CITYWIDE				PAGE 1 -	252
SALES JRN	L # 0269	LOC 001		REG NY NY			VCP CHOICE LHCSA	
			5	SALES REGISTER			BILL WEEK ENDING	2/24/12
INVOICE#	DATE	CUST NO	CUSTOMER NAME	REFERENCE	HOURS	TAX AMT	AMOUNT TYP	SURPLUS
185008	2/17/12	800000	VISITING NURSE SERVICE	SALVUCCI, YOLAN	16.00		233.28 I	
				CATEGORY	16.00	0.00	233.28	

RUN DATE SALES JRN			YSIDE CITYWIDE SUNNYSIDE CITYWIDE	REG NY NY			PAGE 1 - 253 ADU ADULT	3
SALES UKN	ш # 0209	LOC 001		SALES REGISTER				2/24/12
INVOICE#	DATE	CUST NO	CUSTOMER NAME	REFERENCE	HOURS	TAX AMT	AMOUNT TYP	SURPLUS
185009	2/17/12	800000	VISITING NURSE SERVICE	SALZ, HELENA	14.50		211.42 I	
				CATEGORY	14.50	0.00	211.42	

RUN DATE SALES JRN		- SUP SUNN	YSIDE CITYWIDE SUNNYSIDE CITYWIDE	REG NY NY			PAGE 1 VCP CHOICE LE	- 25	<u>;</u> 4
BALLS OIL	L # 0209	100 001		SALES REGISTER			BILL WEEK ENI		2/24/12
INVOICE#	DATE	CUST NO	CUSTOMER NAME	REFERENCE	HOURS	TAX AMT	AMOUNT	TYP	SURPLUS
185010 185011	2/17/12 2/17/12	000008 000008	VISITING NURSE SERVICE VISITING NURSE SERVICE		20.00 49.00		291.60 714.42	I I	
				CUSTOMER	69.00	0.00	1,006.02		
				CATEGORY	69.00	0.00	1,006.02		

RUN DATE	02/22/12 -	- SUP SUNN	YSIDE CITYWIDE				PAGE 1 - 25!	5
SALES JRN	rL # 0269	LOC 001	SUNNYSIDE CITYWIDE	REG NY NY			CCL CONGREGATE CAR	E PROGRAM
			5	SALES REGISTER			BILL WEEK ENDING	2/24/12
INVOICE#	DATE	CUST NO	CUSTOMER NAME	REFERENCE	HOURS	TAX AMT	AMOUNT TYP	SURPLUS
185012	2/17/12	800000	VISITING NURSE SERVICE	SANCHEZ, MARIA	24.00		349.92 I	
				CATEGORY	24.00	0.00	349.92	

			YSIDE CITYWIDE					256	
SALES JRN	L # 0269	LOC 001		REG NY NY			VCP CHOICE LHCSA	2/24/12	
				SALES REGISTER			BILL WEEK ENDING	2/24/12	
INVOICE#	DATE	CUST NO	CUSTOMER NAME	REFERENCE	HOURS	TAX AMT	AMOUNT TYP	SURPLUS	
185013	2/17/12	800000	VISITING NURSE SERVICE	SANCHEZ, NILSA	20.00		291.60 I		
				CATEGORY	20.00	0.00	291.60		

			YSIDE CITYWIDE				PAGE 1 - 25	57
SALES JRN	L # 0269	LOC 001	SUNNYSIDE CITYWIDE	REG NY NY			ADU ADULT	2/24/12
				SALES REGISTER			BILL WEEK ENDING	2/24/12
INVOICE#	DATE	CUST NO	CUSTOMER NAME	REFERENCE	HOURS	TAX AMT	AMOUNT TYP	SURPLUS
185014	2/17/12	000008	VISITING NURSE SERVICE	SCOTT, CATHERIN	55.50		809.19 I	
				CATEGORY	55.50	0.00	809.19	

RUN DATE	02/22/12 -	- SUP SUNN	YSIDE CITYWIDE				PAGE 1 - 2	58	
SALES JRN	L # 0269	LOC 001	SUNNYSIDE CITYWIDE	REG NY NY			VCP CHOICE LHCSA		
			5	SALES REGISTER			BILL WEEK ENDING	2/24/12	
INVOICE#	DATE	CUST NO	CUSTOMER NAME	REFERENCE	HOURS	TAX AMT	AMOUNT TYP	SURPLUS	
105015	0 /1 5 /1 0	000000		GEGGGGE DELETE	40.00		610 26 7		
185015	2/17/12	000008	VISITING NURSE SERVICE	SEGOVIA, BEATRI	42.00		612.36 I		
				CATEGORY	42.00	0.00	612.36		
				CATEGORI	42.00	0.00	012.30		

			YSIDE CITYWIDE	DEC MY MY				259
SALES JRN	L # UZ09	LOC 001	SUNNYSIDE CITYWIDE	REGNY NY SALES REGISTER			LTC NURSING HOME BILL WEEK ENDING	•
INVOICE#	DATE	CUST NO	CUSTOMER NAME	REFERENCE	HOURS	TAX AMT	AMOUNT TYP	SURPLUS
185016	2/17/12	800000	VISITING NURSE SERVICE	SEO, INJA	36.00		524.88 I	
				CATEGORY	36.00	0.00	524.88	

RUN DATE	02/22/12 -	- SUP SUNN	YSIDE CITYWIDE				PAGE 1	- 26	0
SALES JRN	L # 0269	LOC 001	SUNNYSIDE CITYWIDE	REG NY NY			VCP CHOICE L	HCSA	
			S	A L E S R E G I S T E R			BILL WEEK EN	DING	2/24/12
INVOICE#	DATE	CUST NO	CUSTOMER NAME	REFERENCE	HOURS	TAX AMT	AMOUNT	TYP	SURPLUS
185017	2/17/12	000008	VISITING NURSE SERVICE	SERAFIN, WALTER	55.50		809.20	I	
185018	2/17/12	000008	VISITING NURSE SERVICE	SERRANO, AGUEDA	56.00		816.48	I	
185019	2/17/12	800000	VISITING NURSE SERVICE	SHANNON, ELNORA	44.00		641.52	I	
185020	2/17/12	800000	VISITING NURSE SERVICE	SIFFETI, ROHAFZ	4.00		58.32	I	
				CUSTOMER	159.50	0.00	2,325.52		
				CATEGORY	159.50	0.00	2,325.52		

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	W/O WALLS (LT
INVOICE#	DATE	CUST NO	CUSTOMER NAME	REFERENCE	HOURS	TAX AMT	AMOUNT TYP	SURPLUS
185021	2/17/12	800000	VISITING NURSE SERVICE	SILLS, JAMES	42.50		619.65 I	
				CATEGORY	42.50	0.00	619.65	

RUN DATE SALES JRN		- SUP SUNN LOC 001	YSIDE CITYWIDE SUNNYSIDE CITYWIDE	REG NY NY SALES REGISTER			PAGE 1 - VCP CHOICE LHCS BILL WEEK ENDIN	
			3	ALES REGISIER				
INVOICE#	DATE	CUST NO	CUSTOMER NAME	REFERENCE	HOURS	TAX AMT	AMOUNT TY	P SURPLUS
185022	2/17/12	800000	VISITING NURSE SERVICE	SINGH, BADREE	30.00		437.40 I	
185023	2/17/12	800000	VISITING NURSE SERVICE	SINGH, JAMOONIE	15.00		218.70 I	
				CUSTOMER	45.00	0.00	656.10	
				CATEGORY	45.00	0.00	656.10	

ı	RUN DATE	02/22/12 -	SUP SUNN	YSIDE CITYWIDE				PAGE 1 -	263
ı	SALES JRN	L # 0269	LOC 001	SUNNYSIDE CITYWIDE	REG NY NY			LTC NURSING HOME	W/O WALLS (LT
ı				5	SALES REGISTER			BILL WEEK ENDING	2/24/12
ı									
ı	INVOICE#	DATE	CUST NO	CUSTOMER NAME	REFERENCE	HOURS	TAX AMT	AMOUNT TYP	SURPLUS
ı	105004	0 /15 /10						F0 00 -	
ı	185024	2/17/12	000008	VISITING NURSE SERVICE	SOLDATI, RONDA	5.00		72.90 I	
ı									
ı					CAMPRODY.		0.00	72.00	
ı					CATEGORY	5.00	0.00	72.90	

R	RUN DATE	02/22/12 -	- SUP SUNN	YSIDE CITYWIDE				PAGE 1 - 2	64
S	SALES JRN	L # 0269	LOC 001	SUNNYSIDE CITYWIDE	REG NY NY			CCL CONGREGATE CA	RE PROGRAM
				\$	SALES REGISTER			BILL WEEK ENDING	2/24/12
I	NVOICE#	DATE	CUST NO	CUSTOMER NAME	REFERENCE	HOURS	TAX AMT	AMOUNT TYP	SURPLUS
1	85025	2/17/12	000008	VISITING NURSE SERVICE	SOPCHEK, SAMUEL	12.00		174.96 I	
					CATEGORY	12.00	0.00	174.96	

RUN DATE SALES JRN			NYSIDE CITYWIDE SUNNYSIDE CITYWIDE S A	REG NY NY A L E S R E G I S T E R			PAGE 1 - LTC NURSING HOMI BILL WEEK ENDING	EW/O WALLS (LT
INVOICE#	DATE	CUST NO	CUSTOMER NAME	REFERENCE	HOURS	TAX AMT	AMOUNT TYPE	P SURPLUS
185026	2/17/12	000008	VISITING NURSE SERVICE	SORIA, ROLANDO	34.00		495.72 I	
				CATEGORY	34.00	0.00	495.72	

