ALTH PARTNERS

ALTH PARTNERS

BROOKS, NA1.

CARRILLO, MARI.

HEALTH PARTNERS

OCLON, RAYMUNDA

AR HEALTH PARTNERS

OLOON, RAYMUNDA

AR HEALTH PARTNERS

DABU, JUANITA

LOR HEALTH PARTNERS

FENTON, JESSIE

SENIOR HEALTH PARTNERS

GRAFSTEIN, LILL

SENIOR HEALTH PARTNERS

HARIDIN, KHAMAT

33.00

J82

SENIOR HEALTH PARTNERS

HARIDIN, RAMDIA

135.00

VERS

TOR HEALTH PARTNERS

HARIDIN, RAMDIA

135.00

HEALTH PARTNERS

HARIDIN, RAMDIA

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TOR HEALTH PARTNERS

HARIDIN, RAMDIA

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SENIOR HEALTH PARTNERS

SENIOR HEALTH PARTNERS

TOR HEALTH PARTNERS

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VERS

VASQUEZ, CORNEL

VASQUEZ, CORNEL

VASQUEZ, CORNEL

VOO, LUZ

CUSTOM'

CP RUN DATE 01/04/12 - SUP SUNNYSIDE CITYWIDE PAGE 1 - 1 SALES JRNL # 0262 LOC 001 SUNNYSIDE CITYWIDE REG NY NY SHP SENIOR HEALTH PARTNERS BILL WEEK ENDING 1/06/12 CUST NO CUSTOMER NAME INVOICE# DATE HOURS TAX AMT AMOUNT TYP SURPLUS 178598 12/30/11 000082 314.40 I 178599 12/30/11 000082 366.80 I 12/30/11 514.18 178600 000082 178601 12/30/11 000082 209.60 178602 12/30/11 000082 52.40 52.40 178603 12/30/11 000082 178604 12/30/11 000082 419.20 178605 12/30/11 000082 301.30 178606 12/30/11 000082 327.50 178607 12/30/11 000082 432.30 178608 12/30/11 000082 1,768.50 178609 12/16/11 000082 284.93 178610 12/30/11 000082 32.75 178611 12/30/11 000082 995.60 178612 12/30/11 000082 393.00 178613 12/30/11 327.50 000082 178614 12/30/11 104.80 000082 178615 12/30/11 000082 524.00 178616 12/30/11 000082 104.80 178617 12/30/11 000082 524.00 178618 12/30/11 000082 157.20 178619 12/30/11 000082 52.40 I _____ 0.00 8,259.56

CATEGORY 630.50 0.00

8,259.56

	- SUP SUNNYSIDE CITYWIDE	556 191			PAGE 1 -	2
SALES JRNL # 0262		REGNY NY SALES REGISTER			ADU ADULT BILL WEEK ENDING	1/06/12
INVOICE# DATE	CUST NO CUSTOMER NAME	REFERENCE	HOURS	TAX AMT	AMOUNT TYP	SURPLUS
178620 12/30/11	000008 VISITING NURSE SERVICE	ABBOTT, FAY	9.00		131.22 I	
		CATEGORY	9.00	0.00	131.22	

RUN DATE 01/04/12 -	- SUP SUNN	YSIDE CITYWIDE				PAGE 1	-	3
SALES JRNL # 0262	LOC 001		REG NY NY			VCP CHOICE L		
		S	SALES REGISTER			BILL WEEK EN	DING	1/06/12
INVOICE# DATE	CUST NO	CUSTOMER NAME	REFERENCE	HOURS	TAX AMT	AMOUNT	TYP	SURPLUS
178621 12/30/11	000008	VISITING NURSE SERVICE	ABINANTI, IRENE	53.00		772.74	I	
178622 12/30/11	800000	VISITING NURSE SERVICE	ABREU, ANA	8.00		116.64	I	
			CUSTOMER	61.00	0.00	889.38		
			COBTOTIEN	01.00	0.00	007.30		
			CATEGORY	61.00	0.00	889.38		

RUN DATE 01/04/12 -			DEC MY MY			PAGE 1 -	4
SALES JRNL # 0262	TOC 001		REG NY NY SALES REGISTER			LTC NURSING HOMEN BILL WEEK ENDING	· ·
INVOICE# DATE	CUST NO	CUSTOMER NAME	REFERENCE	HOURS	TAX AMT	AMOUNT TYP	SURPLUS
178623 12/30/11	800000	VISITING NURSE SERVICE	ACUNA, JOSE	35.50		517.59 I	
			CATEGORY	35.50	0.00	 517.59	

RUN DATE	01/04/12 -	- SUP SUNN	YSIDE CITYWIDE				PAGE 1	_	5
SALES JRN	NL # 0262	LOC 001	SUNNYSIDE CITYWIDE	REG NY NY			VCP CHOICE LE	ICSA	
			S	SALES REGISTER			BILL WEEK ENI	DING	1/06/12
TATTOT GELL	DAME	GHGE NO	CHOMOMED NAME	DEFEDENCE	HOHDG	max and	AMOUNT	marp.	GIID DI IIG
INVOICE#	DATE	CUST NO	CUSTOMER NAME	REFERENCE	HOURS	TAX AMT	AMOUNT	TYP	SURPLUS
178624	12/30/11	000008	VISITING NURSE SERVICE	ADAMES, OLGA	25.00		364.50	I	
178625	12/30/11	800000	VISITING NURSE SERVICE	ADAMES, RICARDO	29.25		426.47	I	
178626	12/30/11	000008	VISITING NURSE SERVICE	ADAMS, MYRIAM	69.50		1,013.31	I	
178627	12/30/11	800000	VISITING NURSE SERVICE	ADUN, JEANETTE	23.50		342.63	I	
178628	12/30/11	000008	VISITING NURSE SERVICE	AFZAL, AMIR	4.00		58.32	I	
				CUSTOMER	151.25	0.00	2,205.23		
				CATEGORY	151.25	0.00	2,205.23		
				CATEGORI	131.23	0.00	2,203.23		

RUN DATE 01/04/12 -	SUP SUNN	NYSIDE CITYWIDE				PAGE 1 -	6
SALES JRNL # 0262	LOC 001	SUNNYSIDE CITYWIDE	REG NY NY			LTC NURSING HOMEW	/O WALLS (LT
		S	ALES REGISTER			BILL WEEK ENDING	1/06/12
INVOICE# DATE	CUST NO	CUSTOMER NAME	REFERENCE	HOURS	TAX AMT	AMOUNT TYP	SURPLUS
178629 12/30/11	800000	VISITING NURSE SERVICE	AGUILAR, ZORAID	37.75		550.40 I	
			CATEGORY	37.75	0.00	550.40	

	01/04/12 NL # 0262	- SUP SUNN	YSIDE CITYWIDE SUNNYSIDE CITYWIDE	REG NY NY			PAGE 1 VCP CHOICE L	- HCSA	7
DALLED ON	ανΔ _π 0202	100 001		SALES REGISTER			BILL WEEK EN		1/06/12
INVOICE#	DATE	CUST NO	CUSTOMER NAME	REFERENCE	HOURS	TAX AMT	AMOUNT	TYP	SURPLUS
178630	12/30/11	000008	VISITING NURSE SERVICE	AGUILAR-PROCE,	6.00		87.48	I	
178631	12/30/11	800000	VISITING NURSE SERVICE	AKBAR, NASEEM	16.00		233.28	I	
178632	12/30/11	000008	VISITING NURSE SERVICE	ALFEREZ, GLORIA	25.00		364.50	I	
178633	12/30/11	000008	VISITING NURSE SERVICE	ALMANZAR, REMIG	4.00		58.32	I	
178634	12/30/11	000008	VISITING NURSE SERVICE	ANDRADE, LOLA	55.50		809.19	I	
178635	12/30/11	800000	VISITING NURSE SERVICE	ANDREWS, JOHNNI	56.00		816.48	I	
				CUSTOMER	162.50	0.00	2,369.25		
				CATEGORY	 162.50	0.00	2,369.25		

RUN DATE 01/04/12 - SALES JRNL # 0262		YSIDE CITYWIDE SUNNYSIDE CITYWIDE	REG NY NY			PAGE 1 ADU ADULT	-	8
			ALES REGISTER			BILL WEEK EN	DING	1/06/12
INVOICE# DATE	CUST NO	CUSTOMER NAME	REFERENCE	HOURS	TAX AMT	AMOUNT	TYP	SURPLUS
178636 12/30/11	800000	VISITING NURSE SERVICE	ANGRISANO, RUTH	5.00		72.90	I	
			CATEGORY	5.00	0.00	72.90		

RUN DATE 01/04/12			222				-	9
SALES JRNL # 0262	LOC 001	SUNNYSIDE CITYWIDE	REGNY NY SALES REGISTER			LTC NURSING BILL WEEK EN		1/06/12
INVOICE# DATE	CUST NO	CUSTOMER NAME	REFERENCE	HOURS	TAX AMT	AMOUNT	TYP	SURPLUS
178637 12/30/11	000008	VISITING NURSE SERVICE	ANGULO, ELCY	11.75		171.32	I	
178638 12/30/11	800000	VISITING NURSE SERVICE	ANUT, ALICE	61.00		889.38	I	
			CUSTOMER	72.75	0.00	1,060.70		
						_,		
			CATECORY	72 75	0.00	1 060 70		
			CUSTOMER CATEGORY	72.75	0.00	1,060.70		

RUN DATE 01/04/12 - SUP S					PAGE 1 - 10	
SALES JRNL # 0262 LOC 0					ADU ADULT	1 /06 /10
	SALE	S REGISTER			BILL WEEK ENDING	1/06/12
INVOICE# DATE CUST	NO CUSTOMER NAME	REFERENCE	HOURS	TAX AMT	AMOUNT TYP	SURPLUS
178639 12/30/11 00000	8 VISITING NURSE SERVICE	ANZALONE, LAWRE	9.75		142.16 I	
		CATEGORY	9.75	0.00	142.16	

	SUP SUNNYSIDE CITYWIDE LOC 001 SUNNYSIDE CITYWIDE REG NY S A L E S	Y NY REGISTER		PAGE 1 - 11 VCP CHOICE LHCSA BILL WEEK ENDING 1/06/12
INVOICE# DATE	CUST NO CUSTOMER NAME	REFERENCE	HOURS TAX AMT	AMOUNT TYP SURPLUS
178640 12/30/11	000008 VISITING NURSE SERVICE	AOUN, ODETTE	20.00	291.60 I
		CATEGORY	20.00 0.00	 291.60

	E 01/04/12 - TRNL # 0262		YSIDE CITYWIDE SUNNYSIDE CITYWIDE	REG NY NY			PAGE 1 - 1 ADU ADULT	.2
			2	SALES REGISTER			BILL WEEK ENDING	1/06/12
INVOICE	C# DATE	CUST NO	CUSTOMER NAME	REFERENCE	HOURS	TAX AMT	AMOUNT TYP	SURPLUS
178641	12/30/11	800000	VISITING NURSE SERVICE	ARIAS, CARLOTA	3.75		54.68 I	
				CATEGORY	3.75	0.00	54.68	

ı	RUN DATE 01/04/12 -	- SUP SUNN	YSIDE CITYWIDE				PAGE 1 -	13
ı	SALES JRNL # 0262	LOC 001	SUNNYSIDE CITYWIDE	REG NY NY			VCP CHOICE LHCSA	
			2	SALES REGISTER			BILL WEEK ENDING	1/06/12
	INVOICE# DATE	CUST NO	CUSTOMER NAME	REFERENCE	HOURS	TAX AMT	AMOUNT TYP	SURPLUS
	178642 12/30/11	800000	VISITING NURSE SERVICE	ARIAS, MAGDALEN	46.00		670.68 I	
				CATECORY	46 00			
				CATEGORY	46.00	0.00		

	- SUP SUNNYSIDE CITYWIDE LOC 001 SUNNYSIDE CITYWIDE	REGNY NY SALES REGISTER			PAGE 1 - 14 ADU ADULT BILL WEEK ENDING 1,	/06/12
INVOICE# DATE	CUST NO CUSTOMER NAME	REFERENCE	HOURS	TAX AMT	AMOUNT TYP ST	URPLUS
178643 12/30/11	000008 VISITING NURSE SERVICE	ASADOURIAN, COR	2.00		29.16 I	
		CATEGORY	2.00	0.00	29.16	

RUN DATE 01/04/12 SALES JRNL # 0262		SUNNYSIDE CITYWIDE	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
178644 12/09/11 178645 12/23/11 178646 12/30/11	000008 000008 000008	VISITING NURSE SERVICE VISITING NURSE SERVICE VISITING NURSE SERVICE	ASHLEY, CLYDE ASHLEY, CLYDE ASHLEY, CLYDE	7.00 14.00 35.00		102.06 204.12 510.30	I I I	
			CUSTOMER	56.00	0.00	816.48		
			CATEGORY	56.00	0.00	816.48		

RUN DATE 01/04/12 -	- SUP SUNNYSIDE C	TTYWIDE				PAGE 1	- 16	
SALES JRNL # 0262	LOC 001 SUNNY	SIDE CITYWIDE REG 1	NY NY			VCP CHOICE LH	CSA	
		SALE	S REGISTER			BILL WEEK END	ING 1,	/06/12
INVOICE# DATE	CUST NO CUSTOM	ER NAME	REFERENCE	HOURS	TAX AMT	AMOUNT '	ryp st	URPLUS
178647 12/30/11	000008 VISITI	NG NURSE SERVICE	AVILA, ENIDIA	16.00		233.28	I	
			CATEGORY	16.00	0.00	233.28		

RUN DATE 01/04/12 - SALES JRNL # 0262		REG NY NY SALES REGISTER			ADU ADULT	1/06/12
INVOICE# DATE	CUST NO CUSTOMER NAME	REFERENCE	HOURS	TAX AMT	AMOUNT TYP	SURPLUS
178648 12/30/11	000008 VISITING NURSE SERVICE	BADILLO, JOVITA	8.00		116.64 I	
		CATEGORY	8.00	0.00	 116.64	

	SUP SUNNYSIDE CITYWIDE LOC 001 SUNNYSIDE CITYWIDE	REG NY NY			PAGE 1 - VCP CHOICE LHCSA	
SALES URNL # 0202	LOC UUI SUNNISIDE CIIIWIDE	SALES REGISTER			BILL WEEK ENDING	
INVOICE# DATE	CUST NO CUSTOMER NAME	REFERENCE	HOURS	TAX AMT	AMOUNT TYPE	SURPLUS
178649 12/30/11	000008 VISITING NURSE SERVICE	E BAEZ, JUAN	32.50		473.85 I	
		CATEGORY	32.50	0.00	473.85	

RUN DATE 01/0	04/12 - SUP SUNN	YSIDE CITYWIDE				PAGE 1	- 1	.9
SALES JRNL #	0262 LOC 001	SUNNYSIDE CITYWIDE	REG NY NY			LTC NURSING H	HOMEW/	O WALLS (LT
		S	ALES REGISTER			BILL WEEK EN	DING	1/06/12
TATIOTORIA D	AME GLICH NO	GIGHOMED NAME	DEFEDENCE	HOHDG	max amm	A MOTTATE	mv.D	GIID DI IIG
INVOICE# DA	ATE CUST NO	CUSTOMER NAME	REFERENCE	HOURS	TAX AMT	AMOUNT	TYP	SURPLUS
178650 12/2	23/11 000008	VISITING NURSE SERVICE	BALLAS, VIOLA	5.00		72.90	I	
178651 12/3	30/11 000008	VISITING NURSE SERVICE	BALLAS, VIOLA	20.00		291.60	I	
178652 12/3	30/11 000008	VISITING NURSE SERVICE	BAQUERIZO, ANNA	47.00		685.26	I	
	30/11 000008	VISITING NURSE SERVICE	BARDEANU, VICTO	45.00		656.10	I	
178654 12/3	30/11 000008	VISITING NURSE SERVICE	BATTLE, JEANETT	49.00		714.42	I	
			CUSTOMER	166.00	0.00	2,420.28		
			CATEGORY	166.00	0.00	2,420.28		
			CATHOORT	100.00	0.00	2,120.20		

- 1				YSIDE CITYWIDE					20
	SALES JRN	NL # 0262	LOC 001	SUNNYSIDE CITYWIDE	REG NY NY			HOA HOSPICE ADULT	
					SALES REGISTER			BILL WEEK ENDING	1/06/12
	INVOICE#	DATE	CUST NO	CUSTOMER NAME	REFERENCE	HOURS	TAX AMT	AMOUNT TYP	SURPLUS
	178655	12/30/11	800000	VISITING NURSE SERVICE	BECERRA, FELIPE	35.50		517.59 I	
					CATEGORY	35.50	0.00	517.59	

	SUP SUNNYSIDE CITYWID LOC 001 SUNNYSIDE C		Y NY			PAGE 1 VCP CHOICE LH	
			REGISTER			BILL WEEK END	
INVOICE# DATE	CUST NO CUSTOMER NAM	E	REFERENCE	HOURS	TAX AMT	AMOUNT	TYP SURPLUS
178656 12/30/11	000008 VISITING NUR	SE SERVICE E	BELLOROFONTE, M	136.00		1,982.88	I
			CATEGORY	136.00	0.00	1,982.88	

	01/04/12 - NL # 0262		YSIDE CITYWIDE SUNNYSIDE CITYWIDE S	REGNY NY SALES REGISTER			PAGE 1 - ADU ADULT BILL WEEK END:		1/06/12
INVOICE#	DATE	CUST NO	CUSTOMER NAME	REFERENCE	HOURS	TAX AMT	AMOUNT :	ГҮР	SURPLUS
178657	12/30/11	000008	VISITING NURSE SERVICE	BERENBLIT, SARA	3.00		43.74	I	
				CATEGORY	3.00	0.00	43.74		

RUN DATE 01/04/12 -	SUP SUNN	YSIDE CITYWIDE				PAGE 1	- 2	23
SALES JRNL # 0262	LOC 001	SUNNYSIDE CITYWIDE	REG NY NY			LTC NURSING H	HOMEW/	
		5	SALES REGISTER			BILL WEEK ENI	DING	1/06/12
INVOICE# DATE	CUST NO	CUSTOMER NAME	REFERENCE	HOURS	TAX AMT	AMOUNT	TYP	SURPLUS
178658 12/30/11	800000	VISITING NURSE SERVICE	BETHUNE, HARRYD	25.00		364.50	I	
178659 12/30/11	800000	VISITING NURSE SERVICE	BHAWNANI, BISHU	24.00		349.92	I	
			CHGEOMED	40.00	0.00	714 40		
			CUSTOMER	49.00	0.00	714.42		
			CATEGORY	49.00	0.00	714.42		

RUN DATE 01/04/12 - SALES JRNL # 0262	SUP SUNN	YSIDE CITYWIDE SUNNYSIDE CITYWIDE	REG NY NY			PAGE 1 - ADU ADULT	24
BRIDES STAVE II SZSZ	100 001		SALES REGISTER			BILL WEEK ENDING	G 1/06/12
INVOICE# DATE	CUST NO	CUSTOMER NAME	REFERENCE	HOURS	TAX AMT	AMOUNT TYPE	SURPLUS
178660 12/30/11 178661 12/30/11	000008 000008	VISITING NURSE SERVICE VISITING NURSE SERVICE	BHULLA, JIWAN BIANCO HOPKINS,	24.00 16.00		349.92 I 233.28 I	
			CUSTOMER	40.00	0.00	583.20	
			CATEGORY	40.00	0.00	583.20	

RUN DATE 01/04/1	2 - SUP SUNI	NYSIDE CITYWIDE				PAGE 1	- 2	25
SALES JRNL # 026	2 LOC 001	SUNNYSIDE CITYWIDE	REG NY NY			LTC NURSING	HOMEW/	•
		:	SALES REGISTER			BILL WEEK EN	DING	1/06/12
INVOICE# DATE	CUST NO	CUSTOMER NAME	REFERENCE	HOURS	TAX AMT	AMOUNT	TYP	SURPLUS
178662 12/23/1	1 000008	VISITING NURSE SERVICE	BLANCAFLOR, PUR	8.00		116.64	I	
178663 12/30/1	1 000008	VISITING NURSE SERVICE	BLANCAFLOR, PUR	40.00		583.20	I	
				40.00				
			CUSTOMER	48.00	0.00	699.84		
			CATEGORY	48.00	0.00	699.84		

RUN DATE 01/04/12	- SUP SUN	NYSIDE CITYWIDE				PAGE 1 - 2	26
SALES JRNL # 0262	LOC 001	SUNNYSIDE CITYWIDE	REG NY NY			VCP CHOICE LHCSA	
			SALES REGISTER			BILL WEEK ENDING	1/06/12
INVOICE# DATE	CUST NO	CUSTOMER NAME	REFERENCE	HOURS	TAX AMT	AMOUNT TYP	SURPLUS
170664 12/20/11	000000	VICIALNO MIDOS GEDVICO	TOTAL BITCAD	20 00		201 60 +	
178664 12/30/11	800000	VISITING NURSE SERVICE	E BLUNNIE, ELIZAB	20.00		291.60 I	
			CATEGORY	20.00	0.00	291.60	
			CATEGORI	20.00	0.00	201.00	

RUN DATE 01/04/12 - SALES JRNL # 0262		SUNNYSIDE CITYWIDE	REGNY NY SALES REGISTER			PAGE 1 - 27 ADU ADULT BILL WEEK ENDING	1/06/12
INVOICE# DATE	CUST NO	CUSTOMER NAME	REFERENCE	HOURS	TAX AMT	AMOUNT TYP	SURPLUS
178665 12/30/11 178666 12/23/11 178667 12/30/11	000008 000008 000008	VISITING NURSE SERVICE VISITING NURSE SERVICE VISITING NURSE SERVICE	BONILLA, ESPERA	20.00 21.00 35.00		291.60 I 306.18 I 510.30 I	
			CUSTOMER	76.00	0.00	1,108.08	
			CATEGORY	76.00	0.00	1,108.08	

			YSIDE CITYWIDE					28
SALES JRN	NL # 0262	LOC 001	SUNNYSIDE CITYWIDE	REG NY NY			VCP CHOICE LHCSA	
			S	SALES REGISTER			BILL WEEK ENDING	1/06/12
INVOICE#	DATE	CUST NO	CUSTOMER NAME	REFERENCE	HOURS	TAX AMT	AMOUNT TYP	SURPLUS
178668	12/30/11	800000	VISITING NURSE SERVICE	BONILLA, LYDIA	3.00		43.74 I	
				CATEGORY	3.00	0.00	43.74	

RUN DATE 01/04/12	- SUP SUN	NYSIDE CITYWIDE				PAGE 1 -	29
SALES JRNL # 0262	LOC 001	SUNNYSIDE CITYWIDE	REG NY NY			LTC NURSING HOMEW	//O WALLS (LT
		:	SALES REGISTER			BILL WEEK ENDING	1/06/12
INVOICE# DATE	CUST NO	CUSTOMER NAME	REFERENCE	HOURS	TAX AMT	AMOUNT TYP	SURPLUS
178669 12/30/11	800000	VISITING NURSE SERVICE	BONSIGNORE, GAE	25.00		364.50 I	
			CATEGORY	25.00	0.00	364.50	

RUN DATE 01/04/12 - SALES JRNL # 0262	SUP SUNNYSIDE CITYWIDE LOC 001 SUNNYSIDE CITYW	IDE REGNY NY SALES REGISTER			PAGE 1 - VCP CHOICE LHCSA BILL WEEK ENDING	
INVOICE# DATE	CUST NO CUSTOMER NAME	REFERENCE	HOURS	TAX AMT	AMOUNT TYP	SURPLUS
178670 12/30/11	000008 VISITING NURSE S	ERVICE BORYSEWICZ, MAR	12.00		174.96 I	
		CATEGORY	12.00	0.00	174.96	