RUN DATE	02/22/12 -	- SUP SUNN	YSIDE CITYWIDE				PAGE 1 - 26	66
SALES JRN	IL # 0269	LOC 001	SUNNYSIDE CITYWIDE	REG NY NY			VCP CHOICE LHCSA	
				SALES REGISTER			BILL WEEK ENDING	2/24/12
INVOICE#	DATE	CUST NO	CUSTOMER NAME	REFERENCE	HOURS	TAX AMT	AMOUNT TYP	SURPLUS
185027	2/17/12	800000	VISITING NURSE SERVICE	STAMBOULIDIS, V	56.00		816.48 I	
				CATEGORY	56.00	0.00	816.48	

			YSIDE CITYWIDE				PAGE 1 - 267	7
SALES JRN	ъ # 0269	LOC 001		REG NY NY			HOA HOSPICE ADULT	0.404.410
			2	SALES REGISTER			BILL WEEK ENDING	2/24/12
INVOICE#	DATE	CUST NO	CUSTOMER NAME	REFERENCE	HOURS	TAX AMT	AMOUNT TYP	SURPLUS
185028	2/17/12	000008	VISITING NURSE SERVICE	STEIN, STEPHANI	18.00		262.44 I	
				CATEGORY	18.00	0.00	262.44	

		- SUP SUNN LOC 001	NYSIDE CITYWIDE SUNNYSIDE CITYWIDE	REGNY NY SALES REGISTER			PAGE 1 - 2 ADU ADULT BILL WEEK ENDING	2/24/12
INVOICE#	DATE	CUST NO	CUSTOMER NAME	REFERENCE	HOURS	TAX AMT	AMOUNT TYP	SURPLUS
185029	2/17/12	800000	VISITING NURSE SERVICE	STERGIOU, GLORI	5.25		76.55 I	
				CATEGORY	5.25	0.00	76.55	

			YSIDE CITYWIDE	556 M				- 20	59
SALES JRN	L # 0269	LOC 001	SUNNYSIDE CITYWIDE	REGNY NY SALES REGISTER			VCP CHOICE LE		2/24/12
INVOICE#	DATE	CUST NO	CUSTOMER NAME	REFERENCE	HOURS	TAX AMT	AMOUNT	TYP	SURPLUS
185030	2/17/12	800000	VISITING NURSE SERVICE	STICKELL, BLANC	25.25		368.15	I	
185031	2/17/12	800000	VISITING NURSE SERVICE	STROBL, ALFRED	36.00		524.88	I	
				CUSTOMER	61.25	0.00	893.03		
				CATEGORY	61.25	0.00	893.03		

			YSIDE CITYWIDE SUNNYSIDE CITYWIDE	REGNY NY SALES REGISTER			PAGE 1 - 2 LTC NURSING HOMEW BILL WEEK ENDING	V/O WALLS (LT
INVOICE#	DATE	CUST NO		REFERENCE	HOURS	TAX AMT	AMOUNT TYP	SURPLUS
185032	2/17/12	800000	VISITING NURSE SERVICE	SUAREZ, TULIA	23.25		338.99 I	
				CATEGORY	23.25	0.00	338.99	

			YSIDE CITYWIDE				PAGE 1 - 2	271
SALES JRNI	L # 0269	LOC 001	SUNNYSIDE CITYWIDE	REGNY NY SALES REGISTER			VCP CHOICE LHCSA BILL WEEK ENDING	2/24/12
INVOICE#	DATE	CUST NO	CUSTOMER NAME	REFERENCE	HOURS	TAX AMT	AMOUNT TYP	SURPLUS
185033	2/17/12	800000	VISITING NURSE SERVICE	TABOADA, ELIZAB	59.00		860.22 I	
				CATEGORY	59.00	0.00	860.22	

RUN DATE	02/22/12 -	SUP SUNN	YSIDE CITYWIDE				PAGE 1 - 2	172
SALES JRN	L # 0269	LOC 001	SUNNYSIDE CITYWIDE	REG NY NY			LTC NURSING HOMEW	•
				SALES REGISTER			BILL WEEK ENDING	2/24/12
INVOICE#	DATE	CUST NO	CUSTOMER NAME	REFERENCE	HOURS	TAX AMT	AMOUNT TYP	SURPLUS
185034	2/17/12	800000	VISITING NURSE SERVICE	TADDEO, LENA	55.00		801.90 I	
				CATEGORY	55.00	0.00	801.90	

RUN DATE SALES JRN			YSIDE CITYWIDE SUNNYSIDE CITYWIDE	REG NY NY			PAGE 1 - 27 ADU ADULT	73
DILLES STAN	.E 0205	100 001		SALES REGISTER			BILL WEEK ENDING	2/24/12
INVOICE#	DATE	CUST NO	CUSTOMER NAME	REFERENCE	HOURS	TAX AMT	AMOUNT TYP	SURPLUS
185035	2/17/12	800000	VISITING NURSE SERVICE	TAN, RONGZHAO	9.00		131.22 I	
				CATEGORY	9.00	0.00	131.22	

RUN DATE	02/22/12 -	- SUP SUNN	YSIDE CITYWIDE				PAGE 1 - 27	4
SALES JRN	IL # 0269	LOC 001		REG NY NY			VCP CHOICE LHCSA	
			S	SALES REGISTER			BILL WEEK ENDING	2/24/12
INVOICE#	DATE	CUST NO	CUSTOMER NAME	REFERENCE	HOURS	TAX AMT	AMOUNT TYP	SURPLUS
185036	2/17/12	800000	VISITING NURSE SERVICE	TAVANO, SILVIA	56.00		816.48 I	
				CATEGORY	56.00	0.00	816.48	

RUN DATE	02/22/12 -	SUP SUNN	YSIDE CITYWIDE				PAGE 1 - 27	5
SALES JRN	L # 0269	LOC 001	SUNNYSIDE CITYWIDE	REG NY NY			LTC NURSING HOMEW/	O WALLS (LT
			S	SALES REGISTER			BILL WEEK ENDING	2/24/12
INVOICE#	DATE	CUST NO	CUSTOMER NAME	REFERENCE	HOURS	TAX AMT	AMOUNT TYP	SURPLUS
185037	2/17/12	800000	VISITING NURSE SERVICE	TAVERAS ARIAS,	20.00		291.60 I	
				CATEGORY	20.00	0.00	291.60	

RUN DATE (- SUP SUNN LOC 001	YSIDE CITYWIDE SUNNYSIDE CITYWIDE	REG NY NY			ADU ADULT	- 27	
			S	SALES REGISTER			BILL WEEK ENI	DING	2/24/12
INVOICE#	DATE	CUST NO	CUSTOMER NAME	REFERENCE	HOURS	TAX AMT	AMOUNT	TYP	SURPLUS
185038	2/17/12	800000	VISITING NURSE SERVICE	TAWADROUS, ANWA	20.00		291.60	I	
185039 185040	2/10/12 2/17/12	800000 800000	VISITING NURSE SERVICE VISITING NURSE SERVICE	TEJADA, BALDOME TEJADA, BALDOME	4.00 9.00		58.32 131.22	I	
				CUSTOMER	33.00	0.00	481.14		
				CATEGORY	33.00	0.00	481.14		

	02/22/12 - NL # 0269		IYSIDE CITYWIDE SUNNYSIDE CITYWIDE	REG NY NY			PAGE 1 HOA HOSPICE A	– 277
SALES ON	NL # 0205	HOC 001		SALES REGISTER			BILL WEEK END	-
INVOICE#	DATE	CUST NO	CUSTOMER NAME	REFERENCE	HOURS	TAX AMT	AMOUNT	TYP SURPLUS
185041	2/17/12	800000	VISITING NURSE SERVICE	TEMBELIS, DAPHN	15.00		218.70	I
				CATEGORY	15.00	0.00	218.70	

			YSIDE CITYWIDE SUNNYSIDE CITYWIDE	REG NY NY			PAGE 1 - 27 ADU ADULT	8
SALES JRNI	L # U209	LOC 001		REGNY NY SALES REGISTER	2		BILL WEEK ENDING	2/24/12
INVOICE#	DATE	CUST NO	CUSTOMER NAME	REFERENCE	HOURS	TAX AMT	AMOUNT TYP	SURPLUS
185042	2/17/12	800000	VISITING NURSE SERVICE	TERRERO, RAMONI	9.00		131.22 I	
				 CATEGORY	 9.00	0.00	131.22	

RUN DATE	02/22/12 -	- SUP SUNN	YSIDE CITYWIDE				PAGE 1	- 27	9
SALES JRN	rL # 0269	LOC 001	SUNNYSIDE CITYWIDE	REG NY NY			VCP CHOICE LE	ICSA	
			S	SALES REGISTER			BILL WEEK ENI	DING	2/24/12
INVOICE#	DATE	CUST NO	CUSTOMER NAME	REFERENCE	HOURS	TAX AMT	AMOUNT	TYP	SURPLUS
185043	2/17/12	000008	VISITING NURSE SERVICE	TERZIAN, ASDGHI	35.00		510.30	I	
185044	2/17/12	800000	VISITING NURSE SERVICE	TINOCO, INES	42.00		612.36	I	
				CUSTOMER	77.00	0.00	1,122.66		
				CATEGORY	77.00	0.00	1,122.66		

RUN DATE SALES JRN				REGNY NY SALES REGISTER			PAGE 1 - ADU ADULT BILL WEEK ENDING	2/24/12
INVOICE#	DATE	CUST NO	CUSTOMER NAME	REFERENCE	HOURS	TAX AMT	AMOUNT TYP	SURPLUS
185045	2/17/12	800000	VISITING NURSE SERVICE	TORO VEGA, LUZV	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 VCP CHOICE LH	- 28	31
	_ 020)	200 001		SALES REGISTER			BILL WEEK END		2/24/12
INVOICE#	DATE	CUST NO	CUSTOMER NAME	REFERENCE	HOURS	TAX AMT	AMOUNT	TYP	SURPLUS
185046 185047	2/17/12 2/17/12	000008 000008	VISITING NURSE SERVICE VISITING NURSE SERVICE	· ·	84.00 70.00		1,224.72 1,020.60	I	
103047	2/1//12	000008	VISITING NORSE SERVICE	TORRES, LUZ M	70.00		1,020.60		
				CUSTOMER	154.00	0.00	2,245.32		
				CATEGORY	154.00	0.00	2,245.32		