RUN DATE 01/04/12 - :	SUP SUNN	YSIDE CITYWIDE				PAGE 1 - :	31
SALES JRNL # 0262	LOC 001	SUNNYSIDE CITYWIDE	REG NY NY			LTC NURSING HOMEW	/O WALLS (LT
		S	SALES REGISTER			BILL WEEK ENDING	1/06/12
INVOICE# DATE (CUST NO	CUSTOMER NAME	REFERENCE	HOURS	TAX AMT	AMOUNT TYP	SURPLUS
178671 12/30/11	800000	VISITING NURSE SERVICE	BOYADJIAN, ZARO	35.00		510.30 I	
			CATEGORY	35.00	0.00	510.30	

	2 - SUP SUNNYSIDE CITYWIDE				PAGE 1	- 32
SALES JRNL # 026		REG NY NY	_		VCP CHOICE LE	
		SALES REGISTE	R		BILL WEEK ENI	DING 1/06/12
INVOICE# DATE	CUST NO CUSTOMER NAME	REFERENCE	HOURS	TAX AMT	AMOUNT	TYP SURPLUS
178672 12/23/1	000008 VISITING NURSE SERVICE	BOYLAN, FRANK	63.00		918.54	I
178673 12/30/1	L 000008 VISITING NURSE SERVICE	BOYLAN, FRANK	63.00		918.54	I
		- CUSTOMER	126.00	0.00	1,837.08	
		COBTOMER	120.00	0.00	1,037.00	
		_				
		CATEGORY	126.00	0.00	1,837.08	

	01/04/12 - L # 0262		YSIDE CITYWIDE SUNNYSIDE CITYWIDE	REG NY NY			PAGE 1 - ADU ADULT	33
			5	SALES REGISTER			BILL WEEK ENDING	1/06/12
INVOICE#	DATE	CUST NO	CUSTOMER NAME	REFERENCE	HOURS	TAX AMT	AMOUNT TYP	SURPLUS
178674	12/30/11	000008	VISITING NURSE SERVICE	BURGOS, RAFAELA	9.00		131.22 I	
				CATEGORY	9.00	0.00	131.22	

RUN DATE 01/04/12	- SUP SUNI	NYSIDE CITYWIDE				PAGE 1	- 34	
SALES JRNL # 0262	LOC 001	SUNNYSIDE CITYWIDE	REG NY NY			VCP CHOICE LH	CSA	
			SALES REGISTER			BILL WEEK END	ING 1/06/12	
INVOICE# DATE	CUST NO	CUSTOMER NAME	REFERENCE	HOURS	TAX AMT	AMOUNT	TYP SURPLUS	
178675 12/30/11	000008	VISITING NURSE SERVICE	BURNS, MARGARET	48.00		699.84	т	
1/60/5 12/30/11	000008	VISITING NURSE SERVICE	BURNS, MARGAREI	40.00		099.04	1	
			CATEGORY	48.00	0.00	699.84		

RUN DATE 01/04/12 -	- SUP SUN	YSIDE CITYWIDE				PAGE 1 -	35
SALES JRNL # 0262	LOC 001		REG NY NY			LAD NURSING HOME	
		S	SALES REGISTER			BILL WEEK ENDING	1/06/12
INVOICE# DATE	CUST NO	CUSTOMER NAME	REFERENCE	HOURS	TAX AMT	AMOUNT TYP	SURPLUS
178676 12/30/11	800000	VISITING NURSE SERVICE	BUSCARELLO, JOH	40.00		583.20 I	
			CATEGORY	40.00	0.00	 583.20	

RUN DATE 01/04/12 -	SUP SUNN	YSIDE CITYWIDE				PAGE 1 -	36
SALES JRNL # 0262	LOC 001	SUNNYSIDE CITYWIDE	REG NY NY			VCP CHOICE LHCSA	
		S	ALES REGISTER			BILL WEEK ENDING	1/06/12
INVOICE# DATE	CUST NO	CUSTOMER NAME	REFERENCE	HOURS	TAX AMT	AMOUNT TYP	SURPLUS
178677 12/30/11	800000	VISITING NURSE SERVICE	CABA, PURA	10.00		145.80 I	
178678 12/30/11	800000	VISITING NURSE SERVICE	CALABRO, JOSEPH	40.00		583.20 I	
178679 12/30/11	800000	VISITING NURSE SERVICE	CALDERON, FRANC	46.25		674.33 I	
178680 12/30/11	800000	VISITING NURSE SERVICE	CALDERON, VIRGI	24.00		349.92 I	
			CUSTOMER	120.25	0.00	1,753.25	
			CATEGORY	120.25	0.00	1,753.25	

			YSIDE CITYWIDE				PAGE 1	- 37	
SALES JRN	IL # 0262	LOC 001	SUNNYSIDE CITYWIDE	REG NY NY			HOA HOSPICE A	-	
			S	SALES REGI	STER		BILL WEEK END	ING 1	/06/12
INVOICE#	DATE	CUST NO	CUSTOMER NAME	REFERENCE	HOURS	TAX AMT	AMOUNT	TYP S	URPLUS
178681	12/30/11	800000	VISITING NURSE SERVICE	CALKOSZ, JC	OSEFI 63.00		918.54	I	
				CATEG	ORY 63.00	0.00	918.54		

RUN DATE 01/0	04/12 - SUP SUNN	YSIDE CITYWIDE				PAGE 1	_	38
SALES JRNL #	0262 LOC 001		REG NY NY			VCP CHOICE L		
		S	SALES REGISTER			BILL WEEK EN	DING	1/06/12
INVOICE# DA	ATE CUST NO	CUSTOMER NAME	REFERENCE	HOURS	TAX AMT	AMOUNT	TYP	SURPLUS
178682 12/3	30/11 000008	VISITING NURSE SERVICE	CAMBARA, JOSEFA	46.50		677.97	I	
			CATEGORY	46.50	0.00	677.97		

ı	RUN DATE 01/04/1	2 - SUP SUNI	NYSIDE CITYWIDE				PAGE 1 -	39
١	SALES JRNL # 026	2 LOC 001	SUNNYSIDE CITYWIDE	REG NY NY			LTC NURSING HOME	CW/O WALLS (LT
			S	SALES REGISTER			BILL WEEK ENDING	1/06/12
	INVOICE# DATE	CUST NO	CUSTOMER NAME	REFERENCE	HOURS	TAX AMT	AMOUNT TYPE	SURPLUS
	178683 12/30/1	1 000008	VISITING NURSE SERVICE	CANO, ADELINA	42.00		612.36 I	
				CATEGORY	42.00	0.00	612.36	

RUN DATE 01/04/12	- SUP SUNN	NYSIDE CITYWIDE				PAGE 1 -	40
SALES JRNL # 0262	LOC 001		REG NY NY			VCP CHOICE LHCS.	
		i	SALES REGISTER			BILL WEEK ENDIN	G 1/06/12
INVOICE# DATE	CUST NO	CUSTOMER NAME	REFERENCE	HOURS	TAX AMT	AMOUNT TY	P SURPLUS
178684 12/30/11	800000	VISITING NURSE SERVICE	CAPORASO, VINCE	71.00		1,035.18 I	
			CATEGORY	71.00	0.00	1,035.18	

RUN DATE 01/04/12 - SALES JRNL # 0262		SUNNYSIDE CITYWIDE	REG NY NY			PAGE 1 - LAD NURSING HOME	
			SALES REGISTER			BILL WEEK ENDING	, ,
INVOICE# DATE		CUSTOMER NAME	REFERENCE	HOURS	TAX AMT	AMOUNT TYP	SURPLUS
178685 12/30/11	7 800000	VISITING NURSE SERVICE	CARBAJAL, MERCE	35.00		510.30 I	
			CATEGORY	35.00	0.00	510.30	

RUN DATE 01/04/12 SALES JRNL # 0262			REG NY NY			PAGE 1 VCP CHOICE L		42
			SALES REGISTER			BILL WEEK EN		1/06/12
INVOICE# DATE	CUST NO	CUSTOMER NAME	REFERENCE	HOURS	TAX AMT	AMOUNT	TYP	SURPLUS
178686 12/30/11 178687 12/30/11	000008 000008	VISITING NURSE SERVICE	CARDONA, MARIA	50.00		729.00 801.90	I	
178688 12/30/11	000008	VISITING NURSE SERVICE VISITING NURSE SERVICE	CARDOSO, ORLAND CARRALERO, ROSA	55.00 36.00		524.88	I	
			CUSTOMER	141.00	0.00	2,055.78		
			CATEGORY	141.00	0.00	2,055.78		

			YSIDE CITYWIDE				PAGE 1 -	43
SALES JRN	L # 0262	LOC 001	SUNNYSIDE CITYWIDE	REG NY NY			ADU ADULT	
			S	ALES REGISTER			BILL WEEK ENDIN	G 1/06/12
INVOICE#	DATE	CUST NO	CUSTOMER NAME	REFERENCE	HOURS	TAX AMT	AMOUNT TY	P SURPLUS
178689	12/30/11	800000	VISITING NURSE SERVICE	CARTAFALSA, NEL	57.00		831.06 I	
				CATEGORY	57.00	0.00	831.06	

RUN DATE 01/04/12 -	SUP SUNNYSIDE	CITYWIDE				PAGE 1	- 44	4
SALES JRNL # 0262	LOC 001 SUNN	NYSIDE CITYWIDE REG NY	Y NY			LTC NURSING	HOMEW/C	O WALLS (LT
		SALES	REGISTER			BILL WEEK EN	DING	1/06/12
INVOICE# DATE	CUST NO CUSTO	OMER NAME	REFERENCE	HOURS	TAX AMT	AMOUNT	TYP	SURPLUS
170600 10/00/11				22 25		550 05	_	
178690 12/30/11	000008 VISIT	TING NURSE SERVICE	CARTAGENA, FRAN	39.25		572.27	I	
					0.00			
			CATEGORY	39.25	0.00	572.27		

RUN DATE 01/04/12 -	SUP SUN	NYSIDE CITYWIDE				PAGE 1 -	45
SALES JRNL # 0262	LOC 001	SUNNYSIDE CITYWIDE	REG NY NY			ADU ADULT	
			SALES REGISTER			BILL WEEK ENDING	3 1/06/12
INVOICE# DATE	CUST NO	CUSTOMER NAME	REFERENCE	HOURS	TAX AMT	AMOUNT TYE	SURPLUS
INVOICE# DAIE	CUSI NO	CUSIOMER NAME	KEFERENCE	HOURS	IAX AMI	AMOUNT TYP	SURPLUS
178691 12/30/11	000008	VISITING NURSE SERVICE	E CASTANO, MARIA	3.00		43.74 I	
12,30,11	222000	VISITING NORDE BERVIO	one make in the contract of th	2.00		13.71	
			CATEGORY	3.00	0.00	43.74	
			CHILDONI	3.00	0.00	13.71	

RUN DATE 01/04/12 - SUP SUNNYSIDE CITYWIDE			PAGE 1 -	46
SALES JRNL # 0262 LOC 001 SUNNYSIDE CITYWI			VCP CHOICE LHCS	
	SALES REGISTER		BILL WEEK ENDING	G 1/06/12
				a arm na ara
INVOICE# DATE CUST NO CUSTOMER NAME	REFERENCE	HOURS TAX	AMT AMOUNT TYP	P SURPLUS
 178692	DVICE GEDALLOG GLEME	20.00	201 60 +	
178692	RVICE CEBALLOS, CLEME	20.00	291.60 I	
	CATEGORY	20.00 0	.00 291.60	
	CATEGORI	20.00	.00 271.00	

RUN DATE 01/04/12 - SALES JRNL # 0262		YSIDE CITYWIDE SUNNYSIDE CITYWIDE	REG NY NY			PAGE 1 - 47 ADU ADULT
SIEED CIAVE II CZCZ	100 001		SALES REGISTER			BILL WEEK ENDING 1/06/12
INVOICE# DATE	CUST NO	CUSTOMER NAME	REFERENCE	HOURS	TAX AMT	AMOUNT TYP SURPLUS
178693 12/30/11 178694 12/30/11	000008 000008	VISITING NURSE SERVICE VISITING NURSE SERVICE		20.00		291.60 I 131.22 I
			CUSTOMER	29.00	0.00	422.82
			CATEGORY	29.00	0.00	422.82

RUN DATE	01/04/12 -	SUP SUNN	YSIDE CITYWIDE				PAGE 1 -	48
SALES JRN	NL # 0262	LOC 001	SUNNYSIDE CITYWIDE	REG NY NY			VCP CHOICE LHCSA	A
				SALES REGISTER			BILL WEEK ENDING	1/06/12
INVOICE#	DATE	CUST NO	CUSTOMER NAME	REFERENCE	HOURS	TAX AMT	AMOUNT TYP	SURPLUS
150605	10/00/11						07.40	
178695	12/30/11	000008	VISITING NURSE SERVICE	E CERNILLI, MARIA	6.00		87.48 I	
				GA TELEGODY		0.00	07.40	
				CATEGORY	6.00	0.00	87.48	

RUN DATE 0	1/04/12 - ST	UP SUNNY	SIDE CITYWIDE				PAGE 1 -	49
SALES JRNL	# 0262 LO	OC 001	SUNNYSIDE CITYWIDE	REG NY NY			CCL CONGREGATE CA	RE PROGRAM
			S	SALES REGISTER			BILL WEEK ENDING	1/06/12
INVOICE#	DATE C	UST NO	CUSTOMER NAME	REFERENCE	HOURS	TAX AMT	AMOUNT TYP	SURPLUS
178696 1	2/30/11 00	80000	VISITING NURSE SERVICE	CERNY, ELIZABET	3.00		43.74 I	
				CATEGORY	3.00	0.00	43.74	

RUN DATE 01/04/12 -			DDG NV NV			PAGE 1 - 50
SALES JRNL # 0262	TOC 001	SUNNYSIDE CITYWIDE S	REGNY NY SALES REGISTER			LTC NURSING HOMEW/O WALLS (LT BILL WEEK ENDING 1/06/12
INVOICE# DATE	CUST NO	CUSTOMER NAME	REFERENCE	HOURS	TAX AMT	AMOUNT TYP SURPLUS
178697 12/30/11	800000	VISITING NURSE SERVICE	CHAPPLE, VICKIE	4.00		58.32 I
			CATEGORY	4.00	0.00	58.32

RUN DATE 0	01/04/12 -	SUP SUNN	YSIDE CITYWIDE				PAGE 1 - 51	
SALES JRNL	# 0262	LOC 001	SUNNYSIDE CITYWIDE	REG NY NY			VCP CHOICE LHCSA	
				SALES REGISTER			BILL WEEK ENDING	1/06/12
INVOICE#	DATE	CUST NO	CUSTOMER NAME	REFERENCE	HOURS	TAX AMT	AMOUNT TYP	SURPLUS
100000 1	0 (20 (11	00000		- GILLIA DEDDO	56.00		016 40 -	
178698 1	2/30/11	800000	VISITING NURSE SERVI	CCE CHAUCA, PEDRO	56.00		816.48 I	
				CATEGORY	56.00	0.00	816.48	
				CALEGORI	30.00	0.00	010.40	

RUN DATE 01/04/12 SALES JRNL # 0262		SUNNYSIDE CITYWIDE	REGNY NY SALES REGISTER			PAGE 1 - 5 ADU ADULT BILL WEEK ENDING	2 1/06/12
INVOICE# DATE	CUST NO	CUSTOMER NAME	REFERENCE	HOURS	TAX AMT	AMOUNT TYP	SURPLUS
178699 12/30/11	000008	VISITING NURSE SERVICE	CHINGA, ALBA	25.00		364.50 I	
			CATEGORY	25.00	0.00	364.50	

RUN DATE 01/04/12 - S SALES JRNL # 0262 L		REG NY NY ALES REGISTER		PAGE VCP CHOICE BILL WEEK E	
INVOICE# DATE C	CUST NO CUSTOMER NAME	REFERENCE	HOURS TA	AX AMT AMOUNT	TYP SURPLUS
178700 12/30/11 0	000008 VISITING NURSE SERVICE	CHIPA, PANAGIOT	15.00	218.70	I
		CATEGORY	15.00	0.00 218.70	

RUN DATE 01/04/12 - SALES JRNL # 0262	SUP SUNN LOC 001	SUNNYSIDE CITYWIDE	REGNY NY SALES REGISTER			PAGE 1 - LTC NURSING HOMEW BILL WEEK ENDING	
INVOICE# DATE	CUST NO	CUSTOMER NAME	REFERENCE	HOURS	TAX AMT	AMOUNT TYP	SURPLUS
178701 12/30/11	800000	VISITING NURSE SERVICE	CHO, MOGEE	30.00		437.40 I	
			CATEGORY	30.00	0.00	437.40	

			YSIDE CITYWIDE				11101		55
SALES JRN	NL # U262	LOC 001	SUNNYSIDE CITYWIDE	REGNY NY SALES REGISTER			VCP CHOICE LE		1/06/12
				SALES REGISIER			DILL WEEK EN	DING	1/00/12
INVOICE#	DATE	CUST NO	CUSTOMER NAME	REFERENCE	HOURS	TAX AMT	AMOUNT	TYP	SURPLUS
178702	12/30/11	000008	VISITING NURSE SERVICE	CHOUDHURY, SHAM	49.00		714.42	I	
178703	12/30/11	000008	VISITING NURSE SERVICE	CHU, MOLLY	32.00		466.56	I	
178704	12/30/11	800000	VISITING NURSE SERVICE	CHUCK, ENA	26.00		379.08	I	
				CUSTOMER	107.00	0.00	1,560.06		
				CATEGORY	107.00	0.00	1,560.06		
				CATEGORY	TO/.00	0.00	1,500.00		

	SUP SUNNYSIDE CITYWIDE LOC 001 SUNNYSIDE CITYWIDE S 1	REGNY NY ALES REGISTER		PAGE 1 - 56 LTC NURSING HOMEW/O WALLS (LT BILL WEEK ENDING 1/06/12
INVOICE# DATE	CUST NO CUSTOMER NAME	REFERENCE	HOURS TAX AMT	AMOUNT TYP SURPLUS
178705 12/30/11	000008 VISITING NURSE SERVICE	CIPRIAN, FREDEV	56.00	816.48 I
		CATEGORY	56.00 0.00	816.48

RUN DATE 01/04/12 - SALES JRNL # 0262		DE CITYWIDE REC	G NY NY E S R E G I S T E R			PAGE 1 ADU ADULT BILL WEEK EN	- DING	57
INVOICE# DATE	CUST NO CUSTOMER	NAME	REFERENCE	HOURS	TAX AMT	AMOUNT	TYP	SURPLUS
178706 12/30/11	000008 VISITING	NURSE SERVICE	COLEMAN, JAMES	6.00		87.48	I	
			CATEGORY	6.00	0.00	87.48	-	

RUN DATE 01/04/12 -	SUP SUNN	YSIDE CITYWIDE				PAGE 1 -	58
SALES JRNL # 0262	LOC 001	SUNNYSIDE CITYWIDE	REG NY NY			LTC NURSING HOM	,
		S	ALES REGISTER			BILL WEEK ENDIN	G 1/06/12
INVOICE# DATE	CUST NO	CUSTOMER NAME	REFERENCE	HOURS	TAX AMT	AMOUNT TY	P SURPLUS
178707 12/30/11	800000	VISITING NURSE SERVICE	COLLER, FELISA	20.00		291.60 I	
178708 12/30/11	800000	VISITING NURSE SERVICE	COLLER, JOSE	15.00		218.70 I	
178709 12/30/11	800000	VISITING NURSE SERVICE	COLON, ANTONIA	22.75		331.70 I	
178710 12/30/11	800000	VISITING NURSE SERVICE	COLON, ISABEL	28.25		411.89 I	
			CUSTOMER	86.00	0.00	1,253.89	
			CATEGORY	86.00	0.00	1,253.89	

		NYSIDE CITYWIDE					59
SALES JRNL #	0262 LOC 001		REGNY NY SALES REGISTER			CCL CONGREGATE CAN	
		•	SALES REGISTER			DIDD WEEK ENDING	1/00/12
INVOICE# DA	TE CUST NO	CUSTOMER NAME	REFERENCE	HOURS	TAX AMT	AMOUNT TYP	SURPLUS
178711 12/3	0/11 000008	VISITING NURSE SERVICE	CORDERO, NELLY	168.00		2,449.44 I	
			CATEGORY	168.00	0.00	2,449.44	

RUN DATE 01/04/12 - SALES JRNL # 0262		YSIDE CITYWIDE SUNNYSIDE CITYWIDE	REG NY NY			PAGE 1 - LTC NURSING HOME	60 EW/O WALLS (LT
SIEED OIGHT II OEOE	200 001		ALES REGISTER			BILL WEEK ENDING	•
INVOICE# DATE	CUST NO	CUSTOMER NAME	REFERENCE	HOURS	TAX AMT	AMOUNT TYPE	SURPLUS
178712 12/30/11	800000	VISITING NURSE SERVICE	CORREA, MARGARI	30.00		437.40 I	
			CATEGORY	30.00	0.00	437.40	

	SUP SUNNYSIDE CITYWIDE LOC 001 SUNNYSIDE CITYWIDE	REG NY NY SALES REGISTER		PAGE 1 - 61 VCP CHOICE LHCSA BILL WEEK ENDING 1/06/12
INVOICE# DATE	CUST NO CUSTOMER NAME	REFERENCE	HOURS TAX AMT	AMOUNT TYP SURPLUS
178713 12/30/11	000008 VISITING NURSE SERVICE	COSTA, ANTOINET	20.00	291.60 I
		CATEGORY	20.00 0.00	291.60

RUN DATE 01/04/12 -	- SUP SUNNYSIDE CITYWIDE				PAGE 1 - 62	
SALES JRNL # 0262	LOC 001 SUNNYSIDE CITYWID	_			LTC NURSING HOMEW/O	•
		SALES REGISTE	R		BILL WEEK ENDING	1/06/12
INVOICE# DATE	CUST NO CUSTOMER NAME	REFERENCE	HOURS	TAX AMT	AMOUNT TYP	SURPLUS
178714 12/30/11	000008 VISITING NURSE SER	/ICE COSTA, ARSENE	30.00		437.40 I	
		 CATEGORY	30.00	0.00	437.40	

RUN DATE 01/04/12 - SALES JRNL # 0262	SUP SUNNYSIDE CITYWIDE LOC 001 SUNNYSIDE CITYWIDE	REG NY NY		PAGE 1 - 63 ADU ADULT
	:	SALES REGISTER		BILL WEEK ENDING 1/06/12
INVOICE# DATE	CUST NO CUSTOMER NAME	REFERENCE	HOURS TAX AMT	AMOUNT TYP SURPLUS
178715 12/30/11	000008 VISITING NURSE SERVICE	COTTON, MARCUS	11.25	164.04 I
		CATEGORY	11.25 0.00	164.04

			YSIDE CITYWIDE SUNNYSIDE CITYWIDE S	REG NY NY A L E S R E G I S T E R			PAGE 1 - VCP CHOICE LHCSA BILL WEEK ENDING	
INVOICE#	DATE	CUST NO	CUSTOMER NAME	REFERENCE	HOURS	TAX AMT	AMOUNT TYP	SURPLUS
178716	12/30/11	000008	VISITING NURSE SERVICE	COVALIU, SIMION CATEGORY	20.00	0.00	291.60 I 	

	01/04/12 NL # 0262		YSIDE CITYWIDE SUNNYSIDE CITYWIDE S	REG NY SALES F	NY REGISTE	R		PAGE 1 HOA HOSPICE A BILL WEEK ENI	-	1/06/12
INVOICE#	DATE	CUST NO	CUSTOMER NAME	REF	ERENCE	HOURS	TAX AMT	AMOUNT	TYP	SURPLUS
178717	12/30/11	800000	VISITING NURSE SERVICE	COX,	PETRA	19.00		277.02	I	
					– CATEGORY	19.00	0.00	277.02		