ı	RUN DATE	02/22/12 -	SUP SUNN	YSIDE CITYWIDE				PAGE 1 - 2	182
ı	SALES JRN	L # 0269	LOC 001	SUNNYSIDE CITYWIDE	REG NY NY			LTC NURSING HOMEW	//O WALLS (LT
١					SALES REGISTER			BILL WEEK ENDING	2/24/12
ı									
ı	INVOICE#	DATE	CUST NO	CUSTOMER NAME	REFERENCE	HOURS	TAX AMT	AMOUNT TYP	SURPLUS
ı									
ı	185048	2/17/12	800000	VISITING NURSE SERVICE	TORRES, MARGOT	42.00		612.36 I	
ı									
ı						40.00			
ı					CATEGORY	42.00	0.00	612.36	

		02/22/12 - L # 0269			REG NY NY			ADU ADULT	283
				S	SALES REGISTER			BILL WEEK ENDING	2/24/12
INV	VOICE#	DATE	CUST NO	CUSTOMER NAME	REFERENCE	HOURS	TAX AMT	AMOUNT TYP	SURPLUS
185	5049	2/17/12	000008	VISITING NURSE SERVICE	TOUMA, MATTA	8.00		116.64 I	
								116 64	
					CATEGORY	8.00	0.00	116.64	

RUN DATE SALES JRN		- SUP SUNN LOC 001	YSIDE CITYWIDE SUNNYSIDE CITYWIDE	REG NY NY SALES REGISTER			PAGE 1 VCP CHOICE LH BILL WEEK END		2/24/12
INVOICE#	DATE	CUST NO	CUSTOMER NAME	REFERENCE	HOURS	TAX AMT	AMOUNT	TYP	SURPLUS
185050 185051 185052	1/27/12 2/17/12 2/17/12	000008 000008	VISITING NURSE SERVICE VISITING NURSE SERVICE VISITING NURSE SERVICE	TRUJILLO, AMPAR	4.00 12.00 56.00		58.32 174.96 816.48	I I I	
				CUSTOMER	72.00	0.00	1,049.76		
				CATEGORY	72.00	0.00	1,049.76		

			YSIDE CITYWIDE SUNNYSIDE CITYWIDE	REG NY NY			PAGE 1 - 2 LTC NURSING HOMEW	
			S	ALES REGISTER			BILL WEEK ENDING	2/24/12
INVOICE#	DATE	CUST NO	CUSTOMER NAME	REFERENCE	HOURS	TAX AMT	AMOUNT TYP	SURPLUS
185053	2/17/12	800000	VISITING NURSE SERVICE	TSUAI, PING	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 VCP CHOICE L	- 28	36
Bribbs orde	0205	100 001		ALES REGISTER			BILL WEEK EN		2/24/12
INVOICE#	DATE	CUST NO	CUSTOMER NAME	REFERENCE	HOURS	TAX AMT	AMOUNT	TYP	SURPLUS
185054	2/17/12	800000	VISITING NURSE SERVICE	TZOUMAS, EFFIE	56.00		816.48	I	
185055	2/17/12	800000	VISITING NURSE SERVICE	UGURLUYAN, KARA	7.00		1,224.72	Τ	
				CUSTOMER	63.00	0.00	2,041.20		
				CATEGORY	63.00	0.00	2,041.20		

	02/22/12 - IL # 0269		YSIDE CITYWIDE SUNNYSIDE CITYWIDE	REG NY NY			PAGE 1 - 2 ADU ADULT	
INVOICE#	DATE	CUST NO	CUSTOMER NAME	SALES REGISTER REFERENCE	HOURS	TAX AMT	BILL WEEK ENDING AMOUNT TYP	2/24/12 SURPLUS
185056	2/17/12	000008	VISITING NURSE SERVICE	UPTON, MARIANNE	3.00		43.74 I	
				CATEGORY	3.00	0.00	43.74	

ı	RUN DATE	02/22/12 -	SUP SUNN	YSIDE CITYWIDE				PAGE 1 - 2	88
ı	SALES JRN	L # 0269	LOC 001	SUNNYSIDE CITYWIDE	REG NY NY			LTC NURSING HOMEW	O WALLS (LT
ı					SALES REGISTER			BILL WEEK ENDING	2/24/12
ı									
ı	INVOICE#	DATE	CUST NO	CUSTOMER NAME	REFERENCE	HOURS	TAX AMT	AMOUNT TYP	SURPLUS
ı									
ı	185057	2/17/12	800000	VISITING NURSE SERVICE	URBINA, ANA	32.00		466.56 I	
ı									
ı						20.00		466 56	
ı					CATEGORY	32.00	0.00	466.56	

RUN DATE	02/22/12	- SUP SUNN	YSIDE CITYWIDE				PAGE 1 - 2	89
SALES JRN	ъ # 0269	LOC 001	SUNNYSIDE CITYWIDE	REG NY NY			VCP CHOICE LHCSA	
			S	SALES REGISTER			BILL WEEK ENDING	2/24/12
INVOICE#	DATE	CUST NO	CUSTOMER NAME	REFERENCE	HOURS	TAX AMT	AMOUNT TYP	SURPLUS
185058	2/17/12	000008	VISITING NURSE SERVICE	VALENCIANO-ROJ,	42.25		616.01 I	
				CATEGORY	42.25	0.00	616.01	

RUN DATE (02/22/12 -	- SUP SUNN	YSIDE CITYWIDE				PAGE 1 - 290	
SALES JRNI	և # 0269	LOC 001	SUNNYSIDE CITYWIDE	REG NY NY			CCL CONGREGATE CARE PR	≀OGRAM
			5	SALES REGISTER			BILL WEEK ENDING 2/2	24/12
INVOICE#	DATE	CUST NO	CUSTOMER NAME	REFERENCE	HOURS	TAX AMT	AMOUNT TYP SUF	RPLUS
185059	2/17/12	800000	VISITING NURSE SERVICE	VALENTI, HELEN	8.00		116.64 I	
				CATEGORY	8.00	0.00	116.64	

RUN DATE SALES JRN		- SUP SUNN LOC 001	YSIDE CITYWIDE SUNNYSIDE CITYWIDE	REG NY NY SALES REGISTER			PAGE 1 - 291 LTC NURSING HOMEW/O WALLS (LT BILL WEEK ENDING 2/24/12
INVOICE#	DATE	CUST NO	CUSTOMER NAME	REFERENCE	HOURS	TAX AMT	AMOUNT TYP SURPLUS
185060 185061	2/17/12 2/17/12	000008 000008	VISITING NURSE SERVICE VISITING NURSE SERVICE		5.25 6.00		76.56 I 87.48 I
				CUSTOMER	11.25	0.00	164.04
				CATEGORY	11.25	0.00	164.04

			YSIDE CITYWIDE				PAGE 1 - 2	92
SALES JRNI	L # 0269	LOC 001	SUNNYSIDE CITYWIDE	REGNY NY SALES REGISTER			VCP CHOICE LHCSA BILL WEEK ENDING	2/24/12
				SALES REGISIER			BILL MEEK ENDING	2/24/12
INVOICE#	DATE	CUST NO	CUSTOMER NAME	REFERENCE	HOURS	TAX AMT	AMOUNT TYP	SURPLUS
105060	0 /1 5 /1 0	000000			41 85		600 80 7	
185062	2/17/12	800000	VISITING NURSE SERVICE	VASQUEZ, ARTURO	41.75		608.72 I	
				CATEGORY	41.75	0.00	608.72	

RUN DATE	02/22/12 -	- SUP SUNN	YSIDE CITYWIDE				PAGE 1	- 293
SALES JRN	L # 0269	LOC 001	SUNNYSIDE CITYWIDE	REG NY NY			LTC NURSING H	OMEW/O WALLS (LT
			S	SALES REGISTER			BILL WEEK END	ING 2/24/12
INVOICE#	DATE	CUST NO	CUSTOMER NAME	REFERENCE	HOURS	TAX AMT	AMOUNT	TYP SURPLUS
185063	2/17/12	000008	VISITING NURSE SERVICE	VASQUEZ, EUSTAG	27.75		404.60	I
185064	2/17/12	800000	VISITING NURSE SERVICE	VASQUEZ, RAPHAE	18.00		262.44	I
185065	2/17/12	800000	VISITING NURSE SERVICE	VAZQUEZ, ESTHER	39.00		568.62	I
				CUSTOMER	84.75	0.00	1,235.66	
				CATEGORY	84.75	0.00	1,235.66	

RUN DATE	02/22/12 -	- SUP SUNN	YSIDE CITYWIDE				PAGE 1 - 2	294
SALES JRN	rL # 0269	LOC 001	SUNNYSIDE CITYWIDE	REG NY NY			VCP CHOICE LHCSA	
			5	SALES REGISTER			BILL WEEK ENDING	2/24/12
INVOICE#	DATE	CUST NO	CUSTOMER NAME	REFERENCE	HOURS	TAX AMT	AMOUNT TYP	SURPLUS
185066	2/17/12	800000	VISITING NURSE SERVICE	VELASQUEZ, NELL	11.00		160.38 I	
				CATEGORY	11.00	0.00	160.38	