RUN DATE 01/04/12 -	SUP SUNN	YSIDE CITYWIDE				PAGE 1 -	66
SALES JRNL # 0262	LOC 001	SUNNYSIDE CITYWIDE	REG NY NY			LAD NURSING HOME	W/O WALLS LT
		:	SALES REGISTER			BILL WEEK ENDING	1/06/12
INVOICE# DATE	CUST NO	CUSTOMER NAME	REFERENCE	HOURS	TAX AMT	AMOUNT TYP	SURPLUS
178718 12/30/11	800000	VISITING NURSE SERVICE	CRUZ, HECTOR	26.50		386.38 I	
			CATEGORY	26.50	0.00	386.38	

RUN DATE 01/04/12						PAGE 1 - 6	57
SALES JRNL # 0262	LOC 001		REG NY NY			VCP CHOICE LHCSA	
			SALES REGISTER			BILL WEEK ENDING	1/06/12
INVOICE# DATE	CUST NO	CUSTOMER NAME	REFERENCE	HOURS	TAX AMT	AMOUNT TYP	SURPLUS
178719 12/30/11	000008	VISITING NURSE SERVICE	CRUZ, JUANA	16.00		233.28 I	
178720 12/30/11	800000	VISITING NURSE SERVICE	CURLEY, INGEBOR	25.00		364.50 I	
			CUSTOMER	41.00	0.00	597.78	
			CATEGORY	41.00	0.00	597.78	

RUN DATE 01/04/12 - SALES JRNL # 0262		SUNNYSIDE CITYWIDE	REG NY NY SALES REGISTER			PAGE 1 - 68 LTC NURSING HOMEW/O WALLS (LT BILL WEEK ENDING 1/06/12
INVOICE# DATE	CUST NO	CUSTOMER NAME	REFERENCE	HOURS	TAX AMT	AMOUNT TYP SURPLUS
178721 12/30/11 178722 12/30/11	800000 800000	VISITING NURSE SERVICE VISITING NURSE SERVICE	· ·	15.00 47.50		218.70 I 692.56 I
			CUSTOMER	62.50	0.00	911.26
			CATEGORY	62.50	0.00	911.26

RUN DATE 01/04/12	- SUP SUN	NYSIDE CITYWIDE				PAGE 1 - 6	69
SALES JRNL # 0262	LOC 001	SUNNYSIDE CITYWIDE	REG NY NY			VCP CHOICE LHCSA	
		:	SALES REGISTER			BILL WEEK ENDING	1/06/12
INVOICE# DATE	CUST NO	CUSTOMER NAME	REFERENCE	HOURS	TAX AMT	AMOUNT TYP	SURPLUS
178723 12/30/11	000008	VISITING NURSE SERVICE	DAVIS, LOUELLEN	36.00		524.88 I	
			CATEGORY	36.00	0.00	524.88	

RUN DATE 01/04/	12 - SUP SUND	NYSIDE CITYWIDE				PAGE 1 -	70
SALES JRNL # 02	62 LOC 001	SUNNYSIDE CITYWIDE	REG NY NY			LAD NURSING HOME	W/O WALLS LT
		:	SALES REGISTER			BILL WEEK ENDING	1/06/12
INVOICE# DATE	CUST NO	CUSTOMER NAME	REFERENCE	HOURS	TAX AMT	AMOUNT TYP	SURPLUS
178724 12/30/	11 000008	VISITING NURSE SERVICE	DEL CARPIO, FEL	39.50		575.91 I	
			CATEGORY	39.50	0.00	575.91	

	SUP SUNNYSIDE CITYWIDE LOC 001 SUNNYSIDE CITYWIDE	REG NY NY SALES REGISTER			PAGE 1 - LTC NURSING HOMEW BILL WEEK ENDING	
INVOICE# DATE	CUST NO CUSTOMER NAME	REFERENCE	HOURS	TAX AMT	AMOUNT TYP	SURPLUS
178725 12/30/11 178726 12/30/11	000008 VISITING NURSE SERVICE 000008 VISITING NURSE SERVICE	•	37.25 25.00		543.11 I 364.50 I	
		CUSTOMER	62.25	0.00	907.61	
		CATEGORY	62.25	0.00	907.61	

RUN DATE 01/04/12 -	- SUP SUNN	YSIDE CITYWIDE				PAGE 1	- 72
SALES JRNL # 0262	LOC 001	SUNNYSIDE CITYWIDE	REG NY NY			VCP CHOICE LH	CSA
		5	SALES REGISTER			BILL WEEK END	ING 1/06/12
INVOICE# DATE	CUST NO	CUSTOMER NAME	REFERENCE	HOURS	TAX AMT	AMOUNT '	TYP SURPLUS
178727 12/30/11	000008	VISITING NURSE SERVICE	DELOSSANTOS, MA	29.75		433.76	I
178728 12/23/11	800000	VISITING NURSE SERVICE	DELPOZO, MIGUEL	20.00		291.60	I
178729 12/30/11	800000	VISITING NURSE SERVICE	DELPOZO, MIGUEL	24.00		349.92	I
			CUSTOMER	73.75	0.00	1,075.28	
			CATEGORY	73.75	0.00	1,075.28	

RUN DATE 01/04/12 - SUP SUI SALES JRNL # 0262 LOC 003		EG NY NY			PAGE 1 - ADU ADULT	73
	S A L	ES REGISTER			BILL WEEK ENDING	1/06/12
INVOICE# DATE CUST NO	O CUSTOMER NAME	REFERENCE	HOURS	TAX AMT	AMOUNT TYP	SURPLUS
178730 12/30/11 000008	VISITING NURSE SERVICE	DELUCA, ANTIONE	27.75		404.60 I	
		CATEGORY	 27.75	0.00	404.60	

RUN DATE 01/04/12 - SALES JRNL # 0262		REG NY NY SALES REGISTER		PAGE 1 - 74 LTC NURSING HOMEW/O WALLS (LT BILL WEEK ENDING 1/06/12
INVOICE# DATE	CUST NO CUSTOMER NAME	REFERENCE	HOURS TAX AMT	AMOUNT TYP SURPLUS
178731 12/30/11	000008 VISITING NURSE SERVICE	DELVALLE, JESUS	35.00	510.30 I
		CATEGORY	35.00 0.00	510.30

ı	RUN DATE	01/04/12 -	- SUP SUNN	YSIDE CITYWIDE				PAGE 1 - 7	5
ı	SALES JRN	ъ # 0262	LOC 001		REG NY NY			ADU ADULT	
ı				2	SALES REGISTER			BILL WEEK ENDING	1/06/12
	INVOICE#	DATE	CUST NO	CUSTOMER NAME	REFERENCE	HOURS	TAX AMT	AMOUNT TYP	SURPLUS
	178732	12/30/11	000008	VISITING NURSE SERVICE	DESENA, FRED	9.00		131.22 I	
					CATEGORY	9.00	0.00	131.22	

RUN DATE 01/04/12 -	SUP SUNNYSIDE CITYWIDE			İ	PAGE 1 -	76
SALES JRNL # 0262	LOC 001 SUNNYSIDE CITYWI	DE REG NY NY		•	VCP CHOICE LHCSA	
		SALES REGISTER		1	BILL WEEK ENDING	1/06/12
INVOICE# DATE	CUST NO CUSTOMER NAME	REFERENCE	HOURS	TAX AMT	AMOUNT TYP	SURPLUS
178733 12/30/11	000008 VISITING NURSE SE	RVICE DEZUMARAN, REBE	43.75		637.89 I	
		CATEGORY	43.75	0.00	637.89	

RUN DATE	01/04/12 -	SUP SUNN	YSIDE CITYWIDE					PAGE 1	- 7	7
SALES JRN	NL # 0262	LOC 001	SUNNYSIDE CITYWIDE	REG NY	NY			LTC NURSING H	HOMEW/	O WALLS (LT
				SALES R	E G I S T E R			BILL WEEK ENI	DING	1/06/12
INVOICE#	DATE	CUST NO	CUSTOMER NAME	REFE	ERENCE	HOURS	TAX AMT	AMOUNT	TYP	SURPLUS
178734	12/30/11	800000	VISITING NURSE SERVICE	DIAZ,	HILDA	10.00		145.80	I	
					CATEGORY	10.00	0.00	145.80		

RUN DATE 01/04/12 -			DDG 1911			-	- 78	
SALES JRNL # 0262	LOC 001	SUNNYSIDE CITYWIDE	REG NY NY ALES REGISTER			VCP CHOICE L BILL WEEK EN		1/06/12
		5				DIDD WEEK EN	DING	1/00/12
INVOICE# DATE	CUST NO	CUSTOMER NAME	REFERENCE	HOURS	TAX AMT	AMOUNT	TYP	SURPLUS
178735 12/30/11	000008	VISITING NURSE SERVICE	DIAZ, MARIA	34.75		506.66	I	
178736 12/30/11	000008	VISITING NURSE SERVICE	DIAZ, OLGA	36.00		524.88	Ī	
178737 12/30/11	800000	VISITING NURSE SERVICE	DIAZ, ROSA	36.00		524.88	I	
178738 12/30/11	800000	VISITING NURSE SERVICE	DILLUVIO, MATTI	4.00		58.32	I	
178739 12/30/11	800000	VISITING NURSE SERVICE	DILLUVIO, MATTI	10.00		145.80	I	
			CUSTOMER	120.75	0.00	1,760.54		
			CATEGORY	120.75	0.00	1,760.54		

RUN DATE 01/04/12 -	SUP SUNNYSIDE CITYWIDE				PAGE 1 – 79	
SALES JRNL # 0262	LOC 001 SUNNYSIDE CITYWIDE	REG NY NY			ADU ADULT	
	S	ALES REGISTER			BILL WEEK ENDING	1/06/12
INVOICE# DATE	CUST NO CUSTOMER NAME	REFERENCE	HOURS	TAX AMT	AMOUNT TYP	SURPLUS
178740 12/30/11	000008 VISITING NURSE SERVICE	DOMINGUEZ, ANA	8.00		116.64 I	
		CATEGORY	8.00	0.00	116.64	

F	RUN DATE	01/04/12 -	SUP SUNN	YSIDE CITYWIDE				PAGE 1 - 80)
5	SALES JRN	IL # 0262	LOC 001	SUNNYSIDE CITYWIDE	REG NY NY			VCP CHOICE LHCSA	
					SALES REGISTER			BILL WEEK ENDING	1/06/12
1	INVOICE#	DATE	CUST NO	CUSTOMER NAME	REFERENCE	HOURS	TAX AMT	AMOUNT TYP	SURPLUS
١.									
1	178741	12/30/11	000008	VISITING NURSE SERVICE	DOMINGUEZ, MARI	36.00		524.88 I	
					CATEGORY	36.00	0.00	524.88	

RUN DATE 01/04/12 - SALES JRNL # 0262		SIDE CITYWIDE RI	EG NY NY ES REGISTER			PAGE 1 - LTC NURSING HO BILL WEEK ENDI	MEW/O WALLS (LT
INVOICE# DATE	CUST NO CUSTOM	ER NAME	REFERENCE	HOURS	TAX AMT	AMOUNT T	YP SURPLUS
178742 12/30/11	000008 VISITI	NG NURSE SERVICE	DOMINICK, GINA	32.00		466.56	I
			CATEGORY	32.00	0.00	466.56	

RUN DATE 01/04/12	- SUP SUNNYSIDE CITYWIDE				PAGE 1 -	82
SALES JRNL # 0262		REG NY NY			VCP CHOICE LHCS	
	:	SALES REGISTER			BILL WEEK ENDING	J 1/06/12
INVOICE# DATE	CUST NO CUSTOMER NAME	REFERENCE	HOURS	TAX AMT	AMOUNT TY	P SURPLUS
INVOICE# DATE	COSI NO COSTOMER NAME	REFERENCE	CAUUN	IAX AMI	AMOON1 111	SURPLUS
178743 12/30/11	000008 VISITING NURSE SERVICE	DUGLUS, MAY RUT	42.25		616.01 I	
		CATEGORY	42.25	0.00	616.01	

- 1				YSIDE CITYWIDE					83
ı	SALES JRNL	# 0262	LOC 001		REG NY NY			LTC NURSING HOME	
ı				\$	SALES REGISTER			BILL WEEK ENDING	1/06/12
	INVOICE#	DATE	CUST NO	CUSTOMER NAME	REFERENCE	HOURS	TAX AMT	AMOUNT TYP	SURPLUS
	178744 1	2/30/11	000008	VISITING NURSE SERVICE	DUTAN, SELINDA	36.75		535.82 I	
ı					CATEGORY	36.75	0.00	535.82	

RUN DATE	01/04/12 -	SUP SUNN	YSIDE CITYWIDE				PAGE 1 - 84	
SALES JRN	IL # 0262	LOC 001	SUNNYSIDE CITYWIDE	REG NY NY			CCL CONGREGATE CARE PROGRAM	
			Ş	SALES REGISTER			BILL WEEK ENDING 1/06/12	
INVOICE#	DATE	CUST NO	CUSTOMER NAME	REFERENCE	HOURS	TAX AMT	AMOUNT TYP SURPLUS	
178745	12/30/11	800000	VISITING NURSE SERVICE	DUVERGE, MARIA	12.00		174.96 I	
				CATEGORY	12.00	0.00	174.96	

RUN DATE 01/04/12 -							85
SALES JRNL # 0262	LOC 001		REG NY NY			VCP CHOICE LHCSA	
		i	SALES REGISTER			BILL WEEK ENDING	3 1/06/12
INVOICE# DATE	CUST NO	CUSTOMER NAME	REFERENCE	HOURS	TAX AMT	AMOUNT TYPE	SURPLUS
150546 10/00/11				25 52		515 50 -	
178746 12/30/11	800000	VISITING NURSE SERVICE	ECHEGARAY, MARI	35.50		517.59 I	
			CATEGORY	35.50	0.00	517.59	

RUN DATE (01/04/12 -	SUP SUNN	YSIDE CITYWIDE				PAGE 1 - 86	
SALES JRNI	L # 0262	LOC 001	SUNNYSIDE CITYWIDE	REG NY NY			CCL CONGREGATE CARE	PROGRAM
			S	SALES REGISTER			BILL WEEK ENDING	1/06/12
INVOICE#	DATE	CUST NO	CUSTOMER NAME	REFERENCE	HOURS	TAX AMT	AMOUNT TYP	SURPLUS
178747 1	12/30/11	800000	VISITING NURSE SERVICE	EPSTEIN, GEORGE	20.00		291.60 I	
				CATEGORY	20.00	0.00	 291.60	

	01/04/12 - JL # 0262		YSIDE CITYWIDE SUNNYSIDE CITYWIDE	REG NY NY			PAGE 1 - 87 ADU ADULT	
			S	SALES REGISTER			BILL WEEK ENDING 1/	/06/12
INVOICE#	DATE	CUST NO	CUSTOMER NAME	REFERENCE	HOURS	TAX AMT	AMOUNT TYP SU	JRPLUS
178748	12/30/11	800000	VISITING NURSE SERVICE	ESPEJO, GRACIEL	21.75		317.12 I	
				CATEGORY	21.75	0.00	317.12	

RUN DATE 01/04/12 -						PAGE 1 - 88	
SALES JRNL # 0262	LOC 001	SUNNYSIDE CITYWIDE	REG NY NY			VCP CHOICE LHCSA	
			SALES REGISTER			BILL WEEK ENDING 1/06	/12
INVOICE# DATE	CUST NO	CUSTOMER NAME	REFERENCE	HOURS	TAX AMT	AMOUNT TYP SURP	LUS
178749 12/30/11	000008	VISITING NURSE SERVICE	ESPINOSA, CLORI	12.00		174.96 I	
178750 12/30/11	800000	VISITING NURSE SERVICE	EVERETT, SHIRLE	28.00		408.24 I	
			CUSTOMER	40.00	0.00	583.20	
			3021011210	700	0.00	22212	
			CATEGORY	40.00	0.00	583.20	

RUN DATE 01/04/12 -	- SUP SUNN	YSIDE CITYWIDE				PAGE 1 -	- 89
SALES JRNL # 0262	LOC 001	SUNNYSIDE CITYWIDE	REG NY NY			ADU ADULT	
		S	SALES REGISTER			BILL WEEK ENDI	ING 1/06/12
INVOICE# DATE	CUST NO	CUSTOMER NAME	REFERENCE	HOURS	TAX AMT	AMOUNT T	YP SURPLUS
178751 12/30/11	000008	VISITING NURSE SERVICE	FADEN, ROBIN	54.00		787.32	I
178752 12/30/11	800000	VISITING NURSE SERVICE	FAMBIATOS, PARA	12.00		174.96	I
			CUSTOMER	66.00	0.00	962.28	
			COSTOPLER	00.00	0.00	902.20	
			CATEGORY	66.00	0.00	962.28	

RUN DATE 01/04/12 - SALES JRNL # 0262		SUNNYSIDE CITYWIDE	REG NY N' SALES RE	Y GISTE	D		PAGE 1 CCL CONGREGA BILL WEEK EN	TE CAF	00 RE PROGRAM 1/06/12
			SALES KE	GISIE	K		PILL MEEK EN	DING	1/00/12
INVOICE# DATE	CUST NO	CUSTOMER NAME	REFER	ENCE	HOURS	TAX AMT	AMOUNT	TYP	SURPLUS
178753 12/30/11	000008	VISITING NURSE SERVICE	FARO,	JOSEPH	14.00		204.12	I	
178754 12/30/11	800000	VISITING NURSE SERVICE	FARO,	VIRGINIA	6.00		87.48	I 	
			(CUSTOMER	20.00	0.00	291.60		
			(CATEGORY	20.00	0.00	291.60		

RUN DATE 01/04/12 - SALES JRNL # 0262		SIDE CITYWIDE SUNNYSIDE CITYWIDE	REG NY NY			PAGE 1 - 9 ADU ADULT	91
DALLO CIUL # 0202	100 001		SALES REGISTER			BILL WEEK ENDING	1/06/12
INVOICE# DATE	CUST NO	CUSTOMER NAME	REFERENCE	HOURS	TAX AMT	AMOUNT TYP	SURPLUS
178755 12/30/11 178756 12/30/11		VISITING NURSE SERVICE VISITING NURSE SERVICE	FAY, JULIA FERMIN, ORQUIDI	19.00 63.00		277.02 I 918.54 I	
			CUSTOMER	82.00	0.00	1,195.56	
			CATEGORY	82.00	0.00	1,195.56	

ı	RUN DATE	01/04/12 -	- SUP SUNN	YSIDE CITYWIDE				PAGE 1 -	92
ı	SALES JRN	IL # 0262	LOC 001	SUNNYSIDE CITYWIDE	REG NY NY			CCL CONGREGATE C	ARE PROGRAM
				S	SALES REGISTER			BILL WEEK ENDING	1/06/12
	INVOICE#	DATE	CUST NO	CUSTOMER NAME	REFERENCE	HOURS	TAX AMT	AMOUNT TYP	SURPLUS
	178757	12/30/11	800000	VISITING NURSE SERVICE	FERNANDEZ, JORG	15.00		218.70 I	
ı					CATEGORY	15.00	0.00	218.70	

RUN DATE 01/04/12 - SALES JRNL # 0262			REG NY NY			PAGE 1 - ADU ADULT	93
		5	SALES REGISTER			BILL WEEK ENDING	1/06/12
INVOICE# DATE	CUST NO	CUSTOMER NAME	REFERENCE	HOURS	TAX AMT	AMOUNT TYP	SURPLUS
178758 12/30/11	000008	VISITING NURSE SERVICE	FERNANDEZ, MATI	52.50		765.45 I	
			CATEGORY	52.50	0.00	765.45	

RUN DATE 01/04/12 - SALES JRNL # 0262	SUP SUNN LOC 001	SUNNYSIDE CITYWIDE	REG NY NY SALES REGISTER			PAGE 1 - VCP CHOICE LHCS BILL WEEK ENDIN	SA
INVOICE# DATE	CUST NO	CUSTOMER NAME	REFERENCE	HOURS	TAX AMT	AMOUNT TY	
178759 12/30/11	800000	VISITING NURSE SERVICE	FERREIRO, JOSEP	12.00		174.96	-
			CATEGORY	12.00	0.00	174.96	

RUN DATE 01/04/12 - SALES JRNL # 0262		IDE CITYWIDE REG	NY NY SREGISTER				- 95 OMEW/O WALLS (LT ING 1/06/12
INVOICE# DATE	CUST NO CUSTOME	R NAME	REFERENCE	HOURS	TAX AMT	AMOUNT '	TYP SURPLUS
178760 12/30/11	000008 VISITIN	G NURSE SERVICE	FIUMARA, ROSE	52.50		765.45	I
			CATEGORY	52.50	0.00	765.45	

RUN DATE	01/04/12 -	SUP SUNN	YSIDE CITYWIDE				PAGE 1 -	96
SALES JRN	IL # 0262	LOC 001	SUNNYSIDE CITYWIDE	REG NY NY			CCL CONGREGATE CA	
			5	SALES REGISTER			BILL WEEK ENDING	1/06/12
INVOICE#	DATE	CUST NO	CUSTOMER NAME	REFERENCE	HOURS	TAX AMT	AMOUNT TYP	SURPLUS
178761	12/30/11	800000	VISITING NURSE SERVICE	FLEITMAN, KLARA	6.00		87.48 I	
				CATEGORY	6.00	0.00	87.48	

	- SUP SUNNYSIDE CITYWIDE	DEG NV NV		11.02	- 97
SALES JRNL # U262	LOC 001 SUNNYSIDE CITYWIDE	REGNY NY SALES REGISTER		VCP CHOICE LE BILL WEEK EN	
INVOICE# DATE	CUST NO CUSTOMER NAME	REFERENCE	HOURS TA	AX AMT AMOUNT	TYP SURPLUS
178762 12/30/11	000008 VISITING NURSE SERVICE	FOLLETTO, ROSIN	35.00	510.30	I
		CATEGORY	35.00	0.00 510.30	

RUN DATE 01/04/12 -	- SUP SUNN	YSIDE CITYWIDE				PAGE 1 - 98
SALES JRNL # 0262	LOC 001	SUNNYSIDE CITYWIDE	REG NY NY			CCL CONGREGATE CARE PROGRAM
		5	SALES REGISTER			BILL WEEK ENDING 1/06/12
INVOICE# DATE	CUST NO	CUSTOMER NAME	REFERENCE	HOURS	TAX AMT	AMOUNT TYP SURPLUS
INVOICE# DATE	COSI NO	COSTOMER NAME	KEPEKENCE	поокъ	IAX AMI	AMOUNI IIP SURPLUS
178763 12/30/11	800000	VISITING NURSE SERVICE	FONSECA, EUGENI	35.00		510.30 I
			CATEGORY	35.00	0.00	510.30

RUN DATE 01/04/12 -						PAGE 1 - 99	
SALES JRNL # 0262	LOC 001	SUNNYSIDE CITYWIDE	REG NY NY SALES REGISTER			VCP CHOICE LHCSA	1.0
			SALES REGISTER			BILL WEEK ENDING 1/06/	12
INVOICE# DATE	CUST NO	CUSTOMER NAME	REFERENCE	HOURS	TAX AMT	AMOUNT TYP SURPL	US
178764 12/30/11	000008	VISITING NURSE SERVICE	FONTEBOA, GUILL	30.00		437.40 I	
178765 12/30/11	800000	VISITING NURSE SERVICE	FRAGALE, CONCET	6.00		87.48 I	
			CUSTOMER	36.00	0.00	524.88	
			CATEGORY	36.00	0.00	524.88	

RUN DATE 01/04/12 - SUP SUNN SALES JRNL # 0262 LOC 001		REG NY NY			PAGE 1 - ADU ADULT	100
	S A I	LES REGISTER			BILL WEEK ENDIN	G 1/06/12
INVOICE# DATE CUST NO	CUSTOMER NAME	REFERENCE	HOURS	TAX AMT	AMOUNT TY	P SURPLUS
178766 12/30/11 000008	VISITING NURSE SERVICE	FRANKEL, LISA	2.75		40.10 I	
178767 12/30/11 000008	VISITING NURSE SERVICE	FRANKEL, LISA	6.00		87.48 I	
		CUSTOMER	8.75	0.00	127.58	
		CATEGORY	8.75	0.00	127.58	

RUN DATE 01/04/12 - SALES JRNL # 0262	SUP SUNN LOC 001	SUNNYSIDE CITYWIDE	REGNY NY SALES REGISTER			PAGE 1 LTC NURSING H BILL WEEK END	IOMEW/	
INVOICE# DATE	CUST NO	CUSTOMER NAME	REFERENCE	HOURS	TAX AMT	AMOUNT	TYP	SURPLUS
178768 12/23/11	000008	VISITING NURSE SERVICE	FRED, EULALIA	32.00		466.56	I	
178769 12/30/11	800000	VISITING NURSE SERVICE	FRED, EULALIA	56.00		816.48	I	
178770 12/30/11	800000	VISITING NURSE SERVICE	FREIJOSO, ROSA	38.00		554.04	I	
178771 12/30/11	800000	VISITING NURSE SERVICE	FUNES, GEORGINA	30.00		437.40	I	
			CUSTOMER	156.00	0.00	2,274.48		
			CATEGORY	156.00	0.00	2,274.48		

RUN DATE 01/04/12	- SUP SUNN	YSIDE CITYWIDE				PAGE 1	- 102
SALES JRNL # 0262	LOC 001	SUNNYSIDE CITYWIDE	REG NY NY			VCP CHOICE L	HCSA
		5	SALES REGISTER			BILL WEEK EN	DING 1/06/12
INVOICE# DATE	CUST NO	CUSTOMER NAME	REFERENCE	HOURS	TAX AMT	AMOUNT	TYP SURPLUS
178772 12/30/11	800000	VISITING NURSE SERVICE	GAID, ASILA	35.00		510.30	I
178773 12/30/11	000008	VISITING NURSE SERVICE	GALLARDO, ZOILA	36.00		524.88	I
178774 12/30/11	800000	VISITING NURSE SERVICE	GALLINA, VIRGIN	9.00		131.22	I
			CUSTOMER	80.00	0.00	1,166.40	
			CATEGORY	80.00	0.00	1,166.40	

RUN DATE 01/04/12	- SUP SUNN	YSIDE CITYWIDE				PAGE 1 -	- 103
SALES JRNL # 0262	LOC 001	SUNNYSIDE CITYWIDE	REG NY NY			LTC NURSING HO	DMEW/O WALLS (LT
		S	ALES REGISTER			BILL WEEK ENDI	ING 1/06/12
INVOICE# DATE	CUST NO	CUSTOMER NAME	REFERENCE	HOURS	TAX AMT	AMOUNT T	TYP SURPLUS
178775 12/30/11	000008	VISITING NURSE SERVICE	GALLO, BENJAMIN	38.25		557.69	I
178776 12/30/11	000008	VISITING NURSE SERVICE	GARAY, ANGELES	16.00		233.28	I
			CUSTOMER	54.25	0.00	790.97	
			CATEGORY		0.00	790.97	
			CATEGORY	54.25	0.00	790.97	

RUN DATE (01/04/12 -	SUP SUNN	YSIDE CITYWIDE				PAGE 1 - 104	
SALES JRNI	L # 0262	LOC 001	SUNNYSIDE CITYWIDE	REG NY NY			ADU ADULT	
			S	SALES REGISTER			BILL WEEK ENDING 1/06/12	2
T1770 T GT	53.00	G11GE 310	arramanan arram	DEFEDENCE	******		1401DE	
INVOICE#	DATE	CUST NO	CUSTOMER NAME	REFERENCE	HOURS	TAX AMT	AMOUNT TYP SURPLUS	5
178777	12/30/11	000008	VISITING NURSE SERVICE	GARCIA, ADRIANO	35.00		510.30 I	
	12,30,11		VIDITING NONDE BENVIOL	GIRGIII, IIBILIIIIG	33.00		510.50	
								-
				CATEGORY	35.00	0.00	510.30	

RUN DATE 01/04/12 - SALES JRNL # 0262		SUNNYSIDE CITYWIDE	REG NY NY ALES REGISTER			PAGE 1 - 105 VCP CHOICE LHCSA BILL WEEK ENDING 1/06/12	
INVOICE# DATE	CUST NO	CUSTOMER NAME	REFERENCE	HOURS	TAX AMT	AMOUNT TYP SURPLUS	
178778 12/30/11	800000	VISITING NURSE SERVICE	GARCIA, JOSEFIN	40.00		583.20 I	
			CATEGORY	40.00	0.00	583.20	

RUN DATE 0	01/04/12 -	SUP SUNN	YSIDE CITYWIDE				PAGE 1	- 106
SALES JRNL	4 0262	LOC 001	SUNNYSIDE CITYWIDE	REG NY NY			LTC NURSING H	HOMEW/O WALLS (LT
			:	SALES REGISTER			BILL WEEK ENI	DING 1/06/12
INVOICE#	DATE	CUST NO	CUSTOMER NAME	REFERENCE	HOURS	TAX AMT	AMOUNT	TYP SURPLUS
178779 1	L2/30/11	000008	VISITING NURSE SERVICE	GARCIA, OLGA	30.00		437.40	I
	, ,							<u>+</u>
	L2/09/11	800000	VISITING NURSE SERVICE	GARY, MIKE	7.00		102.06	1
178781 1	L2/16/11	800000	VISITING NURSE SERVICE	GARY, MIKE	7.00		102.06	I
178782 1	L2/30/11	800000	VISITING NURSE SERVICE	GARY, MIKE	28.00		408.24	I
178783 1	12/30/11	800000	VISITING NURSE SERVICE	GEBHARDT, DOROT	38.00		554.04	I
				CUSTOMER	110.00	0.00	1,603.80	
				CATEGORY	110.00	0.00	1,603.80	

RUN DATE	01/04/12 -	SUP SUNN	YSIDE CITYWIDE				PAGE 1 - 107	
SALES JRN	L # 0262	LOC 001	SUNNYSIDE CITYWIDE	REG NY NY			ADU ADULT	
			S	SALES REGISTER			BILL WEEK ENDING 1/0	6/12
INVOICE#	DATE	CUST NO	CUSTOMER NAME	REFERENCE	HOURS	TAX AMT	AMOUNT TYP SUR	PLUS
178784	12/30/11	800000	VISITING NURSE SERVICE	GEORGE, MARY	1.00		14.58 I	
				CATEGORY	1.00	0.00	14.58	

RUN DATE 01/0	04/12 - SUP SUNN	YSIDE CITYWIDE				PAGE 1	- 10	18
SALES JRNL #	0262 LOC 001	SUNNYSIDE CITYWIDE	REG NY NY			VCP CHOICE L		
		\$	SALES REGISTER			BILL WEEK EN	DING	1/06/12
INVOICE# DA	ATE CUST NO	CUSTOMER NAME	REFERENCE	HOURS	TAX AMT	AMOUNT	TYP	SURPLUS
178785 12/2	23/11 000008	VISITING NURSE SERVICE	GEORGE, MERCEDE	7.00		102.06	I	
178786 12/3	30/11 000008	VISITING NURSE SERVICE	GEORGE, MERCEDE	41.75		608.72	I	
			CUSTOMER	48.75	0.00	710.78		
			CATEGORY	48.75	0.00	710.78		

RUN DATE	01/04/12 -	SUP SUNN	YSIDE CITYWIDE				PAGE 1 - 1	09
SALES JRN	L # 0262	LOC 001	SUNNYSIDE CITYWIDE	REG NY NY			LTC NURSING HOMEW	/O WALLS (LT
			5	SALES REGISTER			BILL WEEK ENDING	1/06/12
INVOICE#	DATE	CUST NO	CUSTOMER NAME	REFERENCE	HOURS	TAX AMT	AMOUNT TYP	SURPLUS
178787	12/30/11	800000	VISITING NURSE SERVICE	GIORGIO, WILLIA	44.25		645.17 I	
				CATEGORY	44.25	0.00	645.17	

RUN DATE 01/04/12 - SALES JRNL # 0262	- SUP SUNN LOC 001	SUNNYSIDE CITYWIDE	REG NY NY SALES REGISTER			PAGE 1 - : ADU ADULT BILL WEEK ENDING	1/06/12
INVOICE# DATE	CUST NO	CUSTOMER NAME	REFERENCE	HOURS	TAX AMT	AMOUNT TYP	SURPLUS
178788 12/30/11 178789 12/30/11	800000 800000	VISITING NURSE SERVICE VISITING NURSE SERVICE	•	8.00		116.64 I 43.74 I	
			CUSTOMER	11.00	0.00	160.38	
			CATEGORY	11.00	0.00	160.38	

RUN DATE	01/04/12 -	SUP SUNN	YSIDE CITYWIDE				PAGE 1 - 11	11
SALES JRN	IL # 0262	LOC 001	SUNNYSIDE CITYWIDE	REG NY NY			CCL CONGREGATE CAR	RE PROGRAM
			5	SALES REGISTER			BILL WEEK ENDING	1/06/12
INVOICE#	DATE	CUST NO	CUSTOMER NAME	REFERENCE	HOURS	TAX AMT	AMOUNT TYP	SURPLUS
178790	12/30/11	800000	VISITING NURSE SERVICE	GOLIGHTLY, OZEL	56.00		816.48 I	
				CATEGORY	56.00	0.00	816.48	

RUN DATE	01/04/12 -	SUP SUNN	YSIDE CITYWIDE				PAGE 1 - 1	L12
SALES JRN	NL # 0262	LOC 001	SUNNYSIDE CITYWIDE	REG NY NY			VCP CHOICE LHCSA	
			2	SALES REGISTER			BILL WEEK ENDING	1/06/12
INVOICE#	DATE	CUST NO	CUSTOMER NAME	REFERENCE	HOURS	TAX AMT	AMOUNT TYP	SURPLUS
178791	12/30/11	800000	VISITING NURSE SERVICE	GOMEZ, JOSEFINA	6.00		87.48 I	
				CATEGORY	6.00	0.00		

	SUP SUNNYSIDE CITYWIDE LOC 001 SUNNYSIDE CITYWIDE	REGNY NY SALES REGISTER		PAGE 1 - 113 LTC NURSING HOMEW/O WALLS (LT BILL WEEK ENDING 1/06/12
INVOICE# DATE	CUST NO CUSTOMER NAME	REFERENCE	HOURS TAX AMT	AMOUNT TYP SURPLUS
178792 12/30/11 178793 12/30/11	000008 VISITING NURSE SERVICE 000008 VISITING NURSE SERVICE	· · · · · · · · · · · · · · · · · · ·	35.00 32.00	510.30 I 466.56 I
		CUSTOMER	67.00 0.00	976.86
		CATEGORY	67.00 0.00	976.86

RUN DATE 01/04/12 - SALES JRNL # 0262		SUNNYSIDE CITYWIDE	REGNY NY SALES REGISTER			PAGE 1 - 1 VCP CHOICE LHCSA BILL WEEK ENDING	1/06/12
INVOICE# DATE	CUST NO	CUSTOMER NAME	REFERENCE	HOURS	TAX AMT	AMOUNT TYP	SURPLUS
178794 12/30/11	800000	VISITING NURSE SERVICE	GONZALEZ, DOLOR	42.00		612.36 I	
			CATEGORY	42.00	0.00	612.36	

RUN DATE 01/04/12 - SALES JRNL # 0262	SUP SUNN LOC 001	SUNNYSIDE CITYWIDE	REGNY NY SALES REGISTER			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
178795 12/30/11	800000	VISITING NURSE SERVICE	GONZALEZ, ELSA	30.00		437.40 I	
			CATEGORY	30.00	0.00	437.40	

RUN DATE 01/04/12 SALES JRNL # 0262		NYSIDE CITYWIDE	REGNY NY SALES REGISTER			PAGE 1 - : VCP CHOICE LHCSA BILL WEEK ENDING	
INVOICE# DATE	CUST NO CUSTO	OMER NAME	REFERENCE	HOURS	TAX AMT	AMOUNT TYP	SURPLUS
178796 12/23/11 178797 12/30/11 178798 12/30/11	000008 VISIT	TING NURSE SERVICE TING NURSE SERVICE TING NURSE SERVICE	GOYES, ELBA GOYES, ELBA GRAVER, EDNA	20.00 24.00 32.00		291.60 I 349.92 I 466.56 I	
			CUSTOMER	76.00	0.00	1,108.08	
			CATEGORY	76.00	0.00	1,108.08	

RUN DATE 01/04/						PAGE 1 -	'
SALES JRNL # 02	262 LOC 001		REG NY NY S A L E S R E G I S T E R			LAA LOMBARDI AII BILL WEEK ENDING	
INVOICE# DATE	CUST NO	CUSTOMER NAME	REFERENCE	HOURS	TAX AMT	AMOUNT TY	P SURPLUS
178799 12/30/	11 000008	VISITING NURSE SERVICE	GRESSINE, ARNOL	41.50		605.07 I	
			CATEGORY	41.50	0.00	605.07	

RUN DATE SALES JRN		SUP SUNN LOC 001	YSIDE CITYWIDE SUNNYSIDE CITYWIDE	REG NY NY SALES REGISTER			PAGE 1 - 1 ADU ADULT BILL WEEK ENDING	
INVOICE#	DATE	CUST NO	CUSTOMER NAME	REFERENCE	HOURS	TAX AMT	AMOUNT TYP	, ,
178800	12/30/11	800000	VISITING NURSE SERVICE	GUERRERO, SUSAN	6.00		87.48 I	
				CATEGORY	6.00	0.00	87.48	

RUN DATE 01/04/12 - SALES JRNL # 0262		SUNNYSIDE CITYWIDE	REGNY NY SALES REGISTER			PAGE 1 VCP CHOICE L BILL WEEK EN	
INVOICE# DATE	CUST NO	CUSTOMER NAME	REFERENCE	HOURS	TAX AMT	AMOUNT	TYP SURPLUS
178801 12/30/11 178802 12/30/11	800000 800000	VISITING NURSE SERVICE VISITING NURSE SERVICE	,	72.00 39.50		1,049.76 575.91	I I
			CUSTOMER	111.50	0.00	1,625.67	
			CATEGORY	111.50	0.00	1,625.67	

RUN DATE 01/04/12 - SU					PAGE 1 - 120
SALES JRNL # 0262 LC	OC 001 SUNNYSIDE CITYWIDE	REG NY NY			ADU ADULT
	2	SALES REGISTER			BILL WEEK ENDING 1/06/12
INVOICE# DATE CU	UST NO CUSTOMER NAME	REFERENCE	HOURS	TAX AMT	AMOUNT TYP SURPLUS
178803 12/30/11 00	00008 VISITING NURSE SERVICE	GUTIERREZ, JOSE	22.00		320.76 I
178804 12/30/11 00	00008 VISITING NURSE SERVICE	HENAO, BEATRIZ	16.00		233.28 I
		CUSTOMER	38.00	0.00	554.04
		CATEGORY	38.00	0.00	554.04

RUN DATE 01/	04/12 - SUP SUNN	YSIDE CITYWIDE				PAGE 1 -	121
SALES JRNL #	0262 LOC 001	SUNNYSIDE CITYWIDE	REG NY NY			VCP CHOICE LHCSA	
		\$	SALES REGISTER			BILL WEEK ENDING	3 1/06/12
INVOICE# D	ATE CUST NO	CUSTOMER NAME	REFERENCE	HOURS	TAX AMT	AMOUNT TYP	SURPLUS
178805 12/3	30/11 000008	VISITING NURSE SERVICE	HENDY, BERNICE	15.00		218.70 I	
			CATEGORY	15.00	0.00	218.70	

RUN DATE 01/04/12 - SALES JRNL # 0262		YSIDE CITYWIDE SUNNYSIDE CITYWIDE	REG NY NY			PAGE 1 - 12 ADU ADULT	22
DALLO CIUL # 0202	100 001		SALES REGISTER			BILL WEEK ENDING	1/06/12
INVOICE# DATE	CUST NO	CUSTOMER NAME	REFERENCE	HOURS	TAX AMT	AMOUNT TYP	SURPLUS
178806 12/30/11 178807 12/30/11	800000 800000	VISITING NURSE SERVICE VISITING NURSE SERVICE	~- ,	56.00 40.00		816.48 I 583.20 I	
			CUSTOMER	96.00	0.00	1,399.68	
			CATEGORY	96.00	0.00	1,399.68	

RUN DATE 01/04/12 -						11102	- 12	
SALES JRNL # 0262	LOC 001	SUNNYSIDE CITYWIDE	REG NY NY			LTC NURSING H		,
			SALES REGISTER			BILL WEEK END	ING	1/06/12
INVOICE# DATE	CUST NO	CUSTOMER NAME	REFERENCE	HOURS	TAX AMT	AMOUNT	TYP	SURPLUS
178808 12/30/11	000008	VISITING NURSE SERVICE	HERRERA, ANGELA	30.00		437.40	I	
178809 12/30/11	800000	VISITING NURSE SERVICE	HERRERA, HORACI	29.25		426.47	I	
178810 12/30/11	800000	VISITING NURSE SERVICE	HUNGRIA, SABINA	39.50		575.91	I	
			CUSTOMER	98.75	0.00	1,439.78		
			CATEGORY	98.75	0.00	1,439.78		

RUN DATE 01/04/12 - SALES JRNL # 0262		SUNNYSIDE CITYWIDE	REG NY NY A L E S R E G I S T E R			PAGE 1 - 124 VCP CHOICE LHCSA BILL WEEK ENDING 1/06/12
INVOICE# DATE	CUST NO	CUSTOMER NAME	REFERENCE	HOURS	TAX AMT	AMOUNT TYP SURPLUS
178811 12/30/11	800000	VISITING NURSE SERVICE	IBASCO, SOFIA	8.00		116.64 I
			CATEGORY	8.00	0.00	116.64

RUN DATE	01/04/12 -	SUP SUNN	YSIDE CITYWIDE				PAGE 1 -	125
SALES JRI	NL # 0262	LOC 001	SUNNYSIDE CITYWIDE	REG NY NY			LAA LOMBARDI AII	OS ADULT POPUL
			;	SALES REGISTER			BILL WEEK ENDING	1/06/12
INVOICE#	DATE	CUST NO	CUSTOMER NAME	REFERENCE	HOURS	TAX AMT	AMOUNT TYPE	SURPLUS
178812	12/30/11	800000	VISITING NURSE SERVICE	INOSTROZA, RAPH	29.00		422.82 I	
				CATEGORY	29.00	0.00	422.82	

RUN DATE 01/04/12 -							126
SALES JRNL # 0262	LOC 001	SUNNYSIDE CITYWIDE	REG NY NY			ADU ADULT	1 /0 € /1 0
		5	ALES REGISTER			BILL WEEK ENDING	1/06/12
INVOICE# DATE	CUST NO	CUSTOMER NAME	REFERENCE	HOURS	TAX AMT	AMOUNT TYP	SURPLUS
178813 12/30/11	800000	VISITING NURSE SERVICE	INSERRA, CATHER	41.50		605.08 I	
			CATEGORY	41.50	0.00	605.08	

			YSIDE CITYWIDE				PAGE 1 - 12	•
SALES JRN	L # 0262	LOC 001	SUNNYSIDE CITYWIDE	REG NY NY			CCL CONGREGATE CAR	
			2	SALES REGISTER			BILL WEEK ENDING	1/06/12
INVOICE#	DATE	CUST NO	CUSTOMER NAME	REFERENCE	HOURS	TAX AMT	AMOUNT TYP	SURPLUS
178814	12/30/11	000008	VISITING NURSE SERVICE	IRUSTA, MARIA	9.00		131.22 I	
				CATEGORY	9.00	0.00	131.22	

RUN DATE 01/04/12			DEC NV NV			PAGE 1 - 128	
SALES JRNL # U262	TOC 001	SUNNYSIDE CITYWIDE S	REGNY NY SALES REGISTER			ADU ADULT BILL WEEK ENDING 1	/06/12
INVOICE# DATE	CUST NO	CUSTOMER NAME	REFERENCE	HOURS	TAX AMT	AMOUNT TYP S	URPLUS
					IAX AHI	-	OKI HOD
178815 12/30/11	800000	VISITING NURSE SERVICE	ISKENDERIAN, KA	30.00		437.40 I	
			CATEGORY	30.00	0.00	437.40	

RUN DATE 01/04/12 - SALES JRNL # 0262		SUNNYSIDE CITYWIDE	REGNY 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
178816 12/30/11 178817 12/30/11	000008 000008	VISITING NURSE SERVICE VISITING NURSE SERVICE	,	35.00 38.00		510.30 554.04	I I
			CUSTOMER	73.00	0.00	1,064.34	
			CATEGORY	73.00	0.00	1,064.34	

RUN DATE (- SUP SUNN LOC 001	YSIDE CITYWIDE SUNNYSIDE CITYWIDE	REG NY NY			PAGE 1 VCP CHOICE LE	- 13	30
DALLES OWN	L # 0202	100 001		SALES REGISTER			BILL WEEK ENI		1/06/12
INVOICE#	DATE	CUST NO	CUSTOMER NAME	REFERENCE	HOURS	TAX AMT	AMOUNT	TYP	SURPLUS
	12/30/11	000008	VISITING NURSE SERVICE	JARA, DELIA	9.75		142.16	I	
	12/30/11	800000	VISITING NURSE SERVICE	JARAMILLO PAL,	1.00		14.58	I	
178820	12/30/11	000008	VISITING NURSE SERVICE	JHAVERI, RAMESH	31.00		451.98	Τ	
				CUSTOMER	41.75	0.00	608.72		
				CATEGORY	41.75	0.00	608.72		

	E 01/04/12 - RNL # 0262		YSIDE CITYWIDE SUNNYSIDE CITYWIDE S	REG NY NY SALES REGISTER			PAGE 1 - HOA HOSPICE AI BILL WEEK END	-	1/06/12
INVOICE	# DATE	CUST NO	CUSTOMER NAME	REFERENCE	HOURS	TAX AMT	AMOUNT '	TYP	SURPLUS
178821	12/30/11	800000	VISITING NURSE SERVICE	JIANNARAS, ANNA	70.00		1,020.60	I	
				CATEGORY	70.00	0.00	1,020.60		

RUN DATE 01/04/12 -	SUP SUNN	YSIDE CITYWIDE				PAGE 1 -	- 132
SALES JRNL # 0262	LOC 001		REG NY NY				OMEW/O WALLS (LT
		S	ALES REGISTER			BILL WEEK END	ING 1/06/12
INVOICE# DATE	CUST NO	CUSTOMER NAME	REFERENCE	HOURS	TAX AMT	AMOUNT 7	TYP SURPLUS
178822 12/30/11	800000	VISITING NURSE SERVICE	JIMENEZ, ALTAGR	16.00		233.28	I
			CATEGORY	16.00	0.00	233.28	

RUN DATE 01/04/12 - SALES JRNL # 0262	- SUP SUNN LOC 001	SUNNYSIDE CITYWIDE	REG NY NY SALES REGISTER			PAGE 1 - ADU ADULT BILL WEEK END	
INVOICE# DATE	CUST NO	CUSTOMER NAME	REFERENCE	HOURS	TAX AMT	AMOUNT T	TYP SURPLUS
178823 12/30/11 178824 12/30/11 178825 12/30/11	000008 000008 000008	VISITING NURSE SERVICE VISITING NURSE SERVICE VISITING NURSE SERVICE	JIMENEZ, BETTY JOHNSON, DOROTH JOHNSON, FANNY	4.00 16.00 15.25		58.32 233.28 222.35	I I I
			CUSTOMER	35.25	0.00	513.95	
			CATEGORY	35.25	0.00	513.95	

RUN DATE 0	1/04/12 -	SUP SUNN	YSIDE CITYWIDE				PAGE 1 - 1	134
SALES JRNL	# 0262	LOC 001	SUNNYSIDE CITYWIDE	REG NY NY			LTC NURSING HOME	V/O WALLS (LT
			S	SALES REGISTER			BILL WEEK ENDING	1/06/12
INVOICE#	DATE	CUST NO	CUSTOMER NAME	REFERENCE	HOURS	TAX AMT	AMOUNT TYP	SURPLUS
1.00006	0 / 0 0 / 1 1				04 55		260.06 -	
178826 1	2/30/11	800000	VISITING NURSE SERVICE	JORRIN, HORTENS	24.75		360.86 I	
					04 55		260.06	
				CATEGORY	24.75	0.00	360.86	