ı	RUN DATE	02/22/12 -	SUP SUNN	YSIDE CITYWIDE				PAGE 1 - 2	95
ı	SALES JRN	L # 0269	LOC 001	SUNNYSIDE CITYWIDE	REG NY NY			LTC NURSING HOMEW	/O WALLS (LT
ı				:	SALES REGISTER			BILL WEEK ENDING	2/24/12
ı									
ı	INVOICE#	DATE	CUST NO	CUSTOMER NAME	REFERENCE	HOURS	TAX AMT	AMOUNT TYP	SURPLUS
ı	105065	0 /1 7 /1 0				F0 0F		700 CF -	
ı	185067	2/17/12	000008	VISITING NURSE SERVICE	VENTURA, ROSA	50.25		732.65 I	
ı									
ı					CAMPICODY	F0 0F	0.00	722 65	
ı					CATEGORY	50.25	0.00	732.65	

RUN DATE	02/22/12 -	- SUP SUNN	YSIDE CITYWIDE				PAGE 1 - :	296
SALES JRN	IL # 0269	LOC 001	SUNNYSIDE CITYWIDE	REG NY NY			VCP CHOICE LHCSA	
				SALES REGISTER			BILL WEEK ENDING	2/24/12
INVOICE#	DATE	CUST NO	CUSTOMER NAME	REFERENCE	HOURS	TAX AMT	AMOUNT TYP	SURPLUS
185068	2/17/12	800000	VISITING NURSE SERVICE	VERAS, JUANA	40.00		583.20 I	
				CATEGORY	40.00	0.00	583.20	

RUN DATE (SUP SUNN LOC 001	YSIDE CITYWIDE SUNNYSIDE CITYWIDE	REG NY NY			PAGE 1 - ADU ADULT	297
				SALES REGISTER			BILL WEEK ENDING	2/24/12
INVOICE#	DATE	CUST NO	CUSTOMER NAME	REFERENCE	HOURS	TAX AMT	AMOUNT TYP	SURPLUS
185069	2/17/12	000008	VISITING NURSE SERVICE	VICEDO, FREDELI	8.75		127.58 I	
				CATEGORY	8.75	0.00	127.58	

RUN DATE (SUP SUNN	YSIDE CITYWIDE SUNNYSIDE CITYWIDE	REG NY NY			PAGE 1 - HOA HOSPICE ADU	
SALES UKNI	L # 0209	LOC 001		SALES REGISTER			BILL WEEK ENDING	
INVOICE#	DATE	CUST NO	CUSTOMER NAME	REFERENCE	HOURS	TAX AMT	AMOUNT TY	P SURPLUS
185070	2/17/12	800000	VISITING NURSE SERVICE	VIGORITO, ANN	20.00		291.60 I	
				CATEGORY	20.00	0.00	291.60	

			YSIDE CITYWIDE				PAGE 1 -	
SALES JRNI	և # 0269	LOC 001	SUNNYSIDE CITYWIDE	REG NY NY			VCP CHOICE LHCSA	
			5	SALES REGISTER			BILL WEEK ENDING	3 2/24/12
INVOICE#	DATE	CUST NO	CUSTOMER NAME	REFERENCE	HOURS	TAX AMT	AMOUNT TYP	SURPLUS
185071	2/17/12	800000	VISITING NURSE SERVICE	VILLAPOL, ANNA	24.00		349.92 I	
				CATEGORY	24.00	0.00	349.92	

F	RUN DATE	02/22/12 -	- SUP SUNN	YSIDE CITYWIDE				PAGE 1 - 300)
5	SALES JRN	L # 0269	LOC 001	SUNNYSIDE CITYWIDE	REG NY NY			CCL CONGREGATE CARE	PROGRAM
				5	SALES REGISTER			BILL WEEK ENDING	2/24/12
]	INVOICE#	DATE	CUST NO	CUSTOMER NAME	REFERENCE	HOURS	TAX AMT	AMOUNT TYP	SURPLUS
١.									
]	185072	2/17/12	800000	VISITING NURSE SERVICE	VISCONTI, JASON	3.75		54.68 I	
					CATEGORY	3.75	0.00	54.68	

RUN DATE	02/22/12 -	SUP SUNN	YSIDE CITYWIDE				PAGE 1 - 3	301
SALES JRN	L # 0269	LOC 001	SUNNYSIDE CITYWIDE	REG NY NY			LTC NURSING HOME	W/O WALLS (LT
			S	SALES REGIST	E R		BILL WEEK ENDING	2/24/12
INVOICE#	DATE	CUST NO	CUSTOMER NAME	REFERENCE	HOURS	TAX AMT	AMOUNT TYP	SURPLUS
185073	2/17/12	800000	VISITING NURSE SERVICE	VITO, CARMEN	24.00		349.92 I	
				CATEGORY	24.00	0.00	349.92	

RUN DATE SALES JRN		- SUP SUNN	YSIDE CITYWIDE SUNNYSIDE CITYWIDE	REG NY NY			PAGE 1 VCP CHOICE LE	- 3()2
DALLO OIU	L # 0209	100 001		ALES REGISTER	1		BILL WEEK ENI		2/24/12
INVOICE#	DATE	CUST NO	CUSTOMER NAME	REFERENCE	HOURS	TAX AMT	AMOUNT	TYP	SURPLUS
185074	2/10/12	800000	VISITING NURSE SERVICE	VIVACQUA, EMMA	10.00		145.80	I	
185075	2/17/12	800000	VISITING NURSE SERVICE	VIVACQUA, EMMA	69.75		1,016.96	I	
185076	2/17/12	800000	VISITING NURSE SERVICE	VOLASTRO, JOHN	3.00		43.74	I	
185077	2/17/12	800000	VISITING NURSE SERVICE	WALLE, ILEANA	20.00		291.60	I	
185078	2/10/12	800000	VISITING NURSE SERVICE	YAGHDJIAN, SIRA	4.00		58.32	I	
185079	2/17/12	800000	VISITING NURSE SERVICE	YAGHDJIAN, SIRA	16.00		233.28	I	
				CUSTOMER	122.75	0.00	1,789.70		
				CATEGORY	122.75	0.00	1,789.70		

ı	RUN DATE	02/22/12 -	- SUP SUNN	YSIDE CITYWIDE				PAGE 1 - 303	
ı	SALES JRN	L # 0269	LOC 001	SUNNYSIDE CITYWIDE	REG NY NY			CCL CONGREGATE CARE	PROGRAM
ı				S	SALES REGISTER			BILL WEEK ENDING 2	2/24/12
ı									
ı	INVOICE#	DATE	CUST NO	CUSTOMER NAME	REFERENCE	HOURS	TAX AMT	AMOUNT TYP S	SURPLUS
ı									
ı	185080	2/17/12	800000	VISITING NURSE SERVICE	YELLAPAH, DOLLI	12.00		174.96 I	
ı									
ı									
ı					CATEGORY	12.00	0.00	174.96	

		NYSIDE CITYWIDE				PAGE 1 - 304	
SALES JRNL # (0269 LOC 001	SUNNYSIDE CITYWIDE	REGNY NY SALES REGISTER			ADU ADULT BILL WEEK ENDING 2/24/1	2
INVOICE# DAT	TE CUST NO	CUSTOMER NAME	REFERENCE	HOURS	TAX AMT	AMOUNT TYP SURPLU	S
	7/12 000008 7/12 000008	VISITING NURSE SERVICE VISITING NURSE SERVICE	ZAMBRANO, CRUZM ZAMBRANO, VICTO	28.00 20.75		408.24 I 302.54 I	
			CUSTOMER	48.75	0.00	710.78	_
			CATEGORY	48.75	0.00	710.78	_

RUN DATE 02/22/12 - SUP SUNNYSIDE CITYWIDE PAGE 1 - 305 LOC 001 SUNNYSIDE CITYWIDE REG NY NY SALES JRNL # 0269 GUI GUILDNET SALES REGISTER BILL WEEK ENDING 2/24/12 REFERENCE HOURS TAX AMT AMOUNT