	2 - SUP SUNNYSIDE CITYWIDE 2 LOC 001 SUNNYSIDE CITYWIDE	REGNY NY SALES REGISTE	R		PAGE 1 - 135 ADU ADULT BILL WEEK ENDING	1/06/12
INVOICE# DATE	CUST NO CUSTOMER NAME	REFERENCE	HOURS	TAX AMT	AMOUNT TYP	SURPLUS
178827 12/30/1	1 000008 VISITING NURSE SERVI	CE KALISZ, LORA	10.00		145.80 I	
		CATEGORY	10.00	0.00	145.80	

RUN DATE 01/04 SALES JRNL # 0		SUNNYSIDE CITYWIDE	REG NY NY			VCP CHOICE LE		
		2	SALES REGISTER			BILL WEEK ENI	DING	1/06/12
INVOICE# DAT	E CUST NO	CUSTOMER NAME	REFERENCE	HOURS	TAX AMT	AMOUNT	TYP	SURPLUS
178828 12/30	/11 000008	VISITING NURSE SERVICE	KAUR, SARD	8.00		116.64	I	
178829 12/30	/11 000008	VISITING NURSE SERVICE	KAUR, SHARAN	31.00		451.98	I	
178830 12/30	/11 000008	VISITING NURSE SERVICE	KEARNEY, LORRAI	20.00		291.60	I	
			CUSTOMER	59.00	0.00	860.22		
			CATEGORY	59.00	0.00	860.22		

RUN DATE 01/04/12	- SUP SUN	NYSIDE CITYWIDE				PAGE 1 -	137
SALES JRNL # 0262	LOC 001	SUNNYSIDE CITYWIDE	REG NY NY			ADU ADULT	
		i	SALES REGISTER			BILL WEEK ENDING	3 1/06/12
INVOICE# DATE	CUST NO	CUSTOMER NAME	REFERENCE	HOURS	TAX AMT	AMOUNT TY	SURPLUS
INVOICE# DATE	CUSI NO	CUSTOMER NAME	REFERENCE	HOURS	IAX AMI	AMOUNI III	SURPLUS
178831 12/30/11	000008	VISITING NURSE SERVICE	KONSTANTINAKOS,	60.00		874.80 I	
			,				
			CATEGORY	60.00	0.00	874.80	

RUN DATE 01/04/12 - SALES JRNL # 0262	SUP SUNN LOC 001	SUNNYSIDE CITYWIDE	REG NY NY A L E S R E G I S T E R			PAGE 1 - VCP CHOICE LHCS BILL WEEK ENDIN	A
INVOICE# DATE	CUST NO	CUSTOMER NAME	REFERENCE	HOURS	TAX AMT	AMOUNT TY	P SURPLUS
178832 12/30/11 178833 12/23/11 178834 12/30/11 178835 12/30/11	000008 000008 000008	VISITING NURSE SERVICE VISITING NURSE SERVICE VISITING NURSE SERVICE VISITING NURSE SERVICE	KOUTROUBAS, THE LARA-MORA, BELE LARA-MORA, BELE LE, HO	56.00 7.00 54.25 3.00		816.48 I 102.06 I 790.97 I 43.74 I	
			CUSTOMER	120.25	0.00	1,753.25	
			CATEGORY	120.25	0.00	1,753.25	

		NYSIDE CITYWIDE				PAGE 1 - 139	
SALES JRNL # 0	262 LOC 001		REGNY NY SALES REGISTER			ADU ADULT BILL WEEK ENDING	1/06/12
INVOICE# DAT	E CUST NO	CUSTOMER NAME	REFERENCE	HOURS	TAX AMT	AMOUNT TYP	SURPLUS
178836 12/30	/11 000008	VISITING NURSE SERVICE	LEAVITT, NORMAN	1.00		14.58 I	
			CATEGORY	1.00	0.00	14.58	

ı	RUN DATE	01/04/12 -	SUP SUNN	YSIDE CITYWIDE				PAGE 1 - 1	140
ı	SALES JRN	IL # 0262	LOC 001	SUNNYSIDE CITYWIDE	REG NY NY			CCL CONGREGATE CA	ARE PROGRAM
ı				\$	SALES REGISTER			BILL WEEK ENDING	1/06/12
	INVOICE#	DATE	CUST NO	CUSTOMER NAME	REFERENCE	HOURS	TAX AMT	AMOUNT TYP	SURPLUS
	178837	12/30/11	000008	VISITING NURSE SERVICE	LEE, HEE	9.00		131.22 I	
		, ,			,				
								121 00	
ı					CATEGORY	9.00	0.00	131.22	

RUN DATE 01/04/12 SALES JRNL # 0262	- SUP SUNNYSIDE CITYWIDE LOC 001 SUNNYSIDE CITY	WIDE REGNY NY SALES REGIST	E R			- 141 DMEW/O WALLS (LT ING 1/06/12
INVOICE# DATE	CUST NO CUSTOMER NAME	REFERENCE	HOURS	TAX AMT	AMOUNT T	TYP SURPLUS
178838 12/30/11 178839 12/30/11	000008 VISITING NURSE 0000008 VISITING NURSE		16.00 I 20.00		233.28 291.60	I I
		CUSTOMER	36.00	0.00	524.88	
		CATEGORY	36.00	0.00	524.88	

RUN DATE	01/04/12 -	SUP SUNN	YSIDE CITYWIDE				PAGE 1 - 142	
SALES JRN	L # 0262	LOC 001	SUNNYSIDE CITYWIDE	REG NY NY			VCP CHOICE LHCSA	
			S	SALES REGISTER			BILL WEEK ENDING 1/06/1	12
INVOICE#	DATE	CUST NO	CUSTOMER NAME	REFERENCE	HOURS	TAX AMT	AMOUNT TYP SURPLU	JS
178840	12/30/11	800000	VISITING NURSE SERVICE	LEWIS, CATHERIN	56.00		816.48 I	
				CATEGORY	56.00	0.00	816.48	

RUN DATE 01/04/12 - SALES JRNL # 0262	- SUP SUNN LOC 001	SUNNYSIDE CITYWIDE	REGNY NY SALES REGISTER			PAGE 1 - ADU ADULT BILL WEEK ENDI	
INVOICE# DATE	CUST NO	CUSTOMER NAME	REFERENCE	HOURS	TAX AMT	AMOUNT T	YP SURPLUS
178841 12/30/11	800000	VISITING NURSE SERVICE	LINARES, MYRIAM	23.75		346.28	I
			CATEGORY	23.75	0.00	346.28	

	SUP SUNNYSIDE CITYWIDE LOC 001 SUNNYSIDE CITYWIDE	REG NY NY		PAGE 1 - 144 VCP CHOICE LHCSA
	S	ALES REGISTER		BILL WEEK ENDING 1/06/12
INVOICE# DATE C	CUST NO CUSTOMER NAME	REFERENCE	HOURS TAX AMT	AMOUNT TYP SURPLUS
178842 12/30/11 0	000008 VISITING NURSE SERVICE	LIRIANO, FRANCI	70.00	1,020.60 I
		CATEGORY	70.00 0.00	1,020.60

RUN DATE 01/04/12 SALES JRNL # 0262		SUNNYSIDE CITYWIDE	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
178843 12/30/11 178844 12/30/11	000008 000008	VISITING NURSE SERVICE VISITING NURSE SERVICE	,	56.00 42.00		816.48 612.36	I	
			CUSTOMER	98.00	0.00	1,428.84		
			CATEGORY	98.00	0.00	1,428.84		

RUN DATE 01/04/12			DDG NV NV			-	46
SALES JRNL # 0262	LOC 001	SUNNYSIDE CITYWIDE	REGNY NY SALES REGISTER			VCP CHOICE LHCSA BILL WEEK ENDING	1/06/12
INVOICE# DATE	CUST NO	CUSTOMER NAME	REFERENCE	HOURS	TAX AMT	AMOUNT TYP	SURPLUS
178845 12/30/11 178846 12/30/11	000008 000008	VISITING NURSE SERVICE VISITING NURSE SERVICE	·	70.00 35.00		1,020.60 I 510.30 I	
			CUSTOMER	105.00	0.00	1,530.90	
			CATEGORY	105.00	0.00	1,530.90	

	01/04/12 - IL # 0262		YSIDE CITYWIDE SUNNYSIDE CITYWIDE	REG NY NY SALES REGISTER			PAGE 1 - 1: AUR ADULT REHAB OF BILL WEEK ENDING	-:
INVOICE#	DATE	CUST NO	CUSTOMER NAME	REFERENCE	HOURS	TAX AMT	AMOUNT TYP	SURPLUS
178847	12/30/11	800000	VISITING NURSE SERVICE	LOPEZ, GRACIELA	9.00		131.22 I	
				CATEGORY	9.00	0.00	131.22	

RUN DATE 01/04/12 - SALES JRNL # 0262	SUP SUNN LOC 001	SUNNYSIDE CITYWIDE	REG NY NY A L E S R E G I S T E R			PAGE 1 - 148 LTC NURSING HOMEW/O WALLS (LT BILL WEEK ENDING 1/06/12	
INVOICE# DATE	CUST NO	CUSTOMER NAME	REFERENCE	HOURS	TAX AMT	AMOUNT TYP SURPLUS	
178848 12/30/11	800000	VISITING NURSE SERVICE	LOPEZ, MARIA	40.50		590.49 I	
			CATEGORY	40.50	0.00	590.49	

RUN DATE 01/04/12 -	SUP SUNN	YSIDE CITYWIDE				PAGE 1 -	149
SALES JRNL # 0262	LOC 001		REG NY NY			ADU ADULT	
		S	SALES REGISTER			BILL WEEK ENDI	NG 1/06/12
INVOICE# DATE	CUST NO	CUSTOMER NAME	REFERENCE	HOURS	TAX AMT	AMOUNT T	YP SURPLUS
178849 12/30/11	000008	VISITING NURSE SERVICE	LORIA, DIANA	18.00		262.44	I
178850 12/30/11	800000	VISITING NURSE SERVICE	LOUKATOS, VIRGI	15.00		218.70	I
						401 14	
			CUSTOMER	33.00	0.00	481.14	
			CATEGORY	33.00	0.00	481.14	

RUN DATE 01/04/12 - SALES JRNL # 0262		SUNNYSIDE CITYWIDE	REG NY NY SALES REGISTER			PAGE 1 - 15 CCL CONGREGATE CAR BILL WEEK ENDING	
INVOICE# DATE	CUST NO	CUSTOMER NAME	REFERENCE	HOURS	TAX AMT	AMOUNT TYP	SURPLUS
178851 12/23/11 178852 12/30/11 178853 12/30/11	000008	VISITING NURSE SERVICE VISITING NURSE SERVICE VISITING NURSE SERVICE	LUCES, LETICIA	4.00 20.00 30.00		58.32 I 291.60 I 437.40 I	
			CUSTOMER	54.00	0.00	787.32	
			CATEGORY	54.00	0.00	787.32	

RUN DATE 01/04/12 -	- SUP SUNN	YSIDE CITYWIDE				PAGE 1 - 151	
SALES JRNL # 0262	LOC 001	SUNNYSIDE CITYWIDE	REG NY NY			ADU ADULT	
			SALES REGISTER			BILL WEEK ENDING 1/0	6/12
INVOICE# DATE	CUST NO	CUSTOMER NAME	REFERENCE	HOURS	TAX AMT	AMOUNT TYP SUR	PLUS
178854 12/30/11	800000	VISITING NURSE SERVICE	MACCHIA, CATHY	39.00		568.62 I	
			CATEGORY	39.00	0.00	 568.62	
			CALEGORI	39.00	0.00	300.02	

RUN DATE 01/04/12 -	SUP SUNNYS	SIDE CITYWIDE				PAGE 1 - 152
SALES JRNL # 0262	LOC 001	SUNNYSIDE CITYWIDE	REG NY NY			CCL CONGREGATE CARE PROGRAM
		S	SALES REGISTER			BILL WEEK ENDING 1/06/12
INVOICE# DATE	CUST NO C	CUSTOMER NAME	REFERENCE	HOURS	TAX AMT	AMOUNT TYP SURPLUS
INVOICE# DATE	COST NO C	LUSIOMER NAME	REFERENCE	HOURS	IAA AMI	AMOUNT TIP SURPLUS
178855 12/30/11	000008 V	VISITING NURSE SERVICE	MAGILLIGAN, LOR	25.00		364.50 I
			CATEGORY	25.00	0.00	364.50

RUN DATE 01/04/12 SALES JRNL # 0262			REG NY NY			PAGE 1 VCP CHOICE L	- 15 HCSA	53
		:	SALES REGISTER			BILL WEEK EN	DING	1/06/12
INVOICE# DATE	CUST NO	CUSTOMER NAME	REFERENCE	HOURS	TAX AMT	AMOUNT	TYP	SURPLUS
178856 12/30/13		VISITING NURSE SERVICE		69.75		1,016.96	I	
178857 12/30/13 178858 12/30/13		VISITING NURSE SERVICE VISITING NURSE SERVICE	- ,	20.00 74.25		291.60 1,082.58	I	
			CUSTOMER	164.00	0.00	2,391.14		
			CATEGORY	164.00	0.00	2,391.14		

RUN DATE 01/04/12 -	SUP SUNN	YSIDE CITYWIDE				PAGE 1	- 15	4
SALES JRNL # 0262	LOC 001	SUNNYSIDE CITYWIDE	REG NY NY			LTC NURSING H	HOMEW/	O WALLS (LT
		S	SALES REGISTER			BILL WEEK END	DING	1/06/12
INVOICE# DATE	CUST NO	CUSTOMER NAME	REFERENCE	HOURS	TAX AMT	AMOUNT	TYP	SURPLUS
178859 12/30/11	000008	VISITING NURSE SERVICE	MANOS, ARCHIE	35.50		517.59	I	
178860 12/30/11	800000	VISITING NURSE SERVICE	MANOS, VASILIKE	16.25		236.93	I	
			CUSTOMER	51.75	0.00	754.52		
			COSTOMER	51.75	0.00	754.52		
			CATEGORY	51.75	0.00	754.52		

RUN DATE SALES JRN		SUP SUNN LOC 001	YSIDE CITYWIDE SUNNYSIDE CITYWIDE	REG NY NY			PAGE 1 - 155 ADU ADULT	
				S A L E S R E G I S T E R			BILL WEEK ENDING	1/06/12
INVOICE#	DATE	CUST NO	CUSTOMER NAME	REFERENCE	HOURS	TAX AMT	AMOUNT TYP	SURPLUS
178861	12/30/11	800000	VISITING NURSE SERVICE	MANTILLA, CLEME	12.00		174.96 I	
				CATEGORY	12.00	0.00	174.96	

RUN DATE 01/04/12 - SUP SUN	NYSIDE CITYWIDE				PAGE 1 - 1	56
SALES JRNL # 0262 LOC 001	SUNNYSIDE CITYWIDE	REG NY NY			CCL CONGREGATE CA	RE PROGRAM
	S	ALES REGISTER			BILL WEEK ENDING	1/06/12
INVOICE# DATE CUST NO	CUSTOMER NAME	REFERENCE	HOURS	TAX AMT	AMOUNT TYP	SURPLUS
178862 12/30/11 000008	VISITING NURSE SERVICE	MARINO, ANN	19.75		287.96 I	
,		,				
		CAERCODY	10.75		207.06	
		CATEGORY	19.75	0.00	287.96	

RUN DATE 01/04/12 -		YSIDE CITYWIDE				PAGE 1 - 15	7
SALES JRNL # 0262	LOC 001	SUNNYSIDE CITYWIDE	REG NY NY			VCP CHOICE LHCSA	
			SALES REGISTER			BILL WEEK ENDING	1/06/12
INVOICE# DATE	CUST NO	CUSTOMER NAME	REFERENCE	HOURS	TAX AMT	AMOUNT TYP	SURPLUS
178863 12/30/11	800000	VISITING NURSE SERVICE	MARMOL ESPINAL,	25.00		364.50 I	
			CATEGORY	25.00	0.00	364.50	

	SUP SUNNYSIDE CITYWIDE LOC 001 SUNNYSIDE CITYWIDE	REG NY NY SALES REGISTER			PAGE 1 - 158 LTC NURSING HOMEW/O WALLS (LT BILL WEEK ENDING 1/06/12	
INVOICE# DATE	CUST NO CUSTOMER NAME	REFERENCE	HOURS	TAX AMT	AMOUNT TYP SURPLUS	
178864 12/23/11 178865 12/30/11	000008 VISITING NURSE SERVICE 000008 VISITING NURSE SERVICE	- •	6.25 42.00		91.13 I 612.37 I	
		CUSTOMER	48.25	0.00	703.50	
		CATEGORY	48.25	0.00	703.50	

RUN DATE 01/04/12 SALES JRNL # 0262		SUNNYSIDE CITYWIDE	REG NY NY SALES REGISTER			PAGE 1 - VCP CHOICE LHCSA BILL WEEK ENDING	
INVOICE# DATE	CUST NO	CUSTOMER NAME	REFERENCE	HOURS	TAX AMT	AMOUNT TYPE	SURPLUS
178866 12/23/11 178867 12/30/11 178868 12/30/11	000008 000008 000008	VISITING NURSE SERVICE VISITING NURSE SERVICE VISITING NURSE SERVICE	MARTIN, ELAUCAD MARTIN, ELAUCAD MARTINEZ, CAMIL	3.00 12.00 15.00		43.74 I 174.96 I 218.70 I	
			CUSTOMER	30.00	0.00	437.40	
			CATEGORY	30.00	0.00	437.40	

RUN DATE (SALES JRNI		SUP SUNN LOC 001	YSIDE CITYWIDE SUNNYSIDE CITYWIDE S	REGNY NY SALES REGISTER			PAGE 1 - CCL CONGREGATE (BILL WEEK ENDING	
INVOICE#	DATE	CUST NO	CUSTOMER NAME	REFERENCE	HOURS	TAX AMT	AMOUNT TY	SURPLUS
178869 1	12/30/11	800000	VISITING NURSE SERVICE	MARTINEZ, ELENA	70.00		1,020.60 I	
				CATEGORY	70.00	0.00	1,020.60	

RUN DATE 01/04/12 SALES JRNL # 0262	- SUP SUNN LOC 001	SUNNYSIDE CITYWIDE	REG NY NY SALES REGISTER			PAGE 1 VCP CHOICE L BILL WEEK EN		1/06/12
INVOICE# DATE	CUST NO	CUSTOMER NAME	REFERENCE	HOURS	TAX AMT	AMOUNT	TYP	SURPLUS
178870 12/30/11 178871 12/30/11 178872 12/30/11	000008 000008 000008	VISITING NURSE SERVICE VISITING NURSE SERVICE VISITING NURSE SERVICE	MARTINEZ, MARGA MARTINEZ, MARTA MARTINEZ, ROSA	30.00 23.75 84.00		437.40 346.28 1,224.72	I I I	
			CUSTOMER	137.75	0.00	2,008.40		
			CATEGORY	137.75	0.00	2,008.40		

RUN DATE 01/04/12 -	- SUP SUNN	YSIDE CITYWIDE				PAGE 1 - 162	
SALES JRNL # 0262	LOC 001	SUNNYSIDE CITYWIDE	REG NY NY			LTC NURSING HOMEW/O WALLS (LT	
			SALES REGISTER			BILL WEEK ENDING 1/06/12	
T1770 T GT	GTTGT 170	anamanan mana		******		14019TE EUD GUDDI 110	
INVOICE# DATE	CUST NO	CUSTOMER NAME	REFERENCE	HOURS	TAX AMT	AMOUNT TYP SURPLUS	
178873 12/30/11	000008	VISITING NURSE SERVICE	MARTINEZ, ROSAL	17.75		258.80 I	
1/88/3 12/30/11	000006	VISITING NURSE SERVICE	MARIINEZ, ROSAL	17.75		250.00 1	
			CATEGORY	17.75	0.00	258.80	
			CATHOOKI	17.75	0.00	250.00	

			YSIDE CITYWIDE				PAGE 1 -	
SALES JRN	NL # 0262	LOC 001	SUNNYSIDE CITYWIDE	REGNY NY SALES REGISTEF	,		HOA HOSPICE ADUL	
				SALES REGISTER	(BILL WEEK ENDING	1/06/12
INVOICE#	DATE	CUST NO	CUSTOMER NAME	REFERENCE	HOURS	TAX AMT	AMOUNT TYP	SURPLUS
178874	12/30/11	000008	VISITING NURSE SERVICE	MASI, RAFFAELE	9.00		131.22 I	
				CATEGORY	9.00	0.00	131.22	

			YSIDE CITYWIDE				PAGE 1 - 16	4
SALE	ES JRNL # 0262	LOC 001	SUNNYSIDE CITYWIDE	REG NY NY			VCP CHOICE LHCSA	
			:	SALES REGISTER			BILL WEEK ENDING	1/06/12
INVO	DICE# DATE	CUST NO	CUSTOMER NAME	REFERENCE	HOURS	TAX AMT	AMOUNT TYP	SURPLUS
1788	375 12/30/11	000008	VISITING NURSE SERVICE	MATOS, ROSA	35.75		521.24 I	
				CATEGORY	35.75	0.00	521.24	

RUN DATE 01/04/12 -	- SUP SUNN	YSIDE CITYWIDE				PAGE 1 - 1	65
SALES JRNL # 0262	LOC 001	SUNNYSIDE CITYWIDE	REG NY NY			ADU ADULT	
		S	SALES REGISTER			BILL WEEK ENDING	1/06/12
INVOICE# DATE	CUST NO	CUSTOMER NAME	REFERENCE	HOURS	TAX AMT	AMOUNT TYP	SURPLUS
178876 12/30/11	000008	VISITING NURSE SERVICE	MAZZONE, FRANCE	61.00		889.38 I	
178877 12/30/11	800000	VISITING NURSE SERVICE	MCBRAYER, SYLVI	168.00		2,449.45 I	
			CUSTOMER	229.00	0.00	3,338.83	
			CATEGORY	229.00	0.00	3,338.83	

	- SUP SUNNYSIDE CITYWIDE LOC 001 SUNNYSIDE CITYWIDE	REG NY NY SALES REGISTER		PAGE 1 - 166 VCP CHOICE LHCSA BILL WEEK ENDING 1/06/12
INVOICE# DATE	CUST NO CUSTOMER NAME	REFERENCE	HOURS TAX AM	AMOUNT TYP SURPLUS
178878 12/30/11	000008 VISITING NURSE SERVICE	MCGUIRE, HELEN	50.25	732.65 I
		CATEGORY	50.25 0.00	732.65

	SUP SUNNYSIDE CITYWIDE LOC 001 SUNNYSIDE CITYWIDE	REG NY NY SALES REGISTER		PAGE 1 - 167 ADU ADULT BILL WEEK ENDING 1/06/12	
INVOICE# DATE	CUST NO CUSTOMER NAME	REFERENCE	HOURS TAX	AMT AMOUNT TYP SURPLUS	
178879 12/30/11	000008 VISITING NURSE SERVICE	E MCPARTLAN, CATH	6.00	87.48 I	
		CATEGORY	6.00 0	.00 87.48	

RUN DATE 01/04/12 -	- SUP SUNN	YSIDE CITYWIDE				PAGE 1 - 16	8
SALES JRNL # 0262	LOC 001	SUNNYSIDE CITYWIDE	REG NY NY			VCP CHOICE LHCSA	
		S	SALES REGISTER			BILL WEEK ENDING	1/06/12
INVOICE# DATE	CUST NO	CUSTOMER NAME	REFERENCE	HOURS	TAX AMT	AMOUNT TYP	SURPLUS
178880 12/30/11	000008	VISITING NURSE SERVICE	MEJIA, DINORAH	7.75		113.00 I	
178881 12/30/11	800000	VISITING NURSE SERVICE	MEJIA, MARINA	24.00		349.92 I	
			CUSTOMER	31.75	0.00	462.92	
			CATEGORY	31.75	0.00	462.92	