ACERNO, CLAIRE 25.00 332.00

ALI, AMRINISSA 20.00 265.60

AMABILE, ANTOIN 7.00 1,260.00

AYALLA, ENRIQUE 44.00 584.32

BEGUIN, JAMILA 72.00 995.16

CEPEDA, TOMASA 31.00 411.68

COLAVITTI, JEAN 56.00 743.68

COLEMAN, REGINA 30.75 408.36

COLEMAN, REGINA 30.75 408.36

COLEMAN, REGINA 45.00 597.60

DIAZ, ALICIA 45.00 318.72

EARLINGTON, ALB 41.00 597.60

DONOSO, MARGARE 24.00 318.72

EARLINGTON, ALB 41.00 544.48

ECKNAN, LOIS 7.00 1,260.00

ESCOBAR, DOMING 30.00 398.40

ESPINOZA, MARIA 45.00 597.60

EXPOSITIO, ALIFON 37.50 498.00

FELICIANO, JOAN 38.00 504.64

FERRANDEZ, ANA 28.00 371.84

FERRO, JOSEPHIN 70.00 929.60

GOMEZ, YOLANDA 8.00 106.24

GREENSPAN, ALIC 35.00 464.80

HUSTIU, SILVIA 6.00 79.68

JIMENEZ, EUGENI 78.50 1,042.48

JOHNSON, DOROTH 64.00 79.68

MANGRAY, KARMAD 40.00 531.20

MARTINEZ, EUGENI 78.50 1,042.48

JOHNSON, DOROTH 64.00 79.68

MARTINEZ, EMMA 36.00 478.08

MARTINEZ, EMMA 36.00 478.08

MARTINEZ, EMMA 36.00 478.08

MARTINEZ, GLORTI 56.00 473.68

MOSCICKA, JADWI 36.00 473.68

MOSCICKA, JADWI 36.00 557.76

PAZIOULIS, KLEC 55.00 332.00

NEMBOLD, RAMONA 25.00 332.00

NISHIMURA, ALBE 7.00 956.16

NUNEZ, ANGELINA 20.00 557.76

PAZIOULIS, GEOR 42.00 557.76

PAZIOULIS, GEOR INVOICE# DATE CUST NO CUSTOMER NAME REFERENCE HOURS TAX AMT AMOUNT TYP SURPLUS 185083 332.00 I 2/17/12 000010 GUILDNET 265.60 I 185084 2/17/12 000010 GUILDNET 2/17/12 185085 000010 GUILDNET 185086 2/17/12 000010 GUILDNET GUILDNET 185087 2/17/12 000010 GUILDNET 185088 2/17/12 000010 185089 2/17/12 000010 GUILDNET 185090 2/17/12 000010 GUILDNET 2/17/12 185091 000010 GUILDNET 185092 2/17/12 000010 GUILDNET 185093 2/17/12 000010 GUILDNET GUILDNET 185094 2/17/12 000010 185095 2/17/12 000010 GUILDNET 185096 2/17/12 000010 GUILDNET 185097 2/17/12 000010 GUILDNET 185098 2/17/12 000010 GUILDNET 185099 2/17/12 000010 GUILDNET 185100 2/10/12 000010 GUILDNET 185101 2/17/12 000010 GUILDNET 185102 2/17/12 000010 GUILDNET 185103 2/17/12 GUILDNET 000010 185104 2/17/12 GUILDNET 000010 185105 2/17/12 000010 GUILDNET 185106 2/17/12 000010 GUILDNET 185107 2/17/12 000010 GUILDNET 185108 2/17/12 000010 GUILDNET 185109 2/17/12 000010 GUILDNET 185110 2/17/12 000010 GUILDNET 12/30/11 185111 000010 GUILDNET 185112 2/17/12 000010 GUILDNET 185113 2/17/12 000010 GUILDNET 185114 2/17/12 000010 GUILDNET 185115 2/17/12 000010 GUILDNET 185116 1/20/12 000010 GUILDNET 185117 2/17/12 000010 GUILDNET 185118 2/17/12 000010 GUILDNET 185119 2/17/12 000010 GUILDNET 185120 2/17/12 000010 GUILDNET 185121 2/17/12 000010 GUILDNET 185122 000010 GUILDNET 2/17/12 185123 2/17/12 000010 GUILDNET 185124 GUILDNET 2/17/12 000010 185125 GUILDNET 2/17/12 000010 185126 2/17/12 000010 GUILDNET 185127 2/17/12 000010 GUILDNET 185128 2/17/12 000010 GUILDNET 185129 2/17/12 000010 GUILDNET 185130 2/17/12 000010 GUILDNET

2/17/12 000010 GUILDNET

185131

			YSIDE CITYWIDE SUNNYSIDE CITYWIDE	REG NY NY			PAGE 2 GUI GUILDNET	- 30)6
SALES URN	11 # 0209	TOC 001	SUNNISIDE CITIWIDE	REG NY NY S A L E S R E G I S T E R			BILL WEEK END	OING	2/24/12
INVOICE#	DATE	CUST NO	CUSTOMER NAME	REFERENCE	HOURS	TAX AMT	AMOUNT	TYP	SURPLUS
185132	2/17/12	000010	GUILDNET	ROJAS, ANGEL	15.00		199.20	I	
185133	2/17/12	000010	GUILDNET	ROJAS, HAYDEE			265.60	I	
185134	2/17/12	000010	GUILDNET	RUBIANO, MARIA			212.48	I	
185135	2/17/12	000010	GUILDNET				810.08	I	
				SALJANIN, DILJA	42.00				
185136 185137	2/17/12	000010	GUILDNET	SANCHEZ, ELIZAB			571.04		
	2/17/12	000010	GUILDNET	SHELTON, AGUEDA			464.80		
185138	2/17/12	000010	GUILDNET	SOMRAJ, UMILLA TOROSSIAN, PARI	4.00		53.12		
185139	2/17/12	000010	GUILDNET				332.00		
185140	2/17/12	000010	GUILDNET	VILLACRES, LUZ			99.60		
185141	2/17/12	000010	GUILDNET	VLAHOS, MARIE			929.60	Ţ	
185142	2/17/12	000010	GUILDNET	WEISZ, KLARA			106.24	Τ_	
185143	2/17/12	000010	GUILDNET	WHITLEY, MYRNA	20.00		265.60	I	
185144	2/17/12	000010	GUILDNET	YI, CARLOS			318.72	I	
185145	2/17/12	000010	GUILDNET	YIANTSELIS, VIR	7.00		1,260.00	I	
185146	2/17/12	000010	GUILDNET	ZARE, GLORIA			318.72	I	
185147	2/17/12	000010	GUILDNET	ZARE, GLORIA			640.76	I	
185148	2/17/12	000010	GUILDNET	ZUMAETA, FANNY	64.00		849.92	I	
				CUSTOMER	2,218.50	0.00	34,129.84		
				CATEGORY :	2,218.50	0.00	34,129.84		

RUN DATE	02/22/12	- SUP SUNN	YSIDE CITYWIDE	REGNY NY SALES REGISTER			PAGE 1 -	30	7
SALES JR	NL # 0269	LOC 001	SUNNYSIDE CITYWIDE	REG NY NY			HFS HEALTH FIR	ST	
				SALES REGISTER	2		BILL WEEK ENDI	NG	2/24/12
		CITCE NO	CHOROMED NAME	DEFEDENCE	HOHDG	max avm	AMOTINE E	17D	GIIDDI IIG
INVOICE#	DATE	CUST NO	CUSTOMER NAME	REFERENCE	HOURS	TAX AMT	AMOUNT T	YP	SURPLUS
185149	12/23/11	000122	HEALTH FIRST	AIIER BARBARA	1 50		25 32	т	
185150	2/17/12	000122	HEALTH FIRST	BEGUM, MANWARA	24.00		405.12	I	
185151	2/17/12	000122	HEALTH FIRST	BHAIRO, KOWSILI	56.00		945.28	I	
185152	2/17/12	000122	HEALTH FIRST	BOCHENEC, JOLAN	36.00		607.68	I	
185153	2/17/12	000122	HEALTH FIRST	CARMONA, LUZ	39.00		658.32	I	
185154	2/17/12	000122	HEALTH FIRST	CARRION, MARIA	48.00		810.24	I	
185155	2/17/12	000122	HEALTH FIRST	CEBALLOS, ANA	29.00		489.52	I	
185156	2/17/12	000122	HEALTH FIRST	CHARITAR, RAMKA	20.00		337.60	I	
185157	2/17/12	000122	HEALTH FIRST	CORTES DE GALIN	30.00		506.40	I	
185158	2/17/12	000122	HEALTH FIRST	DENNISON, KELVI	20.00		337.60	I	
185159	2/17/12	000122	HEALTH FIRST	DORNELLAS, STEL	22.00		371.36	I	
185160	2/03/12	000122	HEALTH FIRST	ESPAILLAT, AMPA	32.00		540.16	I	
185161	2/17/12	000122	HEALTH FIRST	ESTEVES, JOSE	63.00		1,063.44	I	
185162	2/17/12	000122	HEALTH FIRST	FERGERSON, TINA	35.00		590.80	I	
185163	2/17/12	000122	HEALTH FIRST	FERRERA, FRANCI	12.00		202.56	I	
185164	2/17/12	000122	HEALTH FIRST	FONTANES, PEDRO	36.00		607.68	I	
185165	2/17/12	000122	HEALTH FIRST	FRANCISCO, RICH	56.00		945.28	I	
185166	2/17/12	000122	HEALTH FIRST	FRIAS, BARBARA	12.00		202.56	I	
185167	2/17/12	000122	HEALTH FIRST	HENRY, BRENDA	4.00		67.52	I	
185168	2/03/12	000122	HEALTH FIRST	HERRING, CHARLE	12.00		202.56	I	
185169	2/17/12	000122	HEALTH FIRST	KAUR, HARBANS	48.00		810.24	I	
185170	2/17/12	000122	HEALTH FIRST	LARA, TOMASA	28.00		472.64	I	
185171	2/17/12	000122	HEALTH FIRST	LAZALA, GLADYS	84.00		1,417.92	I	
185172	2/17/12	000122	HEALTH FIRST	LOPEZ-RAMIREZ,	75.00		1,266.00	I	
185173	2/17/12	000122	HEALTH FIRST	MACARENA, SAHAR	63.00		1,063.44	I	
185174	2/17/12	000122	HEALTH FIRST	MARTIN, ARIANA	12.00		202.56	I	
185175	2/17/12	000122	HEALTH FIRST	ORTIZ, TULA	25.00		422.00	Τ	
185176	2/17/12	000122	HEALTH FIRST	RIVERA, CHRISTO	21.00		354.48	Τ	
185177	2/17/12	000122	HEALTH FIRST	RIVERA, EDDIE	21.00		354.48	_ _	
185178 185179	2/17/12	000122	HEALTH FIRST	RODRIGUEZ, MARG	20.00		337.60	⊥	
	2/17/12	000122	HEALTH FIRST	RUIZ JR, SAMUEL	17.00		286.96	<u>_</u>	
185180 185181	2/17/12 2/17/12	000122	HEALTH FIRST	SALAZAR, LUZ MA	56.00		945.28	<u>_</u>	
185181		000122	HEALIH FIRSI	SALHUANA, YULAN	40.00		422.00	<u>_</u>	
185182	2/17/12	000122	HEALIH FIRSI	SPIVEY, PAIRICI	Z5.00		422.00	<u>_</u>	
185183	2/17/12 2/03/12	000122 000122	DEVILL LIKOI	SI KUMAINE, CLA	33.00		9/9.04 5/0 16	_ _	
185185	2/03/12	000122	UPALIU LIKSI	TETADA DAIITA	32.00		540.16	⊥ ⊤	
185186	2/17/12	000122	HEVITH EIVSI	WILLIAMS PODME	12.00		202.10	<u>+</u> T	
103100	2/1//12	000122	HEALIH FIRSI	WILLIAMS, KODNE	12.00		202.50		
				CUSTOMER	1,256.50	0.00	21,209.72		
				AUER, BARBARA BEGUM, MANWARA BHAIRO, KOWSILI BOCHENEC, JOLAN CARMONA, LUZ CARRION, MARIA CEBALLOS, ANA CHARITAR, RAMKA CORTES DE GALIN DENNISON, KELVI DORNELLAS, STEL ESPAILLAT, AMPA ESTEVES, JOSE FERGERSON, TINA FERRERA, FRANCI FONTANES, PEDRO FRANCISCO, RICH FRIAS, BARBARA HENRY, BRENDA HERRING, CHARLE KAUR, HARBANS LARA, TOMASA LAZALA, GLADYS LOPEZ-RAMIREZ, MACARENA, SAHAR MARTIN, ARIANA ORTIZ, TULA RIVERA, CHRISTO 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 WILLIAMS, RODNE	1,256.50	0.00	21,209.72		
1									

RUN DATE 02/22/1	2 - SUP SUN	NYSIDE CITYWIDE SUNNYSIDE CITYWIDE REG S A L E				PAGE 1	- 30	08
SALES JRNL # 026	9 LOC 001	SUNNYSIDE CITYWIDE REG	NY NY			NHP NEIGHBORE	HOOD I	HEALTH
		SALE	S REGISTE	R		BILL WEEK ENI	DING	2/24/12
INVOICE# DATE	CUST NO	CUSTOMER NAME	REFERENCE	HOURS	TAX AMT	AMOUNT	TYP	SURPLUS
105107 0/10/1	000100	NEIGHBORHOOD HEALTH PROVIDERS	3110400 11043.03	0 00		125 04	-	
185187 2/10/1 185188 2/17/1	2 000120	NEIGHBURHOOD HEALTH PROVIDERS	AHMED, UMAKA	8.UU 4F 00		750.60		
	2 000120	NEIGHBURHOUD HEALIH PROVIDERS	ARHIER, SELINA	45.00		/59.00		
185189 2/17/1	2 000120	NEIGHBORHOOD HEALTH PROVIDERS	ARDITIO, PATRIC	24.00		405.12	Τ_	
185190 2/17/1	2 000120	NEIGHBORHOOD HEALTH PROVIDERS	BRATHWAITE, DON	27.00		455.76		
185191 2/17/1	2 000120	NEIGHBORHOOD HEALTH PROVIDERS	CHUKWUJIORAH, T	50.00		844.00	Τ.	
185192 2/17/1	2 000120	NEIGHBORHOOD HEALTH PROVIDERS	DIAZ, CARMEN	20.00		337.60	I	
185193 2/17/1	2 000120	NEIGHBORHOOD HEALTH PROVIDERS	FERNANDEZ, MARI	12.00		202.56	I	
185194 2/17/1	2 000120	NEIGHBORHOOD HEALTH PROVIDERS	FLORES, MARITZA	70.00		1,181.60	I	
185195 2/17/1	2 000120	NEIGHBORHOOD HEALTH PROVIDERS	JONES, CYNTHIA	45.00		759.60	I	
185196 2/17/1	2 000120	NEIGHBORHOOD HEALTH PROVIDERS	KHALIL, RASHAN	28.00		472.64	I	
185197 2/17/1	2 000120	NEIGHBORHOOD HEALTH PROVIDERS	KHAN, FARUQUE	30.00		506.40	I	
185198 2/10/1	2 000120	NEIGHBORHOOD HEALTH PROVIDERS	KROLL, KATHERIN	42.00		708.96	I	
185199 2/17/1	2 000120	NEIGHBORHOOD HEALTH PROVIDERS	MORALES, EDWIN	42.00		708.96	I	
185200 2/17/1	2 000120	NEIGHBORHOOD HEALTH PROVIDERS	MOSKOWITZ, RONA	29.50		497.96	I	
185201 2/17/1	2 000120	NEIGHBORHOOD HEALTH PROVIDERS	OCASIO, VIRGINI	22.00		371.36	I	
185202 2/17/1	2 000120	NEIGHBORHOOD HEALTH PROVIDERS	RODRIGUEZ, MARI	8.00		135.04	I	
185203 2/17/1	2 000120	NEIGHBORHOOD HEALTH PROVIDERS	SALVATO, MARY	37.25		628.78	I	
185204 2/17/1	2 000120	NEIGHBORHOOD HEALTH PROVIDERS	SANCHEZ, CHRIST	8.00		135.04	I	
185205 2/17/1	2 000120	NEIGHBORHOOD HEALTH PROVIDERS	SCOTT, MICHAEL	40.00		675.20	I	
185206 2/17/1	2 000120	NEIGHBORHOOD HEALTH PROVIDERS	SHEPPARD, ERMA	20.00		337.60	I	
185207 2/17/1	2 000120	NEIGHBORHOOD HEALTH PROVIDERS	WELLS, WYNORIA	16.00		270.08	I	
185208 2/17/1	2 000120	NEIGHBORHOOD HEALTH PROVIDERS	WILSON, SHERYL	30.00		506.40	Ī	
, ,								
			CUSTOMER	653.75	0.00	11,035.30		
				 6E2 7E	0.00	11,035.30		
			CALEGORY	053.75	0.00	11,035.30		

RUN DATE SALES JRN	- , ,	- SUP SUNN	YSIDE CITYWIDE SUNNYSIDE CITYWIDE	REG NY NY			PAGE 1 - FID NY CATHOLI	505
	.2 0203	200 001	SOMITED OF THE	SALES REGISTER			BILL WEEK ENDI	- ,
INVOICE#	DATE	CUST NO	CUSTOMER NAME	REFERENCE	HOURS	TAX AMT	AMOUNT T	YP SURPLUS
185209	2/17/12	000126	NYS CATHOLIC/FIDELIS	BATISTA, JOSE	61.00		1,029.68	I
185210	2/17/12	000126	NYS CATHOLIC/FIDELIS	GIL, ALICIA M	35.00		590.80	I
185211	2/17/12	000126	NYS CATHOLIC/FIDELIS	LITMAN, GAIL	25.00		422.00	I
185212	2/17/12	000126	NYS CATHOLIC/FIDELIS	MARTINEZ, LUISA	84.00		1,417.92	I
185213	2/17/12	000126	NYS CATHOLIC/FIDELIS	PANOS, DESPINA	63.00		1,063.44	I
185214	2/17/12	000126	NYS CATHOLIC/FIDELIS	ROMERO AYALA, A	40.00		675.20	I
185215	2/17/12	000126	NYS CATHOLIC/FIDELIS	SAMOJEDNY, MICH	40.00		675.20	I
185216	2/17/12	000126	NYS CATHOLIC/FIDELIS	SZE, BECKY	33.00		557.04	I
				CUSTOMER	381.00	0.00	6,431.28	
				CATEGORY	381.00	0.00	6,431.28	

RUN DATE SALES JRN		- SUP SUNN	YSIDE CITYWIDE SUNNYSIDE CITYWIDE	REG NY NY			PAGE 1 UHC UNITED HE	- 31	0
BALLS OR	ш н одор	100 001	SOUNTSIDE CITIWIDE	SALES REGISTER			BILL WEEK END		2/24/12
INVOICE#	DATE	CUST NO	CUSTOMER NAME	REFERENCE	HOURS	TAX AMT	AMOUNT	TYP	SURPLUS
185217	2/17/12	000128	UNITED HEALTH CARE	CALDERON, MIGDA	49.00		840.84	I	
185218	2/17/12	000128	UNITED HEALTH CARE	MILLAN, ARMIDA	38.00		652.08	I	
185219	2/17/12	000128	UNITED HEALTH CARE	MUSHAYEV, BORIS	56.00		960.96	I	
185220	2/17/12	000128	UNITED HEALTH CARE	SAFOS, PATRA	56.00		960.96	I	
185221	2/17/12	000128	UNITED HEALTH CARE	SANTOS, MILAGRO	20.00		343.20	I	
185222	2/17/12	000128	UNITED HEALTH CARE	YUSUPOV, PULAT	28.00		480.48	I	
185223	2/17/12	000128	UNITED HEALTH CARE	ZANE, GEORGE	12.00		205.92	I	
				CUSTOMER	259.00	0.00	4,444.44		
				CATEGORY	259.00	0.00	4,444.44		

RUN DATE SALES JRN		- SUP SUNN	YSIDE CITYWIDE SUNNYSIDE CITYWIDE	REG NY NY			PAGE 1 EHP EMBLEM H	- 31 EALTH	11
				SALES REGISTER			BILL WEEK EN	DING	2/24/12
INVOICE#	DATE	CUST NO	CUSTOMER NAME	REFERENCE	HOURS	TAX AMT	AMOUNT	TYP	SURPLUS
185224	2/17/12	000114	EMBLEM HEALTH	COPE, WILLIE	84.00		1,176.00	I	
185225	2/17/12	000114	EMBLEM HEALTH	COPELAND, ELISE	29.75		423.94	I	
185226	2/17/12	000114	EMBLEM HEALTH	GAFFNEY, FREDER	20.00		280.00	I	
185227	2/17/12	000114	EMBLEM HEALTH	KEATON, CATHERI	84.00		1,176.00	I	
185228	2/17/12	000114	EMBLEM HEALTH	REYNOLDS, HARRI	12.00		168.00	I	
185229	2/17/12	000114	EMBLEM HEALTH	WESTFIELD, BREN	56.00		784.00	I	
				CUSTOMER	285.75	0.00	4,007.94		
				CATEGORY	 285.75	0.00	4,007.94		