RUN DATE 01/04/12 -	SUP SUNNY	YSIDE CITYWIDE				PAGE 1 -	169
SALES JRNL # 0262	LOC 001	SUNNYSIDE CITYWIDE	REG NY NY			LTC NURSING HOM	EW/O WALLS (LT
		S	SALES REGISTER			BILL WEEK ENDING	G 1/06/12
INVOICE# DATE	CUST NO	CUSTOMER NAME	REFERENCE	HOURS	TAX AMT	AMOUNT TY	P SURPLUS
178882 12/30/11	000008	VISITING NURSE SERVICE	MEJIA, ROSA	38.75		564.98 I	
			CATEGORY	38.75	0.00	564.98	

RUN DATE 01/04/12 - SALES JRNL # 0262		YSIDE CITYWIDE SUNNYSIDE CITYWIDE	REG NY NY			PAGE 1 - VCP CHOICE LHCS	= : -
SALES UNI # UZUZ	100 001		SALES REGISTER			BILL WEEK ENDIN	
INVOICE# DATE	CUST NO	CUSTOMER NAME	REFERENCE	HOURS	TAX AMT	AMOUNT TY	P SURPLUS
178883 12/30/11	800000	VISITING NURSE SERVICE	MELILLO, GRACE	20.00		291.60 I	
			CATEGORY	20.00	0.00	291.60	

	SUP SUNNYSIDE CITYWIDE LOC 001 SUNNYSIDE CITYWIDE	REG NY NY SALES REGISTER		PAGE 1 - LTC NURSING HO BILL WEEK ENDI	MEW/O WALLS (LT
INVOICE# DATE	CUST NO CUSTOMER NAME	REFERENCE	HOURS TAX	AMT AMOUNT T	YP SURPLUS
178884 12/23/11 178885 12/30/11	000008 VISITING NURSE SERVICE 000008 VISITING NURSE SERVICE	•	8.00 5.00	116.64 72.90	I I
		CUSTOMER	13.00	0.00 189.54	
		CATEGORY	13.00	 0.00 189.54	

RUN DATE 01/04/12 -	SUP SUNN	YSIDE CITYWIDE				PAGE 1 - 172	
SALES JRNL # 0262	LOC 001	SUNNYSIDE CITYWIDE	REG NY NY			ADU ADULT	
		S	SALES REGISTER			BILL WEEK ENDING 1/06	5/12
INVOICE# DATE	CUST NO	CUSTOMER NAME	REFERENCE	HOURS	TAX AMT	AMOUNT TYP SURF	PLUS
178886 12/30/11	800000	VISITING NURSE SERVICE	MENDOLIA, ANTOI	65.00		947.70 I	
			GATTIGODY.				
			CATEGORY	65.00	0.00	947.70	

RUN DATE 01/04/12 -		YSIDE CITYWIDE				PAGE 1 -	173
SALES JRNL # 0262	LOC 001	SUNNYSIDE CITYWIDE	REG NY NY			LTC NURSING HOM	•
		S	SALES REGISTER			BILL WEEK ENDIN	G 1/06/12
INVOICE# DATE	CUST NO	CUSTOMER NAME	REFERENCE	HOURS	TAX AMT	AMOUNT TY	P SURPLUS
178887 12/30/11	800000	VISITING NURSE SERVICE	MENDOZA, JULIO	39.00		568.62 I	
			CATEGORY	39.00	0.00	568.62	

RUN DATE 01/04/12 -	- SUP SUNN	NYSIDE CITYWIDE				PAGE 1 -	174
SALES JRNL # 0262	LOC 001	SUNNYSIDE CITYWIDE	REG NY NY			VCP CHOICE LHCSA	
		S	ALES REGISTER			BILL WEEK ENDING	1/06/12
	~~						
INVOICE# DATE	CUST NO	CUSTOMER NAME	REFERENCE	HOURS	TAX AMT	AMOUNT TYP	SURPLUS
150000 10/20/11	00000		VIII 0 I 3 I 1 I I I I I I I I I I I I I I I I	10 50		004 21 -	
178888 12/30/11	800000	VISITING NURSE SERVICE	MENDOZA, VALENT	19.50		284.31 I	
			CAMPRODY.	10 50		204 21	
			CATEGORY	19.50	0.00	284.31	

RUN DATE 01/04/ SALES JRNL # 02			REG NY NY			PAGE 1 - ADU ADULT	175
		S	SALES REGISTER			BILL WEEK ENDING	G 1/06/12
INVOICE# DATE	CUST NO	CUSTOMER NAME	REFERENCE	HOURS	TAX AMT	AMOUNT TY	P SURPLUS
178889 12/30/		VISITING NURSE SERVICE	·- ·	12.00		174.96 I	
178890 12/30, 178891 12/30,		VISITING NURSE SERVICE VISITING NURSE SERVICE	- •	15.00 6.00		218.70 I 87.48 I	
			·				
			CUSTOMER	33.00	0.00	481.14	
			CATEGORY	33.00	0.00	481.14	

RUN DATE (01/04/12 -	SUP SUNN	YSIDE CITYWIDE				PAGE 1 - 176	
SALES JRNI	L # 0262	LOC 001	SUNNYSIDE CITYWIDE	REG NY NY			CCL CONGREGATE CARE	PROGRAM
			5	SALES REGISTER			BILL WEEK ENDING	1/06/12
INVOICE#	DATE	CUST NO	CUSTOMER NAME	REFERENCE	HOURS	TAX AMT	AMOUNT TYP	SURPLUS
178892	12/30/11	800000	VISITING NURSE SERVICE	MOLINA, ANA	20.00		291.60 I	
				CATEGORY	20.00	0.00	291.60	

RUN DATE 01/04/12 - SALES JRNL # 0262		SUNNYSIDE CITYWIDE	REG NY NY SALES REGISTER			PAGE 1 - 1 VCP CHOICE LHCSA BILL WEEK ENDING	77
INVOICE# DATE	CUST NO	CUSTOMER NAME	REFERENCE	HOURS	TAX AMT	AMOUNT TYP	SURPLUS
178893 12/23/11 178894 12/30/11	800000 800000	VISITING NURSE SERVICE VISITING NURSE SERVICE		4.00 24.00		58.32 I 349.92 I	
			CUSTOMER	28.00	0.00	408.24	
			CATEGORY	28.00	0.00	408.24	

	01/04/12 - JL # 0262		YSIDE CITYWIDE SUNNYSIDE CITYWIDE	REG NY NY			PAGE 1 - 17 ADU ADULT	'8
			2	SALES REGISTER			BILL WEEK ENDING	1/06/12
INVOICE#	DATE	CUST NO	CUSTOMER NAME	REFERENCE	HOURS	TAX AMT	AMOUNT TYP	SURPLUS
178895	12/30/11	800000	VISITING NURSE SERVICE	MOORE, ALISON	3.00		43.74 I	
				CATEGORY	3.00	0.00	43.74	

RUN DATE	01/04/12 -	SUP SUNN	YSIDE CITYWIDE				PAGE 1 - 1	.79
SALES JRN	NL # 0262	LOC 001	SUNNYSIDE CITYWIDE	REG NY NY			VCP CHOICE LHCSA	
				SALES REGISTER			BILL WEEK ENDING	1/06/12
INVOICE#	DATE	CUST NO	CUSTOMER NAME	REFERENCE	HOURS	TAX AMT	AMOUNT TYP	SURPLUS
178896	12/30/11	000008	VISITING NURSE SERVICE	MORAITIS, AGATH	30.00		437.40 I	
				CATEGORY	30.00	0.00	437.40	

			YSIDE CITYWIDE					- 18	-
SALES JRN	L # 0262	LOC 001	SUNNYSIDE CITYWIDE	REGNY NY SALES REGISTER			LTC NURSING I		O WALLS (LT 1/06/12
				SALES REGISIER			DILL MEEK EN	JING	1/00/12
INVOICE#	DATE	CUST NO	CUSTOMER NAME	REFERENCE	HOURS	TAX AMT	AMOUNT	TYP	SURPLUS
170007	10/20/11	000000	THE CHEENIC NUMBER OF THE	MODALEG ANGELT	26.00		F04 00	-	
178897	12/30/11	800000	VISITING NURSE SERVICE	MORALES, ANGELI	36.00		524.88	Τ	
				CATEGORY	36.00	0.00	524.88		

			YSIDE CITYWIDE SUNNYSIDE CITYWIDE	REG NY NY			PAGE 1 - 1 ADU ADULT	181
			-	SALES REGISTE			BILL WEEK ENDING	, ,
INVOICE#			CUSTOMER NAME	REFERENCE	HOURS	TAX AMT	AMOUNT TYP	SURPLUS
178898 1	12/30/11	000008	VISITING NURSE SERVICE	MORALES, GENERO	84.00		1,224.72 I	
				CATEGORY	84.00	0.00	1,224.72	

RUN DATE 01/04/12 SALES JRNL # 0262		NYSIDE CITYWIDE SUNNYSIDE CITYWIDE	REG NY NY			PAGE 1 VCP CHOICE LF	- 182 ICSA
		S	SALES REGISTER			BILL WEEK ENI	DING 1/06/12
INVOICE# DATE	CUST NO	CUSTOMER NAME	REFERENCE	HOURS	TAX AMT	AMOUNT	TYP SURPLUS
178899 12/30/11 178900 12/30/11	000008 000008	VISITING NURSE SERVICE VISITING NURSE SERVICE	NAGY, GEORGE NARANJO, HENRY	36.00 54.75		524.88 798.26	I T
170000 12/30/11	000000	VISITING NORSE SERVICE	,				
			CUSTOMER	90.75	0.00	1,323.14	
			CATEGORY	90.75	0.00	1,323.14	

RUN DATE	01/04/12 -	SUP SUNN	YSIDE CITYWIDE				PAGE 1 - 1	83
SALES JRN	L # 0262	LOC 001	SUNNYSIDE CITYWIDE	REG NY NY			CCL CONGREGATE CA	RE PROGRAM
			S	SALES REGISTER			BILL WEEK ENDING	1/06/12
INVOICE#	DATE	CUST NO	CUSTOMER NAME	REFERENCE	HOURS	TAX AMT	AMOUNT TYP	SURPLUS
178901	12/30/11	800000	VISITING NURSE SERVICE	NAVARRO, MARIA	16.00		233.28 I	
				CATEGORY	16.00	0.00	233.28	

RUN DATE 01/04/12	SUP SUN	NYSIDE CITYWIDE				PAGE 1 -	184	
SALES JRNL # 0262	LOC 001	SUNNYSIDE CITYWIDE	REG NY NY			VCP CHOICE LHCS	βA	
		5	SALES REGISTER			BILL WEEK ENDIN	NG 1/06/12	
	G11GE 310	anamayan yaya				3140TDTT		
INVOICE# DATE	CUST NO	CUSTOMER NAME	REFERENCE	HOURS	TAX AMT	AMOUNT TY	P SURPLUS	
178902 12/30/11	. 000008	VISITING NURSE SERVICE	NELLINI, MARY	19.75		287.96 I	-	
			CATEGORY	19.75	0.00	 287.96		

RUN DATE 01/04/12 -	SUP SUNN	NYSIDE CITYWIDE				PAGE 1 -	185
SALES JRNL # 0262	LOC 001	SUNNYSIDE CITYWIDE	REG NY NY			LTC NURSING HOME	W/O WALLS (LT
		S	SALES REGISTER			BILL WEEK ENDING	1/06/12
INVOICE# DATE	CUST NO	CUSTOMER NAME	REFERENCE	HOURS	TAX AMT	AMOUNT TYP	SURPLUS
178903 12/30/11	800000	VISITING NURSE SERVICE	NIDO, MICHAEL	47.25		688.91 I	
			CATEGORY	47.25	0.00	688.91	

RUN DATE 01/04/12 -	- SUP SUNNY	SIDE CITYWIDE				PAGE 1 - 186	· •
SALES JRNL # 0262	LOC 001	SUNNYSIDE CITYWIDE	REG NY NY			CCL CONGREGATE CARE	PROGRAM
		S	SALES REGISTER			BILL WEEK ENDING	1/06/12
INVOICE# DATE	CUST NO	CUSTOMER NAME	REFERENCE	HOURS	TAX AMT	AMOUNT TYP	SURPLUS
178904 12/30/11	800000	VISITING NURSE SERVICE	NIETO RAMOS, JO	62.25		907.61 I	
			CATEGORY	62.25	0.00	907.61	

RUN DATE	01/04/12 -	- SUP SUNN	YSIDE CITYWIDE					PAGE 1	- 18	37	
SALES JRN	JL # 0262	LOC 001	SUNNYSIDE CITYWIDE	REG NY	NY			VCP CHOICE L	HCSA		
			S	SALES R	EGISTER			BILL WEEK EN	DING	1/06/12	
INVOICE#	DATE	CUST NO	CUSTOMER NAME	REFE	RENCE	HOURS	TAX AMT	AMOUNT	TYP	SURPLUS	
178905	12/30/11	000008	VISITING NURSE SERVICE	NIEVE	S, NANCY	9.00		131.22	I		
					CATEGORY	9.00	0.00	131.22			

RUN DATE 01/04/12 -	SUP SUNN	NYSIDE CITYWIDE				PAGE 1 - 188	
SALES JRNL # 0262	LOC 001	SUNNYSIDE CITYWIDE	REG NY NY			ADU ADULT	
		S	SALES REGISTER			BILL WEEK ENDING 1	./06/12
INVOICE# DATE	CUST NO	CUSTOMER NAME	REFERENCE	HOURS	TAX AMT	AMOUNT TYP S	SURPLUS
178906 12/30/11	800000	VISITING NURSE SERVICE	NIGRO, CATHERIN	8.00		116.64 I	
			CATEGORY	8.00	0.00	116.64	

	SUP SUNNYSIDE CITYWIDE						- 189	
SALES JRNL # 0262	LOC 001 SUNNYSIDE CITY		NY EGISTER			VCP CHOICE LHO BILL WEEK ENDI		/06/12
		рапер к	EGISIEK			DILL MEEK ENDI	ING 1	./00/12
INVOICE# DATE	CUST NO CUSTOMER NAME	REF	ERENCE	HOURS	TAX AMT	AMOUNT T	TYP S	URPLUS
178907 12/30/11	000008 VISITING NURSE S	SERVICE NINO	, CARMEN	20.00		291.60	I	
			CATEGORY	20.00	0.00	291.60		

	SUP SUNNYSIDE CITYWIDE LOC 001 SUNNYSIDE CITYW	IDE REGNY NY SALES REGISTE	: R	PAGE 1 - 190 LTC NURSING HOMEW/O WALLS (LT BILL WEEK ENDING 1/06/12
INVOICE# DATE	CUST NO CUSTOMER NAME	REFERENCE	HOURS TAX AMT	AMOUNT TYP SURPLUS
178908 12/30/11 178909 12/30/11	000008 VISITING NURSE S 000008 VISITING NURSE S		20.00 33.50	291.60 I 488.43 I
		CUSTOMER	53.50 0.00	780.03
		- CATEGORY	53.50 0.00	780.03

RUN DATE 01/04/12 -	SUP SUNN	YSIDE CITYWIDE				PAGE 1 -	191
SALES JRNL # 0262	LOC 001	SUNNYSIDE CITYWIDE	REG NY NY			VCP CHOICE LHCSA	
		2	SALES REGISTER			BILL WEEK ENDING	1/06/12
INVOICE# DATE	CUST NO	CUSTOMER NAME	REFERENCE	HOURS	TAX AMT	AMOUNT TYP	SURPLUS
178910 12/30/11	000008	VISITING NURSE SERVICE	NUZIALE, CONCET	35.00		510.30 I	
178911 12/30/11	800000	VISITING NURSE SERVICE	OCHOA, LUIS	35.00		510.30 I	
178912 12/30/11	800000	VISITING NURSE SERVICE	ORTEGA, CARLOS	16.00		233.28 I	
178913 12/30/11	800000	VISITING NURSE SERVICE	ORTIZ, LILIA	30.00		437.40 I	
			CUSTOMER	116.00	0.00	1,691.28	
			CATEGORY	116.00	0.00	1,691.28	

	DATE 01/04/12 S JRNL # 0262		YSIDE CITYWIDE SUNNYSIDE CITYWIDE	REG NY NY			PAGE 1 - 19 ADU ADULT	2
01122	0 01412 0202	200 001		SALES REGISTER				1/06/12
INVO	ICE# DATE	CUST NO	CUSTOMER NAME	REFERENCE	HOURS	TAX AMT	AMOUNT TYP	SURPLUS
1789	14 12/30/11	800000	VISITING NURSE SERVICE	ORTIZ, TULA	3.00		43.74 I	
				CATEGORY	3.00	0.00	43.74	

_	01/04/12 NL # 0262	- SUP SUNN	YSIDE CITYWIDE SUNNYSIDE CITYWIDE	REG NY NY			PAGE 1 VCP CHOICE L	- 19	93
SALES OR	NL # 0202	HOC 001	SUNNISIDE CITIWIDE	SALES REGISTE	R		BILL WEEK EN		1/06/12
INVOICE#	DATE	CUST NO	CUSTOMER NAME	REFERENCE	HOURS	TAX AMT	AMOUNT	TYP	SURPLUS
178915	12/30/11	000008	VISITING NURSE SERV	ICE OSPINA, ANA	4.00		58.32	I	
178916	12/30/11	800000	VISITING NURSE SERV	CE PANASKAROLIDIS,	40.00		583.20	I	
178917	12/30/11	000008	VISITING NURSE SERV	CE PAPAZIAN, MANNI	40.00		583.20	I	
178918	12/30/11	000008	VISITING NURSE SERV	CE PAPOUTSIS, MARY	6.00		87.48	I	
178919	12/30/11	000008	VISITING NURSE SERV	CE PAPP, TEREZIA	3.00		43.74	I	
178920	12/30/11	800000	VISITING NURSE SERV	ICE PARETTI, MARIE	56.00		816.48	I	
				CUSTOMER	149.00	0.00	2,172.42		
				 CATEGORY	149.00	0.00	2,172.42		

RUN DATE 01/04/12 - SALES JRNL # 0262		SUNNYSIDE CITYWIDE	REG NY NY SALES REGISTER			PAGE 1 - 194 LTC NURSING HOMEW/O WALLS (LT BILL WEEK ENDING 1/06/12
INVOICE# DATE	CUST NO	CUSTOMER NAME	REFERENCE	HOURS	TAX AMT	AMOUNT TYP SURPLUS
178921 12/30/11	800000	VISITING NURSE SERVICE	PARK, SUNG	20.00		291.60 I
			CATEGORY	20.00	0.00	291.60

RUN DATE 01/04/12 - SALES JRNL # 0262	SUP SUNN LOC 001	NYSIDE CITYWIDE SUNNYSIDE CITYWIDE	REG NY NY			PAGE 1 - 1: ADU ADULT	95
		:	SALES REGISTER			BILL WEEK ENDING	1/06/12
INVOICE# DATE	CUST NO	CUSTOMER NAME	REFERENCE	HOURS	TAX AMT	AMOUNT TYP	SURPLUS
178922 12/30/11	800000	VISITING NURSE SERVICE	PARTAGAS, ANA	20.00		291.60 I	
			CATEGORY	20.00	0.00	291.60	

RUN DATE 01/04/12 -	- SUP SUNN	YSIDE CITYWIDE				PAGE 1 - 196	
SALES JRNL # 0262	LOC 001	SUNNYSIDE CITYWIDE	REG NY NY			VCP CHOICE LHCSA	
		:	SALES REGISTE	₹.		BILL WEEK ENDING 1/06/	12
INVOICE# DATE	CUST NO	CUSTOMER NAME	REFERENCE	HOURS	TAX AMT	AMOUNT TYP SURPL	US
178923 12/30/11	000008	VISITING NURSE SERVICE	PENA, VICTORIA	40.75		594.14 I	
178924 12/30/11	800000	VISITING NURSE SERVICE	PENAGOS, MARIA	25.00		364.50 I	
			CUSTOMER	65.75	0.00	958.64	
			CATECORY	 65 75	0.00	059 64	
			CUSTOMER CATEGORY	65.75 	0.00	958.64 958.64	

RUN DATE 01/04/12 - SU SALES JRNL # 0262 LC	OC 001 SUNNYSIDE CITYWIDE REG	NY NY S REGISTER	PAGE 1 - 197 ADU ADULT BILL WEEK ENDING 1/06/12
	UST NO CUSTOMER NAME	REFERENCE HOURS PEREZ MONSER, C 28.00	TAX AMT AMOUNT TYP SURPLUS 408.24 I
170925 12/30/11 00	VISITING NORSE SERVICE	CATEGORY 28.00	0.00 408.24

RUN DATE 01/04/12 -	SUP SUNN	YSIDE CITYWIDE				PAGE 1 -	198
SALES JRNL # 0262	LOC 001	SUNNYSIDE CITYWIDE	REG NY NY			LTC NURSING HOME	W/O WALLS (LT
		S	ALES REGISTER			BILL WEEK ENDING	1/06/12
INVOICE# DATE	CUST NO	CUSTOMER NAME	REFERENCE	HOURS	TAX AMT	AMOUNT TYP	SURPLUS
178926 12/30/11	800000	VISITING NURSE SERVICE	PEREZ, DOMINGA	30.00		437.40 I	
			CATEGORY	30.00	0.00	437.40	

RUN DATE 01/04/12 -	SUP SUNN	YSIDE CITYWIDE				PAGE 1 - 199	
SALES JRNL # 0262	LOC 001	SUNNYSIDE CITYWIDE	REG NY NY			VCP CHOICE LHCSA	
		S	SALES REGISTER			BILL WEEK ENDING 1/06/12	
INVOICE# DATE	CUST NO	CUSTOMER NAME	REFERENCE	HOURS	TAX AMT	AMOUNT TYP SURPLUS	
178927 12/30/11	800000	VISITING NURSE SERVICE	PEREZ, GLADYS	24.00		349.92 I	
			CATEGORY	24.00	0.00	349.92	

RUN DATE 01/04/12 - SALES JRNL # 0262	LOC 001	SUNNYSIDE CITYWIDE	REG NY NY SALES REGISTER			PAGE 1 - 200 ADU ADULT BILL WEEK ENDING 1/06/12	2
INVOICE# DATE	CUST NO	CUSTOMER NAME	REFERENCE	HOURS	TAX AMT	AMOUNT TYP SURPLUS	5
178928 12/30/11	800000	VISITING NURSE SERVICE	PERSAUD, RITA	49.50		721.71 I	
			CATEGORY	49.50	0.00	721.71	_

	01/04/12 - L # 0262		YSIDE CITYWIDE SUNNYSIDE CITYWIDE	REG NY NY			VCP CHOICE LHCS	A
			:	SALES REGISTER			BILL WEEK ENDIN	G 1/06/12
INVOICE#	DATE	CUST NO	CUSTOMER NAME	REFERENCE	HOURS	TAX AMT	AMOUNT TY	P SURPLUS
178929	12/30/11	000008	VISITING NURSE SERVICE	PHILIPPS, MARY	47.25		688.91 I	
178930	12/30/11	800000	VISITING NURSE SERVICE	PIZARRO, BARBAR	3.00		43.74 I	
178931	12/30/11	800000	VISITING NURSE SERVICE	PLACIDO, GENARO	25.00		364.50 I	
178932	12/30/11	800000	VISITING NURSE SERVICE	PLACIDO, MERCED	29.25		426.47 I	
178933	12/30/11	800000	VISITING NURSE SERVICE	POGGI, EMERITA	35.75		521.24 I	
				CUSTOMER	140.25	0.00	2,044.86	
				CATEGORY	140.25	0.00	2,044.86	