	02/22/12 - IL # 0269			EG NY NY ES REGISTER			HIP HEALTH I		NCE PLAN
			S A L	E S R E G I S T E R			BILL WEEK EN	DING	2/24/12
INVOICE#	DATE	CUST NO	CUSTOMER NAME	REFERENCE	HOURS	TAX AMT	AMOUNT	TYP	SURPLUS
185230	2/17/12	000136	HEALTH INSURANCE PLAN OF NY	AHMAD, AMATUL	14.00		236.32	I	
185231	2/17/12	000136	HEALTH INSURANCE PLAN OF NY	BORLAZA, FRANCI	36.00		607.68	I	
185232	2/17/12	000136	HEALTH INSURANCE PLAN OF NY	BORLAZA, FRANCI	84.00		1,417.92	I	
185233	2/17/12	000136	HEALTH INSURANCE PLAN OF NY	CIPRIAN, JACQUE	4.00		67.52	I	
185234	2/17/12	000136	HEALTH INSURANCE PLAN OF NY	DE JESUS, TIBUR	43.00		725.84	I	
185235	2/17/12	000136	HEALTH INSURANCE PLAN OF NY	GOMES, AGUSTINA	53.00		894.64	I	
185236	2/17/12	000136	HEALTH INSURANCE PLAN OF NY	LOYOLA, MARIA	45.00		759.60	I	
185237	2/17/12	000136	HEALTH INSURANCE PLAN OF NY	ORR, LOUISE	35.00		590.80	I	
185238	2/17/12	000136	HEALTH INSURANCE PLAN OF NY	PARADISE, ANITA	24.00		405.12	I	
185239	2/17/12	000136	HEALTH INSURANCE PLAN OF NY	SHAH, HANSIKABE	4.00		67.52	I	
185240	2/17/12	000136	HEALTH INSURANCE PLAN OF NY	TOWLES, ADA	16.00		270.08	I	
185241	2/17/12	000136	HEALTH INSURANCE PLAN OF NY	WILLIAMS, DIANE	19.75		333.38	I	
185242	2/17/12	000136	HEALTH INSURANCE PLAN OF NY	ZAMBRANO, ZOILA	12.00		202.56	I	
				CUSTOMER	389.75	0.00	6,578.98		
				CATEGORY	389.75	0.00	6,578.98		

RUN DATE 02/2 SALES JRNL #	2/12 - SUP SUNN 0269 LOC 001	YSIDE CITYWIDE SUNNYSIDE CITYWIDE	REG NY NY SALES REGISTER			PAGE 1 - 3 HPS HEALTH PLUS BILL WEEK ENDING	2/24/12
INVOICE# DA	TE CUST NO	CUSTOMER NAME	REFERENCE	HOURS	TAX AMT	AMOUNT TYP	SURPLUS
185244 2/1 185245 2/1	7/12 000138 7/12 000138 0/12 000138 0/12 000138	HEALTH PLUS PHSP,INC HEALTH PLUS PHSP,INC HEALTH PLUS PHSP,INC HEALTH PLUS PHSP,INC	HARDING, EDNA VEGA, GLORIA WALTERS, BYRON YOUNG, KALEILE	30.00 35.00 47.00 34.00		510.00 I 595.00 I 799.00 I 578.00 I	
			CUSTOMER	146.00	0.00	2,482.00	
			CATEGORY	146.00	0.00	2,482.00	

RUN DATE	02/22/12 -	- SUP SUNN	YSIDE CITYWIDE				PAGE 1 - 31	.4
SALES JRN	rL # 0269	LOC 001	SUNNYSIDE CITYWIDE	REG NY NY			AFF AFFINITY HEALT	'H PLUS
				SALES REGISTER			BILL WEEK ENDING	2/24/12
INVOICE#	DATE	CUST NO	CUSTOMER NAME	REFERENCE	HOURS	TAX AMT	AMOUNT TYP	SURPLUS
185247	2/17/12	000142	AFFINITY HEALTH PLUS	PURNELL, ROSE M	28.00		672.00 I	
				CATEGORY	28.00	0.00	672.00	

			YSIDE CITYWIDE	REG NY NY SALES REGISTER			PAGE 1 -	315
SALES JRN	IL # 0269	LOC 001	SUNNYSIDE CITYWIDE	REG NY NY			MPH METROPLUS H	EALTH
				SALES REGISTER			BILL WEEK ENDIR	NG 2/24/12
TMTOTOTH	DATE	CUST NO	CUSTOMER NAME	DEFEDENCE	HOHDG	max amm	AMOTINE ES	AD GIIDDI IIG
INVOICE#	DAIL						AMOUNT TY	YP SURPLUS
185248	2/17/12	000130	METROPLUS HEALTH	ABBAS, SENOWARA ANDERSON, BETH ARIAS, NORA BEDOYA, MONICA BRACERO, HELEN BRIGGS, LOUIS CHAPMAN, ESTREL CORDERO, ROSEND DAVIS, ANGIE DEWANJEE, MIRA DURHAM, CYNTHIA GALAS, TERESA MANIACI, VINCEN MURDOCK, GERTRU PERSAD, USHA PUCHUELA, MARIA RAMPERSAID, ALI RYALS, CHARLES SANTORO, MATTHE	82.00		1,406.30	-
185249	2/17/12	000130	METROPLUS HEALTH	ANDERSON, BETH	42.00		720.30	-
185250	2/17/12	000130	METROPLUS HEALTH	ARIAS, NORA	68.00		1,166.20	· -
185251	2/17/12	000130	METROPLUS HEALTH	BEDOYA, MONICA	35.00		600.25	
185252	2/17/12	000130	METROPLUS HEALTH	BRACERO, HELEN	22.00		377.30 I	:
185253	2/17/12	000130	METROPLUS HEALTH	BRIGGS, LOUIS	77.00		1,320.55	
185254	2/17/12	000130	METROPLUS HEALTH	CHAPMAN, ESTREL	15.00		257.25 I	
185255	2/17/12	000130	METROPLUS HEALTH	CORDERO, ROSEND	66.00		1,131.90	
185256	2/17/12	000130	METROPLUS HEALTH	DAVIS, ANGIE	109.00		1,869.35	
185257	2/17/12	000130	METROPLUS HEALTH	DEWANJEE, MIRA	20.00		343.00 I	
185258	2/17/12	000130	METROPLUS HEALTH	DURHAM, CYNTHIA	8.00		137.20	
185259	2/17/12	000130	METROPLUS HEALTH	GALAS, TERESA	36.00		617.40	
185260	2/10/12	000130	METROPLUS HEALTH	MANIACI, VINCEN	96.00		1,646.40	-
185261	2/17/12	000130	METROPLUS HEALTH	MURDOCK, GERTRU	32.00		548.80	-
185262	2/17/12	000130	METROPLUS HEALTH	PERSAD, USHA	71.00		1,217.65	-
185263	2/17/12	000130	METROPLUS HEALTH	PUCHUELA, MARIA	56.00		960.40	-
185264	2/17/12	000130	METROPLUS HEALTH	RAMPERSAID, ALI	24.00		411.60	-
185265	2/17/12	000130	METROPLUS HEALTH	RYALS, CHARLES	29.00		497.35	-
185266	2/10/12	000130	METROPLUS HEALTH	SANTORO, MATTHE	72.00		1,234.80	-
185267	2/17/12	000130	METROPLUS HEALTH	MANIACI, VINCEN MURDOCK, GERTRU PERSAD, USHA PUCHUELA, MARIA RAMPERSAID, ALI RYALS, CHARLES SANTORO, MATTHE VALLE, BLASINA	24.00		411.60	• -
				CUSTOMER			16,875.60	
				CATEGORY	984.00	0.00	16,875.60	

RUN DATE	02/22/12 -	- SUP SUNN	YSIDE CITYWIDE					PAGE 1	- 31	L6
SALES JRN	L # 0269	LOC 001	SUNNYSIDE CITYWIDE	REG	NY NY			WEL WELCARE OF NY		
				SALE	S REGISTE	R		BILL WEEK EN	DING	2/24/12
INVOICE#	DATE	CUST NO	CUSTOMER NAME		REFERENCE	HOURS	TAX AMT	AMOUNT	TYP	SURPLUS
185268	2/17/12	000124	WELCARE OF NEW YORK,	INC.	GENAO, DANIELA	55.00		946.00	I	
185269	2/17/12	000124	WELCARE OF NEW YORK,	INC.	MARTINEZ, MARIA	42.00		722.40	I	
185270	2/17/12	000124	WELCARE OF NEW YORK,	INC.	PEREZ, MAURA	70.00		1,204.00	I	
185271	2/17/12	000124	WELCARE OF NEW YORK,	INC.	RAMIREZ, ALIDA	54.00		928.80	I	
					CUSTOMER	221.00	0.00	3,801.20		
					CATEGORY	221.00	0.00	3,801.20		

			YSIDE CITYWIDE						- 317
SALES JRN	L # 0269	LOC 001	SUNNYSIDE CITYWIDE	REG I				NPS NY PRESBYT	
				SALES	S REGISTER			BILL WEEK ENDI	ING 2/24/12
INVOICE#	DATE	CUST NO	CUSTOMER NAME		REFERENCE	HOURS	TAX AMT	AMOUNT T	YP SURPLUS
185272	2/17/12	000134	NY-PRESBYTERIAN SYSTEM	1 SELECT	KARASSAVIDIS, A	35.00		600.60	I
					CATEGORY	35.00	0.00	600.60	

RUN DATE 02/ SALES JRNL #	/22/12 - SUP SUNN # 0269 LOC 001	YSIDE CITYWIDE SUNNYSIDE CITYWIDE	REG NY NY SALES REGISTE	R		PAGE 1 - AMG AMERIGROUE BILL WEEK ENDI)
INVOICE# I	DATE CUST NO	CUSTOMER NAME	REFERENCE	HOURS	TAX AMT	AMOUNT T	YP SURPLUS
185274 2/	/17/12 000132 /17/12 000132 /17/12 000132	AMERIGROUP AMERIGROUP AMERIGROUP	FERNANDEZ, NORK GUERRA, LORRAIN PRUITT, JOHNNY	42.00 70.00 8.00		708.54 1,180.90 135.04	I I I
			CUSTOMER	120.00	0.00	2,024.48	
			CATEGORY	120.00	0.00	2,024.48	