RUN DATE 01/04/12 -	- SUP SUNNYSIDE CITYWIDE			PAGE 1 - 202
SALES JRNL # 0262	LOC 001 SUNNYSIDE CITYWIDE	REG NY NY		LTC NURSING HOMEW/O WALLS (LT
		SALES REGISTER		BILL WEEK ENDING 1/06/12
INVOICE# DATE	CUST NO CUSTOMER NAME	REFERENCE	HOURS TAX AM	T AMOUNT TYP SURPLUS
178934 12/30/11	000008 VISITING NURSE SERVICE	PONCE, ALICIA	16.00	233.28 I
		CATEGORY	16.00 0.0	 0

RUN DATE 01/04/12						PAGE 1 -	200
SALES JRNL # 0262	LOC 001		REGNY NY SALES REGISTER			VCP CHOICE LHC BILL WEEK ENDI	-
		'	SALES REGISIER			PILL MEEK ENDI	NG 1/00/12
INVOICE# DATE	CUST NO	CUSTOMER NAME	REFERENCE	HOURS	TAX AMT	AMOUNT T	YP SURPLUS
150005				00 50		242.64	_
178935 12/30/11		VISITING NURSE SERVICE		23.50		342.64	<u>T</u>
178936 12/30/11	000008	VISITING NURSE SERVICE	PULLIZA, DIANNE	18.00		262.44	T
			CUSTOMER	41.50	0.00	605.08	
			CATEGORY	41.50	0.00	605.08	

RUN DATE 01/04/12 - SALES JRNL # 0262		SUNNYSIDE CITYWIDE	REGNY NY SALES REGISTER			PAGE 1 - 20 ADU ADULT BILL WEEK ENDING	1/06/12
INVOICE# DATE	CUST NO	CUSTOMER NAME	REFERENCE	HOURS	TAX AMT	AMOUNT TYP	SURPLUS
178937 12/30/11	800000	VISITING NURSE SERVICE	QUARTUCCIA, ELI	2.00		29.16 I	
			CATEGORY	2.00	0.00	29.16	

RUN DATE 01/04/12 SALES JRNL # 0262		SUNNYSIDE CITYWIDE	REGNY NY SALES REGISTER			PAGE 1 - 2 LTC NURSING HOMEW BILL WEEK ENDING	I/O WALLS (LT
INVOICE# DATE	CUST NO	CUSTOMER NAME	REFERENCE	HOURS	TAX AMT	AMOUNT TYP	SURPLUS
178938 12/30/11	800000	VISITING NURSE SERVICE	QUIZHPI, MARIA	42.00		612.36 I	
			CATEGORY	42.00	0.00	612.36	

ı	RUN DATE	01/04/12 -	SUP SUNN	YSIDE CITYWIDE				PAGE 1 - 20	06
ı	SALES JRN	L # 0262	LOC 001	SUNNYSIDE CITYWIDE	REG NY NY			LAP LOMBARDI AIDES	S PEDIATRIC
ı				:	SALES REGISTER			BILL WEEK ENDING	1/06/12
١									
ı	INVOICE#	DATE	CUST NO	CUSTOMER NAME	REFERENCE	HOURS	TAX AMT	AMOUNT TYP	SURPLUS
١									
ı	178939	12/30/11	800000	VISITING NURSE SERVICE	RAMIREZ, ANA	40.00		583.20 I	
١									
١						40.00			
ı					CATEGORY	40.00	0.00	583.20	

RUN DATE 01/04/12 - SALES JRNL # 0262		SUNNYSIDE CITYWIDE	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
178940 12/30/11 178941 12/30/11	800000 800000	VISITING NURSE SERVICE VISITING NURSE SERVICE	RAMIREZ, JUANA RAMLALL, LILOWT	42.00 25.00		612.36 364.50	I	
			CUSTOMER	67.00	0.00	976.86		
			CATEGORY	67.00	0.00	976.86		

RUN DATE 01/04/12 SALES JRNL # 0262		SUNNYSIDE CITYWIDE	REG NY NY			VCP CHOICE LHC	
		_	SALES REGISTER			BILL WEEK ENDI	, ,
INVOICE# DATE			REFERENCE	HOURS	TAX AMT	AMOUNT T	
178942 12/30/11	800000	VISITING NURSE SERVICE	RAMOS, IRIS	9.50		138.52	[
			CATEGORY	9.50	0.00	138.52	

	01/04/12 - NL # 0262		YSIDE CITYWIDE SUNNYSIDE CITYWIDE	REG NY NY			PAGE 1 - AUR ADULT REHAI	209 B ONLY
			5	SALES REGISTER			BILL WEEK ENDII	NG 1/06/12
INVOICE#	DATE	CUST NO	CUSTOMER NAME	REFERENCE	HOURS	TAX AMT	AMOUNT T	YP SURPLUS
178943	12/30/11	800000	VISITING NURSE SERVICE	RAMOS, JENNIFER	45.75		667.04	I
				CATEGORY	45.75	0.00	667.04	

RUN DATE 01/04/12 -	SUP SUNN	YSIDE CITYWIDE				PAGE 1 -	210
SALES JRNL # 0262	LOC 001	SUNNYSIDE CITYWIDE	REG NY NY			VCP CHOICE LHCSA	
		S	ALES REGISTER			BILL WEEK ENDING	1/06/12
INVOICE# DATE	CUST NO	CUSTOMER NAME	REFERENCE	HOURS	TAX AMT	AMOUNT TYP	SURPLUS
178944 12/30/11	000008	VISITING NURSE SERVICE	RAMPHAL, INDRIA	11.75		171.32 I	
178945 12/30/11	000008	VISITING NURSE SERVICE	RANDAZZO, ROSAL	12.00		174.96 I	
178946 12/30/11	800000	VISITING NURSE SERVICE	REINA, JOSE	19.75		287.96 I	
178947 12/30/11	800000	VISITING NURSE SERVICE	RIVADENEIRA, OL	20.00		291.60 I	
			CUSTOMER	63.50	0.00	925.84	
			CATEGORY	63.50	0.00	925.84	

RUN DATE 01/04/12 -	- SUP SUN	NYSIDE CITYWIDE				PAGE 1 - 2	211
SALES JRNL # 0262	LOC 001	SUNNYSIDE CITYWIDE	REG NY NY			LTC NURSING HOME	W/O WALLS (LT
		S	SALES REGISTER			BILL WEEK ENDING	1/06/12
INVOICE# DATE	CUST NO	CUSTOMER NAME	REFERENCE	HOURS	TAX AMT	AMOUNT TYP	SURPLUS
178948 12/30/11	800000	VISITING NURSE SERVICE	RIVADENEIRA, RO	48.00		699.84 I	
			CATEGORY	48.00	0.00	699.84	

RUN DATE 01/04/12 -						PAGE 1 -	212
SALES JRNL # 0262	LOC 001	SUNNYSIDE CITYWIDE	REG NY NY			VCP CHOICE LHCSA	
		S	SALES REGISTER			BILL WEEK ENDING	1/06/12
INVOICE# DATE	CUST NO	CUSTOMER NAME	REFERENCE	HOURS	TAX AMT	AMOUNT TYP	SURPLUS
178949 12/30/11	800000	VISITING NURSE SERVICE	RIVERA, CARMEN	5.00		72.90 I	
			CATEGORY	5.00	0.00		

	E 01/04/12 - RNL # 0262		YSIDE CITYWIDE SUNNYSIDE CITYWIDE	REG NY NY			PAGE 1 - 213 ADU ADULT	3
				SALES REGISTER			BILL WEEK ENDING	1/06/12
INVOICE	# DATE	CUST NO	CUSTOMER NAME	REFERENCE	HOURS	TAX AMT	AMOUNT TYP	SURPLUS
178950	12/23/11	800000	VISITING NURSE SERVICE	RIVERA, ERESMIN	3.00		43.74 I	
				CATEGORY	3.00	0.00	43.74	

RUN DATE 01/04/12 - SALES JRNL # 0262			REG NY NY			PAGE 1 - 214 VCP CHOICE LHCSA	
SALES JRNL # 0202	TOC 001		SALES REGISTER				/06/12
INVOICE# DATE	CUST NO	CUSTOMER NAME	REFERENCE	HOURS	TAX AMT	AMOUNT TYP SU	JRPLUS
178951 12/30/11	800000	VISITING NURSE SERVICE	RIVERA, ERNESTO	20.00		291.60 I	
			CATEGORY	20.00	0.00	291.60	

RUN DATE 01/04/12 -	SUP SUNN	YSIDE CITYWIDE				PAGE 1 -	215
SALES JRNL # 0262	LOC 001	SUNNYSIDE CITYWIDE	REG NY NY			LTC NURSING HOME	EW/O WALLS (LT
		S	A L E S R E G I S T E R			BILL WEEK ENDING	1/06/12
INVOICE# DATE	CUST NO	CUSTOMER NAME	REFERENCE	HOURS	TAX AMT	AMOUNT TYPE	SURPLUS
178952 12/30/11	800000	VISITING NURSE SERVICE	RIVERA, GRACIEL	20.00		291.60 I	
			CATEGORY	20.00	0.00	291.60	

		YSIDE CITYWIDE				PAGE 1 -	216	
SALES JRNL # (1262 LOC 001		REG NY NY			ADU ADULT	1 /06 /10	
		i	SALES REGISTER			BILL WEEK ENDING	1/06/12	
INVOICE# DAT	CUST NO	CUSTOMER NAME	REFERENCE	HOURS	TAX AMT	AMOUNT TYP	SURPLUS	
178953 12/30	/11 000008	VISITING NURSE SERVICE	RIVERA, RAQUEL	28.00		408.24 I		
			CATEGORY	28.00	0.00	408.24		

RUN DATE	01/04/12 -	- SUP SUNN	YSIDE CITYWIDE				PAGE 1	- 21	7
SALES JRN	L # 0262	LOC 001	SUNNYSIDE CITYWIDE	REG NY NY			LTC NURSING	HOMEW/	O WALLS (LT
			i	SALES REGISTER			BILL WEEK EN	DING	1/06/12
INVOICE#	DATE	CUST NO	CUSTOMER NAME	REFERENCE	HOURS	TAX AMT	AMOUNT	TYP	SURPLUS
178954	12/23/11	000008	VISITING NURSE SERVICE	RIVERA, WANDA	7.00		102.06	I	
178955	12/30/11	800000	VISITING NURSE SERVICE	RIVERA, WANDA	50.50		736.30	I	
178956	12/30/11	800000	VISITING NURSE SERVICE	ROBERTS, SARAH	12.00		174.96	I	
				CUSTOMER	69.50	0.00	1,013.32		
				CATEGORY	69.50	0.00	1,013.32		

RUN DATE	01/04/12 -	SUP SUNN	YSIDE CITYWIDE				PAGE 1 -	218
SALES JRI	NL # 0262	LOC 001	SUNNYSIDE CITYWIDE	REG NY NY			VCP CHOICE LHCSA	L
			i	SALES REGISTER			BILL WEEK ENDING	1/06/12
INVOICE#	DATE	CUST NO	CUSTOMER NAME	REFERENCE	HOURS	TAX AMT	AMOUNT TYP	SURPLUS
170057	10/20/11	00000	VITATETNA NEDAE AEDVITAE	DODINGON MADGA	24 75		F06 66 T	
178957	12/30/11	800000	VISITING NURSE SERVICE	ROBINSON, MARGA	34.75		506.66 I	
				CATEGORY	34.75	0.00	506.66	
				CATHOORT	51.75	0.00	300.00	

RUN DATE 01/04/12 -	- SUP SUNNY	SIDE CITYWIDE				PAGE 1 - 2	19
SALES JRNL # 0262	LOC 001	SUNNYSIDE CITYWIDE	REG NY NY			LTC NURSING HOMEW	•
		\$	SALES REGISTER			BILL WEEK ENDING	1/06/12
INVOICE# DATE	CUST NO	CUSTOMER NAME	REFERENCE	HOURS	TAX AMT	AMOUNT TYP	SURPLUS
178958 12/30/11	800000	VISITING NURSE SERVICE	ROCCISANO, LOUI	48.00		699.84 I	
			CATEGORY	48.00	0.00	699.84	

	- SUP SUNNYSIDE CITYWIDE LOC 001 SUNNYSIDE CITYWIDE S	REGNY NY SALES REGISTER		PAGE 1 - 220 VCP CHOICE LHCSA BILL WEEK ENDING 1/06/12
INVOICE# DATE	CUST NO CUSTOMER NAME	REFERENCE	HOURS TAX AMT	AMOUNT TYP SURPLUS
178959 12/30/11	000008 VISITING NURSE SERVICE	RODRIGUEZ, FERM	15.50	225.99 I
		CATEGORY	15.50 0.00	225.99

RUN DATE 01/04/12 - SUP					PAGE 1 -	221
SALES JRNL # 0262 LOC					ADU ADULT	1 /05 /10
	SALE	S REGISTER			BILL WEEK ENDING	1/06/12
INVOICE# DATE CUST	Γ NO CUSTOMER NAME	REFERENCE	HOURS I	TAX AMT	AMOUNT TYP	SURPLUS
178960 12/30/11 0000	008 VISITING NURSE SERVICE	RODRIGUEZ, IRMA	41.00		597.79 I	
		CATEGORY	41.00	0.00	597.79	

	04/12 - SUP SUNN 0262 LOC 001	SUNNYSIDE CITYWIDE	REG NY NY A L E S R E G I S T E R			PAGE 1 - AUR ADULT REHAM BILL WEEK ENDIN	3 ONLY
INVOICE# D	ATE CUST NO	CUSTOMER NAME	REFERENCE	HOURS	TAX AMT	AMOUNT TY	P SURPLUS
178961 12/	30/11 000008	VISITING NURSE SERVICE	RODRIGUEZ, ISAB	20.00		291.60	[
			CATEGORY	20.00	0.00	291.60	

RUN DATE	01/04/12 -	- SUP SUNN	YSIDE CITYWIDE				PAGE 1 -	223
SALES JRN	L # 0262	LOC 001	SUNNYSIDE CITYWIDE	REG NY NY			CCL CONGREGATE C	ARE PROGRAM
			S	SALES REGISTER			BILL WEEK ENDING	1/06/12
INVOICE#	DATE	CUST NO	CUSTOMER NAME	REFERENCE	HOURS	TAX AMT	AMOUNT TYP	SURPLUS
178962	12/30/11	000008	VISITING NURSE SERVICE	RODRIGUEZ, MARC	84.00		1,224.72 I	
				CATEGORY	84.00	0.00	1,224.72	

RUN DATE 01/04/12			556 191				- 224
SALES JRNL # U262	LOC 001	SUNNYSIDE CITYWIDE	REGNY NY SALES REGISTER			BILL WEEK END	OMEW/O WALLS (LT ING 1/06/12
INVOICE# DATE	CUST NO	CUSTOMER NAME	REFERENCE	HOURS	TAX AMT	AMOUNT	TYP SURPLUS
178963 12/30/11	800000	VISITING NURSE SERVICE	RODRIGUEZ, OLGA	22.00		320.76	I
			CATEGORY	22.00	0.00	320.76	

RUN DATE 01/04/12 -						PAGE 1 -		
SALES JRNL # 0262	LOC 001	SUNNYSIDE CITYWIDE	REG NY NY			VCP CHOICE LHCSA		
			SALES REGISTER			BILL WEEK ENDING	1/06/12	
INVOICE# DATE	CUST NO	CUSTOMER NAME	REFERENCE	HOURS	TAX AMT	AMOUNT TYP	SURPLUS	
178964 12/30/11	800000	VISITING NURSE SERVICE	RODRIGUEZ, PORF	49.00		714.42 I		
			CATEGORY	49.00	0.00	714.42		

RUN DATE 01/04/12 - SALES JRNL # 0262		SUNNYSIDE CITYWIDE	REGNY NY SALES REGISTER				- 226 HOMEW/O WALLS (LT DING 1/06/12
INVOICE# DATE	CUST NO	CUSTOMER NAME	REFERENCE	HOURS	TAX AMT	AMOUNT	TYP SURPLUS
178965 12/30/11 178966 12/30/11	000008 000008	VISITING NURSE SERVICE VISITING NURSE SERVICE	,	40.00 41.00		583.20 597.78	I
			CUSTOMER	81.00	0.00	1,180.98	
			CATEGORY	81.00	0.00	1,180.98	

	- SUP SUNNYSIDE CITYWIDE LOC 001 SUNNYSIDE CIT	YWIDE REGNY NY SALES REGIS	STER		PAGE 1 - ADU ADULT BILL WEEK ENDIN	227 IG 1/06/12
INVOICE# DATE	CUST NO CUSTOMER NAME	REFERENCE	HOURS	TAX AMT	AMOUNT TY	P SURPLUS
178967 12/30/11	000008 VISITING NURSE	SERVICE ROMERO, HERN	JAN 21.00		306.18 I	-
		CATEGO	DRY 21.00	0.00	306.18	

RUN DATE	01/04/12 -	SUP SUNN	YSIDE CITYWIDE				PAGE 1 - 2	228
SALES JRN	NL # 0262	LOC 001	SUNNYSIDE CITYWIDE	REG NY NY			VCP CHOICE LHCSA	
			2	SALES REGISTER			BILL WEEK ENDING	1/06/12
INVOICE#	DATE	CUST NO	CUSTOMER NAME	REFERENCE	HOURS	TAX AMT	AMOUNT TYP	SURPLUS
178968	12/30/11	800000	VISITING NURSE SERVICE	ROMERO, SANTHY	52.75		769.10 I	
				 CATEGORY	 52.75	0.00	769.10	

RUN DATE 01/04/12 - SALES JRNL # 0262		SUNNYSIDE CITYWIDE	-	NY EGISTI	E R		PAGE 1 LTC NURSING BILL WEEK EN		
INVOICE# DATE	CUST NO	CUSTOMER NAME	REFER	RENCE	HOURS	TAX AMT	AMOUNT	TYP	SURPLUS
178969 12/23/11 178970 12/30/11 178971 12/30/11	000008 000008 000008	VISITING NURSE SERVICE VISITING NURSE SERVICE VISITING NURSE SERVICE	,	FLOR	16.00 56.00 40.00		233.28 816.48 583.20	I I I	
				CUSTOMER	112.00	0.00	1,632.96		
				CATEGORY	112.00	0.00	1,632.96		

RUN DATE 01/04/12 - SALES JRNL # 0262		REG NY NY SALES REGISTER		PAGE 1 - 230 ADU ADULT BILL WEEK ENDING 1/06/12
INVOICE# DATE	CUST NO CUSTOMER NAME	REFERENCE	HOURS TAX AMT	AMOUNT TYP SURPLUS
178972 12/23/11 178973 12/30/11	000008 VISITING NURSE SERVICE 000008 VISITING NURSE SERVICE		8.00 47.75	116.64 I 696.20 I
		CUSTOMER	55.75 0.00	812.84
		CATEGORY	55.75 0.00	812.84

RUN DATE 01/04/12 - SALES JRNL # 0262		YSIDE CITYWIDE SUNNYSIDE CITYWIDE	REG NY NY			PAGE 1 VCP CHOICE LH	- 231	L
	200 001		SALES REGISTER			BILL WEEK END		1/06/12
INVOICE# DATE	CUST NO	CUSTOMER NAME	REFERENCE	HOURS	TAX AMT	AMOUNT	TYP	SURPLUS
178974 12/30/11	000008	VISITING NURSE SERVICE	ROSA, MANOLO	16.00		233.28	I	
178975 12/30/11	800000	VISITING NURSE SERVICE	ROSARIO, MARIA	8.50		123.93	T	
			CUSTOMER	24.50	0.00	357.21		
			CATEGORY	24.50	0.00	357.21		

RUN DATE 01/04/12 - SUP SUNNYSIDE CITYWIDE SALES JRNL # 0262 LOC 001 SUNNYSIDE CITYWI	DE REG NY NY			PAGE 1 - 232 ADU ADULT	!
SALES URNE # 0202 LOC 001 SUNNISIDE CITIWI	SALES REGISTE	R		BILL WEEK ENDING	1/06/12
INVOICE# DATE CUST NO CUSTOMER NAME	REFERENCE	HOURS	TAX AMT	AMOUNT TYP	SURPLUS
178976 12/30/11 000008 VISITING NURSE SE	RVICE ROSEN, BESSIE	15.00		218.70 I	
	 CATEGORY	 15.00	0.00	218.70	

			YSIDE CITYWIDE				PAGE 1 -	
SALES JRN	IL # 0262	LOC 001	SUNNYSIDE CITYWIDE	REG NY NY			VCP CHOICE LHCSA	
			2	SALES REGISTER			BILL WEEK ENDING	1/06/12
INVOICE#	DATE	CUST NO	CUSTOMER NAME	REFERENCE	HOURS	TAX AMT	AMOUNT TYP	SURPLUS
178977	12/30/11	800000	VISITING NURSE SERVICE	RUEDA, INES	33.75		492.08 I	
				CATEGORY	33.75	0.00	492.08	

RUN DATE 01/04/12 -	SUP SUNNYSI	IDE CITYWIDE				PAGE 1 - 23	34
SALES JRNL # 0262	LOC 001 S	SUNNYSIDE CITYWIDE	REG NY NY			LTC NURSING HOMEW,	O WALLS (LT
		S A	LES REGISTER			BILL WEEK ENDING	1/06/12
INVOICE# DATE	CUST NO CU	USTOMER NAME	REFERENCE	HOURS	TAX AMT	AMOUNT TYP	SURPLUS
178978 12/30/11	000008 VI	ISITING NURSE SERVICE	RUFFEN, SANDRA	30.00		437.40 I	
			CATEGORY	30.00	0.00	437.40	

RUN DATE 01/04/12 - SALES JRNL # 0262	SUP SUNN LOC 001	SUNNYSIDE CITYWIDE	REGNY NY SALES REGISTER			PAGE 1 - 235 ADU ADULT BILL WEEK ENDING 1/06/12
INVOICE# DATE	CUST NO	CUSTOMER NAME	REFERENCE	HOURS	TAX AMT	AMOUNT TYP SURPLUS
178979 12/30/11	800000	VISITING NURSE SERVICE	RUSSO, MONICA	70.00		1,020.60 I
			CATEGORY	70.00	0.00	1,020.60

- 1	RUN DATE 01/04/12 - SALES JRNL # 0262		SUNNYSIDE CITYWIDE	REG NY NY SALES REGISTER			PAGE 1 - 236 LTC NURSING HOMEW/C BILL WEEK ENDING	
	INVOICE# DATE	CUST NO	CUSTOMER NAME	REFERENCE	HOURS	TAX AMT	AMOUNT TYP	SURPLUS
	178980 12/30/11	800000	VISITING NURSE SERVICE	SAAVEDRA, STELL	23.75		346.28 I	
				CATEGORY	23.75	0.00	346.28	

			YSIDE CITYWIDE				PAGE 1	- 23	37
SALES JR	NL # 0262	LOC 001	SUNNYSIDE CITYWIDE	REG NY NY			CCL CONGREGA		
			:	SALES REGISTER			BILL WEEK EN	DING	1/06/12
INVOICE#	DATE	CUST NO	CUSTOMER NAME	REFERENCE	HOURS	TAX AMT	AMOUNT	TYP	SURPLUS
178981	12/23/11	000008	VISITING NURSE SERVICE	SAKELL, CHRYSAN	6.50		94.77	I	
178982	12/30/11	800000	VISITING NURSE SERVICE	SAKELL, CHRYSAN	41.50		605.07	I	
				CUSTOMER	48.00	0.00	699.84		
				CATEGORY	48.00	0.00	699.84		