			YSIDE CITYWIDE					- 33	19
SALES JRN	NL # 0269	LOC 001	SUNNYSIDE CITYWIDE REG				PAR PRIVATE		
			S A L E	S REGISTER			BILL WEEK EN	DING	2/24/12
INVOICE#	DATE	CUST NO	CUSTOMER NAME	REFERENCE	HOURS	TAX AMT	AMOUNT	TYP	SURPLUS
185276	2/17/12	000002	SUNNYSIDE COMMUNITY SERVICES	BURY, GLADYS	4.00		58.00	I	
185277	2/17/12	000002	SUNNYSIDE COMMUNITY SERVICES	BUTLER, MARY			108.75	I	
185278	2/17/12	000002	SUNNYSIDE COMMUNITY SERVICES	GRECH, JANE	6.00		87.00	I	
185279	2/17/12	000002	SUNNYSIDE COMMUNITY SERVICES	KRITSONIS-KOLLA	3.75		54.38	I	
185280	2/17/12	000002	SUNNYSIDE COMMUNITY SERVICES	MOSCOSO, MARIA	4.00		58.00	I	
185281	2/17/12	000002	SUNNYSIDE COMMUNITY SERVICES	MOSCOSO, TIRSO	4.00		58.00	I	
185282	2/17/12	000002	SUNNYSIDE COMMUNITY SERVICES	SAK, FIRDEVS	3.75		54.38	I	
				CUSTOMER	33.00	0.00	478.51		
185283	2/17/12	000040	DUISIN, CHRISTINE	DUISIN, XENIA	20.00		310.00	I	
185284	2/17/12	000049	ELIZABETH SETON PEDIATRIC CTR	DIOP, SERIGNE	20.00		275.80	I	
185285	2/17/12	000049	ELIZABETH SETON PEDIATRIC CTR		12.00		165.48	Ī	
	_, _ , ,								
				CUSTOMER	32.00	0.00	441.28		
185286	2/17/12	000069	AMY L. WELTMAN	LUSKIND, FRANCE	7.00		1,338.00	I	
185287	2/17/12	000078	MCDERMOTT, LOUISE	MCDERMOTT, LOUI	8.00		124.00	I	
				CATEGORY	100.00	0.00	2,691.79		

RUN DATE SALES JRN		- SUP SUNN LOC 001	YSIDE CITYWIDE SUNNYSIDE CITYWIDE S	REG NY NY A L E S R E G I S T E R			PAGE 1 CAS CHILDREN BILL WEEK EN		
INVOICE#	DATE	CUST NO	CUSTOMER NAME	REFERENCE	HOURS	TAX AMT	AMOUNT	TYP	SURPLUS
185288 185289 185290 185291 185292 185293 185294	2/17/12 2/17/12 2/17/12 2/17/12 2/17/12 2/17/12 2/17/12	000088 000088 000088 000088 000088 000088	CHILDREN'S AID SOCIETY	DUNNE, MYEISHA GIL, GENEVIEVE GIL, MARANGELI JOHNSON, CAMRYN REDDICK, LORENZ REDDICK, TRINIT SALAS, HELENA	25.00 2.00 2.00 19.75 23.00 20.00 23.50		387.50 31.00 31.00 306.13 356.50 310.00 364.25	I I I I I I	
				CUSTOMER	115.25	0.00	1,786.38		
				CATEGORY	115.25	0.00	1,786.38		

RUN DATE 02/22/12 - SUP SUNNYSIDE CITYWIDE SALES JRNL # 0269 LOC 001 SUNNYSIDE CITYWIDE				REG NY NY SALES REGISTER		PAGE 1 - 321 PAR PRIVATE BILL WEEK ENDING 2/24/12			
INVOICE#	DATE	CUST NO	CUSTOMER NAME	REFERENCE	HOURS	TAX AMT	AMOUNT TYP SURPLUS	S	
185295	2/17/12	000098	MILDRED PANSE	PANSE, MILDRED	16.00		248.00 I		
				CATEGORY	16.00	0.00	248.00	_	

RUN DATE SALES JRN		- SUP SUNN LOC 001	YSIDE CITYWIDE SUNNYSIDE CITYWIDE	REG NY NY SALES REGISTER			PAGE 1 - ELD ELDERSERVE BILL WEEK ENDI	HEALTH
INVOICE#	DATE	CUST NO	CUSTOMER NAME	REFERENCE	HOURS	TAX AMT	AMOUNT T	YP SURPLUS
185296 185297	2/17/12 2/17/12	000101 000101	ELDERSERVEHEALTH ELDERSERVEHEALTH	BEAN, ELMIRA BLACK, DOROTHY	18.00 20.00		243.00 270.00	I I
				CUSTOMER	38.00	0.00	513.00	
				CATEGORY	38.00	0.00	513.00	

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	YP SURPLUS
185298	2/17/12	000143	ETTORE COPPOLA	COPPOLA, ETTORE	16.00		254.00	I
185299	2/17/12	000145	LARRY EISENBERG	BERGER, TESS	53.00		848.50	I
				CATEGORY	69.00	0.00	1,102.50	

RUN DATE	02/22/12 -	- SUP SUNN	YSIDE CITYWIDE					PAGE 1	- 32	4
SALES JRN	L # 0269	LOC 001	SUNNYSIDE CITYWIDE	REG N	IY NY			CCM COMPREHEN	SIVE	CARE MGMT
				SALES	REGISTER			BILL WEEK END	ING	2/24/12
INVOICE#	DATE	CUST NO	CUSTOMER NAME		REFERENCE	HOURS	TAX AMT	AMOUNT	TYP	SURPLUS
185300	2/17/12	000150	COMPREHENSIVE CARE M	ANAGEMENT	ROSARIO, CELEST	35.00		459.20	I	
					CATEGORY	35.00	0.00	459.20		

RUN DATE SALES JRN		- SUP SUNN LOC 001	YSIDE CITYWIDE SUNNYSIDE CITYWIDE S	REG NY NY ALES REGISTI	: R		PAGE 1 PAR PRIVATE BILL WEEK ENI	- 32	2/24/12
INVOICE#	DATE	CUST NO	CUSTOMER NAME	REFERENCE	HOURS	TAX AMT	AMOUNT	TYP	SURPLUS
185301	2/17/12	000151	MICHAEL SIANO	SIANO, ANDREW	12.00		162.00	I	
185302	2/17/12	000153	PATRICIA RUECKHER	RUECKHER, PATRI	15.00		232.50	I	
185303	2/17/12	000155	ROSEMARY JIBAJA	JIBAJA, ROSEMAR	168.00		2,676.00	I	
185304	2/17/12	002215	KEITH SALMON	LAWRANCE, LILLA	16.00		260.00	I	
185305	2/17/12	003108	NIGRO, CATHERINE	NIGRO, CATHERIN	16.00		248.00	I	
185306	2/17/12	003743	VICTOR NICASSIO	NICASSIO, VICTO	6.00		93.00	I	
185307	2/17/12	004784	CAMILLERI, JOSEPH	CAMILLERI, JOSE	15.00		202.50	I	
185308	2/17/12	006337	STEPHEN EDEL	EDEL, CANDACE	80.75		1,275.63	I	
185309	2/17/12	007521	DOROTHY GILBERT	GILBERT, DOROTH	34.50		540.75	I	
185310	2/17/12	007630	MAUREEN MAIORANA	MAIORANA, MAURE	8.00		130.00	I	
185311	2/17/12	007631	MICHAEL MAIRANO	MAIORANA, MICHE	11.50		186.88	I	
185312	2/17/12	007883	ABBAMONTE, RUTH	ABBAMONTE, RUTH	6.00		99.00	I	
185313	2/17/12	009036	MR. FERNANDO RIVERA	RIVERA, ALCIRA	9.00		139.50	I	
185314	2/17/12	009498	LOUIS LE NOACH	LENOACH, LOUIS	9.00		148.50	I	
185315	2/17/12	009566	ELIZABETH CERNY	CERNY, ELIZABET	9.00		139.50	I	
185316	2/17/12	009605	OLGA OBYMAKO	OBYMAKO, OLGA	6.00		93.00	I	
185317 185318	2/03/12 2/17/12	009752 009752	PETER CAPORASO PETER CAPORASO	CAPORASO, VINCE CAPORASO, VINCE	12.00 24.00		204.00 408.00	I	
				CUSTOMER	36.00	0.00	612.00		
185319	2/17/12	009788	ARIADNI GLYPTIS	GLYPTIS, ARIADN	3.00		46.50	I	
185320	2/17/12	009801	JOSEPH HEPPT	HEPPT, EDWARD	84.00		1,338.00	I	
185321	2/17/12	009854	HELEN TAYLOR	HERNANDEZ, FRAN	4.00		62.00	I	
185322	2/17/12	009857	ALZHEIMER'S ASSOCIATION	,NYC MARTIN, RUTH	8.00		124.00	I	
185323	2/17/12	997760	MARASA, ANTONIO	MARASA, ANTONIO	6.00		81.00	I	
185324	2/10/12	997971	SUNNYSIDE, USAGE	SUNNYSIDE, USAG	1.50		23.37	I	
				CATEGORY	564.25	0.00	8,913.63		
				LOCATION	21,881.00		334,221.16		
				COMPANY	21,881.00	0.00	334,221.16		

RUN DATE 02/22/12 - SUP SUNNYSIDE CITYWIDE PAGE 1 - 326

SALES JRNL # 0269 LOC 001 SUNNYSIDE CITYWIDE REG NY NY PAR PRIVATE
SALES REGISTER BILL WEEK ENDING 2/24/12

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

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