_	01/04/12 NL # 0262	- SUP SUNN	YSIDE CITYWIDE SUNNYSIDE CITY	WIDE REG	NY NY			PAGE 1 VCP CHOICE L	- 23	38
SALES UK	NL # 0202	TOC 001	SUNNISIDE CITT	SALE				BILL WEEK EN		1/06/12
INVOICE#	DATE	CUST NO	CUSTOMER NAME		REFERENCE	HOURS	TAX AMT	AMOUNT	TYP	SURPLUS
178983	12/30/11	000008	VISITING NURSE S	SERVICE	SALADIN, MARIA	43.50		634.23	I	
178984	12/30/11	000008	VISITING NURSE S	SERVICE	SALVUCCI, YOLAN	15.75		229.64	I	
178985	12/30/11	800000	VISITING NURSE S	SERVICE	SAMPOGNA, LUCY	8.00		116.64	I	
178986	12/30/11	800000	VISITING NURSE S	SERVICE	SANCHEZ, LIDIA	33.00		481.14	I	
178987	12/30/11	800000	VISITING NURSE S	SERVICE	SANCHEZ, NILSA	18.25		266.09	I	
178988	12/30/11	800000	VISITING NURSE S	SERVICE	SCOTT, CATHERIN	20.00		291.60	I	
178989	12/30/11	800000	VISITING NURSE S	SERVICE	SEGOVIA, BEATRI	41.50		605.07	I	
					CUSTOMER	180.00	0.00	2,624.41		
					CATEGORY	180.00	0.00	2,624.41		

	- SUP SUNNYSIDE CITYWIDE LOC 001 SUNNYSIDE CITYWII	E REGNY NY SALES REGISTE	R	LTC NURSING	239 HOMEW/O WALLS (LT IDING 1/06/12
INVOICE# DATE	CUST NO CUSTOMER NAME	REFERENCE	HOURS TAX	X AMT AMOUNT	TYP SURPLUS
178990 12/30/11	000008 VISITING NURSE SEE	VICE SEO, INJA	30.00	437.40	I
		CATEGORY	30.00	0.00 437.40	

PAGE 1 - 240 VCP CHOICE LHCSA
BILL WEEK ENDING 1/06/12
BIDD WEEK ENDING 1/00/12
AMOUNT TYP SURPLUS
812.84 I
816.48 I
605.07 I
58.32 I
437.40 I
218.70 I
2,948.81
2,948.81

RUN DATE	01/04/12 -	- SUP SUNN	YSIDE CITYWIDE				PAGE 1	- 241
SALES JR	NL # 0262	LOC 001		REG NY NY				HOMEW/O WALLS (LT
			:	SALES REGISTER			BILL WEEK ENI	DING 1/06/12
INVOICE#	DATE	CUST NO	CUSTOMER NAME	REFERENCE	HOURS	TAX AMT	AMOUNT	TYP SURPLUS
178997	12/30/11	000008	VISITING NURSE SERVICE	SOLDATI, RONDA	5.00		72.90	I
178998	12/23/11	800000	VISITING NURSE SERVICE	SORIA, ROLANDO	6.00		87.48	I
178999	12/30/11	800000	VISITING NURSE SERVICE	SORIA, ROLANDO	30.00		437.40	I
				CUSTOMER	41.00	0.00	597.78	
				CATEGORY	41.00	0.00	597.78	

RUN DATE 01/04/12 - SUP SUNN SALES JRNL # 0262 LOC 001	YSIDE CITYWIDE SUNNYSIDE CITYWIDE REG	NY NY			PAGE 1 - 242 ADU ADULT	
	S A L E	S REGISTER			BILL WEEK ENDING 1/06/12	
INVOICE# DATE CUST NO	CUSTOMER NAME	REFERENCE	HOURS	TAX AMT	AMOUNT TYP SURPLUS	
179000 12/30/11 000008	VISITING NURSE SERVICE	STALZER, STEPHA	15.00		218.70 I	
		CATEGORY	15.00	0.00	218.70	

RUN DATE 01/04/12 - SALES JRNL # 0262		SUNNYSIDE CITYWIDE	REGNY NY ALES REGISTER			PAGE 1 - 243 VCP CHOICE LHCSA BILL WEEK ENDING 1/06/12
INVOICE# DATE	CUST NO	CUSTOMER NAME	REFERENCE	HOURS	TAX AMT	AMOUNT TYP SURPLUS
179001 12/30/11	800000	VISITING NURSE SERVICE	STAMBOULIDIS, V	47.00		685.26 I
			CATEGORY	47.00	0.00	685.26

- 1		01/04/12 - NL # 0262		YSIDE CITYWIDE SUNNYSIDE CITYWIDE	REG NY NY			PAGE 1 - 2 HOA HOSPICE ADULT	= = =
	511111111111111111111111111111111111111	.2 0202	200 001		SALES REGISTER			BILL WEEK ENDING	
	INVOICE#	DATE	CUST NO	CUSTOMER NAME	REFERENCE	HOURS	TAX AMT	AMOUNT TYP	SURPLUS
	179002	12/30/11	800000	VISITING NURSE SERVICE	STEIN, STEPHANI	21.00		306.18 I	
					CATEGORY	21.00	0.00	306.18	

RUN DATE 01/04/12 -	SUP SUNN	YSIDE CITYWIDE				PAGE 1	- 24	15
SALES JRNL # 0262	LOC 001	SUNNYSIDE CITYWIDE	REG NY NY			ADU ADULT		
		S	SALES REGISTER			BILL WEEK ENI	DING	1/06/12
INVOICE# DATE	CUST NO	CUSTOMER NAME	REFERENCE	HOURS	TAX AMT	AMOUNT	TYP	SURPLUS
179003 12/23/11	000008	VISITING NURSE SERVICE	STERGIOU, GLORI	4.00		58.32	I	
179004 12/30/11	800000	VISITING NURSE SERVICE	STERGIOU, GLORI	8.00		116.64	I	
				10.00		184.06		
			CUSTOMER	12.00	0.00	174.96		
			CATEGORY	12.00	0.00	174.96		

			YSIDE CITYWIDE				PAGE 1		:6
SALES JR	NL # 0262	LOC 001	SUNNYSIDE CITYWIDE	REG NY NY			VCP CHOICE LH		1,06,110
				SALES REGISTER			BILL WEEK END	DING	1/06/12
INVOICE#	DATE	CUST NO	CUSTOMER NAME	REFERENCE	HOURS	TAX AMT	AMOUNT	TYP	SURPLUS
179005	12/30/11	000008	VISITING NURSE SERVICE	STICKELL, BLANC	8.00		116.64	I	
179006	12/30/11	800000	VISITING NURSE SERVICE	STROBL, ALFRED	30.00		437.40	I	
				CUSTOMER	38.00	0.00	554.04		
				CATEGORY	38.00	0.00	554.04		

ı	RUN DATE 01/04/12	- SUP SUN	NYSIDE CITYWIDE				PAGE 1 - 247	
ı	SALES JRNL # 0262	LOC 001	SUNNYSIDE CITYWIDE	REG NY NY			LTC NURSING HOMEW/O W	ALLS (LT
ı			Ş	SALES REGISTER			BILL WEEK ENDING 1/	06/12
ı								
ı	INVOICE# DATE	CUST NO	CUSTOMER NAME	REFERENCE	HOURS	TAX AMT	AMOUNT TYP SU	JRPLUS
ı								
ı	179007 12/30/11	800000	VISITING NURSE SERVICE	SUAREZ, TULIA	19.50		284.31 I	
ı								
ı				CA EFFCORY	10 50	0.00	204 21	
ı				CATEGORY	19.50	0.00	284.31	

			YSIDE CITYWIDE				PAGE 1 -	248
SALES JRN	NL # 0262	LOC 001	SUNNYSIDE CITYWIDE	REG NY NY			ADU ADULT	1 /06 /10
				SALES REGISTER			BILL WEEK ENDIN	G 1/06/12
INVOICE#	DATE	CUST NO	CUSTOMER NAME	REFERENCE	HOURS	TAX AMT	AMOUNT TY	P SURPLUS
179008	12/30/11	800000	VISITING NURSE SERVICE	TABICKMAN, DORO	6.00		87.48 I	
				CATEGORY	6.00	0.00	87.48	

RUN DATE 01/04/12 -	- SUP SUNNYSIDE CITYWI	DE				PAGE 1 -	249
SALES JRNL # 0262	LOC 001 SUNNYSIDE	CITYWIDE REG 1	NY NY			VCP CHOICE LHC	SA
		SALE	S REGISTER			BILL WEEK ENDI	NG 1/06/12
INVOICE# DATE	CUST NO CUSTOMER NA	ME	REFERENCE	HOURS	TAX AMT	AMOUNT T	YP SURPLUS
179009 12/30/11	000008 VISITING NU	RSE SERVICE	TABOADA, ELIZAB	53.50		780.04	I
			CATEGORY	53.50	0.00	780.04	

RUN DATE 01/04/12 - SALES JRNL # 0262		SUNNYSIDE CITYWIDE	REG NY NY SALES REGISTER			PAGE 1 - 25 LTC NURSING HOMEW/ BILL WEEK ENDING	•
INVOICE# DATE	CUST NO	CUSTOMER NAME	REFERENCE	HOURS	TAX AMT	AMOUNT TYP	SURPLUS
179010 12/30/11	800000	VISITING NURSE SERVICE	TADDEO, LENA	56.00		816.48 I	
			CATEGORY	56.00	0.00	816.48	

RUN DATE 01/04/12 - SALES JRNL # 0262		SUNNYSIDE CITYWIDE	REG NY NY A L E S R E G I S T E R			PAGE 1 - 251 VCP CHOICE LHCSA BILL WEEK ENDING 1/06/12
INVOICE# DATE	CUST NO	CUSTOMER NAME	REFERENCE	HOURS	TAX AMT	AMOUNT TYP SURPLUS
179011 12/30/11	000008	VISITING NURSE SERVICE	TAVANO, SILVIA	56.00		816.48 I
			CATEGORY	56.00	0.00	816.48

RUN DATE 01/04	/12 - SUP SUN	NYSIDE CITYWIDE				PAGE 1 -	252
SALES JRNL # 0	262 LOC 001	SUNNYSIDE CITYWIDE	REG NY NY			LTC NURSING HOM	•
		:	SALES REGISTER			BILL WEEK ENDIN	NG 1/06/12
INVOICE# DAT	E CUST NO	CUSTOMER NAME	REFERENCE	HOURS	TAX AMT	AMOUNT TY	YP SURPLUS
100010 10/20	/11 000000		#11#P16 1P116	16.00		022.00	-
179012 12/30	/11 000008	VISITING NURSE SERVICE	TAVERAS ARIAS,	16.00		233.28	L
			CATEGORY	16.00	0.00	233.28	

	01/04/12 - JL # 0262		YSIDE CITYWIDE SUNNYSIDE CITYWIDE	REGNY NY SALES REGISTEI	>		PAGE 1 - ADU ADULT BILL WEEK ENDI	- 253 ING 1/06/12
INVOICE#	DATE	CUST NO	CUSTOMER NAME	REFERENCE	HOURS	TAX AMT		TYP SURPLUS
179013	12/30/11	800000	VISITING NURSE SERVICE	TAWADROUS, ZENA	4.00		58.32	I
				CATEGORY	4.00	0.00	58.32	

	01/04/12 - IL # 0262		YSIDE CITYWIDE SUNNYSIDE CITYWIDE	REG NY NY			HOA HOSPICE ADU	
INVOICE#	DATE	CUST NO	CUSTOMER NAME	SALES REGISTER REFERENCE	HOURS	TAX AMT	BILL WEEK ENDIN	
	12/30/11		VISITING NURSE SERVICE		15.00		218.70 I	
				CATEGORY	15.00	0.00	218.70	

RUN DATE	01/04/12 -	SUP SUNN	YSIDE CITYWIDE				PAGE 1 -	255	
SALES JRN	L # 0262	LOC 001		REG NY NY			VCP CHOICE LHCS		
			:	SALES REGISTER			BILL WEEK ENDING	G 1/06/12	
INVOICE#	DATE	CUST NO	CUSTOMER NAME	REFERENCE	HOURS	TAX AMT	AMOUNT TY	P SURPLUS	
179015	12/30/11	800000	VISITING NURSE SERVICE	TERZIAN, ASDGHI	35.00		510.30 I		
				CATEGORY	35.00	0.00	510.30		

RUN DATE 01/04/12 - SALES JRNL # 0262		TYWIDE SIDE CITYWIDE REG	NY NY			PAGE 1 ADU ADULT	- 25	6
STEEDS STATE II SESE	200 001 2011112	S A L E				BILL WEEK EN	DING	1/06/12
INVOICE# DATE	CUST NO CUSTOME	ER NAME	REFERENCE	HOURS	TAX AMT	AMOUNT	TYP	SURPLUS
179016 12/30/11 179017 12/30/11		IG NURSE SERVICE IG NURSE SERVICE	TISHCOFF, HERTA TORO VEGA, LUZV	9.00		131.22 291.60	I	
179017 12/30/11	000000 VISITIN	NO NORSE SERVICE	TORO VEGA, LOZV			291.00		
			CUSTOMER	29.00	0.00	422.82		
			CATEGORY	29.00	0.00	422.82		

RUN DATE 01/04/12 - SUP SU SALES JRNL # 0262 LOC 00	01 SUNNYSIDE CITYWIDE	REG NY NY LES REGISTER			PAGE 1 - VCP CHOICE LHCS BILL WEEK ENDING	
INVOICE# DATE CUST N	NO CUSTOMER NAME	REFERENCE	HOURS	TAX AMT	AMOUNT TY	P SURPLUS
179018 12/30/11 000008 179019 12/30/11 000008 179020 12/30/11 000008	VISITING NURSE SERVICE	TORO, PURA TORRES, EMELINA TORRES, LUZ M	84.00 20.00 70.00		1,224.72 I 291.60 I 1,020.60 I	
		CUSTOMER	174.00	0.00	2,536.92	
		CATEGORY	174.00	0.00	2,536.92	

RUN DATE 01/04/12 SALES JRNL # 0262			DEC NY NY				258
SALES URNL # UZ02	100 001		REG NY NY SALES REGISTER			LTC NURSING HOMEV BILL WEEK ENDING	•
INVOICE# DATE	CUST NO	CUSTOMER NAME	REFERENCE	HOURS	TAX AMT	AMOUNT TYP	SURPLUS
179021 12/30/11	000008	VISITING NURSE SERVICE	TORRES, MARGOT	30.50		444.69 I	
			CATEGORY	30.50	0.00	444.69	

RUN DATE 01/04/12 - SALES JRNL # 0262		SUNNYSIDE CITYWIDE	REGNY NY SALES REGISTER			PAGE 1 - 259 VCP CHOICE LHCSA BILL WEEK ENDING 1/06/12
INVOICE# DATE	CUST NO C	CUSTOMER NAME	REFERENCE	HOURS	TAX AMT	AMOUNT TYP SURPLUS
179022 12/30/11 179023 12/30/11		VISITING NURSE SERVICE VISITING NURSE SERVICE	TRUJILLO, AMPAR TSOLISOS, FOTIN	20.00 47.50		291.60 I 692.56 I
			CUSTOMER	67.50	0.00	984.16
			CATEGORY	67.50	0.00	984.16

RUN DATE 01/04/12							260
SALES JRNL # 0262	LOC 001		REG NY NY			LTC NURSING HOMEV	•
		2	SALES REGISTER			BILL WEEK ENDING	1/06/12
INVOICE# DATE	CUST NO	CUSTOMER NAME	REFERENCE	HOURS	TAX AMT	AMOUNT TYP	SURPLUS
179024 12/30/11	800000	VISITING NURSE SERVICE	TSUAI, PING	20.00		291.60 I	
			CATEGORY	20.00	0.00	291.60	

RUN DATE	01/04/12 -	SUP SUNN	YSIDE CITYWIDE				PAGE 1 - 2	61
SALES JRN	NL # 0262	LOC 001	SUNNYSIDE CITYWIDE	REG NY NY			VCP CHOICE LHCSA	
			2	SALES REGISTER			BILL WEEK ENDING	1/06/12
INVOICE#	DATE	CUST NO	CUSTOMER NAME	REFERENCE	HOURS	TAX AMT	AMOUNT TYP	SURPLUS
179025	12/30/11	800000	VISITING NURSE SERVICE	TZOUMAS, EFFIE	39.00		568.62 I	
				CATEGORY	39.00	0.00	568.62	

RUN DATE 01/04/12 -						PAGE 1 - 262	
SALES JRNL # 0262	LOC 001	SUNNYSIDE CITYWIDE	REG NY NY			ADU ADULT	
		S	SALES REGISTER			BILL WEEK ENDING 1/06	5/12
INVOICE# DATE	CUST NO	CUSTOMER NAME	REFERENCE	HOURS	TAX AMT	AMOUNT TYP SURE	PLUS
179026 12/30/11	000008	VISITING NURSE SERVICE	UGURLUYAN, KARA	5.00		874.80 I	
179027 12/30/11	800000	VISITING NURSE SERVICE	URENA, MARIA	35.00		510.30 I	
			CUSTOMER	40.00	0.00	1,385.10	
			CATEGORY	40.00	0.00	1,385.10	

			YSIDE CITYWIDE				PAGE 1 - 2	263
SALES JRN	IL # 0262	LOC 001	SUNNYSIDE CITYWIDE	REG NY NY			VCP CHOICE LHCSA	
			5	SALES REGISTER			BILL WEEK ENDING	1/06/12
INVOICE#	DATE	CUST NO	CUSTOMER NAME	REFERENCE	HOURS	TAX AMT	AMOUNT TYP	SURPLUS
179028	12/30/11	000008	VISITING NURSE SERVICE	VALENCIANO-ROJ,	31.75		462.92 I	
				CATEGORY	31.75	0.00	462.92	

RUN DATE 01/04/12	- SUP SUN	NYSIDE CITYWIDE				PAGE 1 - 264	
SALES JRNL # 0262	LOC 001	SUNNYSIDE CITYWIDE	REG NY NY			CCL CONGREGATE CARE PR	ROGRAM
		5	SALES REGISTER			BILL WEEK ENDING 1/0)6/12
INVOICE# DATE	CUST NO	CUSTOMER NAME	REFERENCE	HOURS	TAX AMT	AMOUNT TYP SUF	RPLUS
179029 12/30/11	000008	VISITING NURSE SERVICE	VALENTI, HELEN	8.00		116.64 I	
			CATEGORY	8.00	0.00	 116.64	

RUN DATE 03 SALES JRNL		SUP SUNN LOC 001		REGNY NY SALES REGISTER			PAGE 1 LTC NURSING BILL WEEK EN		
INVOICE#	DATE	CUST NO	CUSTOMER NAME	REFERENCE	HOURS	TAX AMT	AMOUNT	TYP	SURPLUS
	2/30/11 2/30/11	000008 000008	VISITING NURSE SERVICE VISITING NURSE SERVICE		6.00 6.00		87.48 87.48	I	
				CUSTOMER	12.00	0.00	174.96		
				CATEGORY	12.00	0.00	174.96		

RUN DATE 01/04/12 -						-	266
SALES JRNL # 0262	LOC 001	SUNNYSIDE CITYWIDE	REG NY NY			VCP CHOICE LHCSA	1 /05/10
			SALES REGISTER			BILL WEEK ENDING	1/06/12
INVOICE# DATE	CUST NO	CUSTOMER NAME	REFERENCE	HOURS	TAX AMT	AMOUNT TYP	SURPLUS
179032 12/23/11	000008	VISITING NURSE SERVICE	VASQUEZ, ARTURO	7.00		102.06 I	
179033 12/30/11	800000	VISITING NURSE SERVICE	VASQUEZ, ARTURO	28.00		408.24 I	
			CUSTOMER	35.00	0.00	510.30	
			COSTOMER	33.00	0.00	310.30	
			CATEGORY	35.00	0.00	510.30	

RUN DATE 01/04/12 - SALES JRNL # 0262	- SUP SUNN LOC 001	SUNNYSIDE CITYWIDE	REG NY NY SALES REGISTER			PAGE 1 - 2 LTC NURSING HOMEW BILL WEEK ENDING	67 /O WALLS (LT 1/06/12
INVOICE# DATE	CUST NO	CUSTOMER NAME	REFERENCE	HOURS	TAX AMT	AMOUNT TYP	SURPLUS
179034 12/30/11 179035 12/23/11 179036 12/30/11 179037 12/30/11	000008 000008 000008 000008	VISITING NURSE SERVICE VISITING NURSE SERVICE VISITING NURSE SERVICE VISITING NURSE SERVICE	VASQUEZ, EUSTAG VASQUEZ, RAPHAE VASQUEZ, RAPHAE VAZQUEZ, ESTHER	32.00 3.00 21.00 40.00		466.57 I 43.74 I 306.18 I 583.20 I	
			CUSTOMER	96.00	0.00	1,399.69	
			CATEGORY	96.00	0.00	1,399.69	

RUN DATE 01/04/12 -	SUP SUNNYSII	DE CITYWIDE				PAGE 1 - 2	68
SALES JRNL # 0262	LOC 001 ST	UNNYSIDE CITYWIDE F	REG NY NY			VCP CHOICE LHCSA	
		SAI	LES REGISTER			BILL WEEK ENDING	1/06/12
INVOICE# DATE	CUST NO CUS	STOMER NAME	REFERENCE	HOURS	TAX AMT	AMOUNT TYP	SURPLUS
179038 12/30/11	000008 VIS	SITING NURSE SERVICE	VELASQUEZ, NELL	18.00		262.45 I	
			CATEGORY	18.00	0.00	262.45	

RUN DATE 01/04/12	- SUP SUNN	NYSIDE CITYWIDE				PAGE 1 - 269
SALES JRNL # 0262	LOC 001	SUNNYSIDE CITYWIDE	REG NY NY			LTC NURSING HOMEW/O WALLS (LT
		:	SALES REGISTER			BILL WEEK ENDING 1/06/12
INVOICE# DATE	CUST NO	CUSTOMER NAME	REFERENCE	HOURS	TAX AMT	AMOUNT TYP SURPLUS
179039 12/30/11	800000	VISITING NURSE SERVICE	VENTURA, ROSA	32.00		466.56 I
			CATEGORY	32.00	0.00	466.56

RUN DATE 01/04/12 -						PAGE 1 - 2	70
SALES JRNL # 0262	LOC 001	SUNNYSIDE CITYWIDE	REG NY NY			VCP CHOICE LHCSA	1.06.110
		2	SALES REGISTER			BILL WEEK ENDING	1/06/12
INVOICE# DATE	CUST NO	CUSTOMER NAME	REFERENCE	HOURS	TAX AMT	AMOUNT TYP	SURPLUS
179040 12/30/11	000008	VISITING NURSE SERVICE	VERAS, JUANA	40.00		583.20 I	
			CATEGORY	40.00	0.00	583.20	

ı	RUN DATE	01/04/12 -	SUP SUNN	YSIDE CITYWIDE				PAGE 1 - 271	
ı	SALES JRN	IL # 0262	LOC 001	SUNNYSIDE CITYWIDE	REG NY NY			HOA HOSPICE ADULT	
ı				S	SALES REGISTER			BILL WEEK ENDING 1/0	6/12
ı									
ı	INVOICE#	DATE	CUST NO	CUSTOMER NAME	REFERENCE	HOURS	TAX AMT	AMOUNT TYP SUR	PLUS
ı									
ı	179041	12/30/11	000008	VISITING NURSE SERVICE	VIGORITO, ANN	20.00		291.60 I	
ı									
ı									
ı					CATEGORY	20.00	0.00	291.60	

RUN DATE 01/04/12 - SUP S	UNNYSIDE CITYWIDE				PAGE 1 - 272	
SALES JRNL # 0262 LOC 0	01 SUNNYSIDE CITYWIDE	REG NY NY			CCL CONGREGATE CARE F	ROGRAM
	S A I	LES REGISTER			BILL WEEK ENDING 1/	06/12
INVOICE# DATE CUST	NO CUSTOMER NAME	REFERENCE	HOURS	TAX AMT	AMOUNT TYP SU	RPLUS
179042 12/30/11 00000	8 VISITING NURSE SERVICE	VISCONTI, JASON	4.00		58.32 I	
		CATEGORY	4.00	0.00	 58.32	

RUN	DATE 01/04/12	- SUP SUNN	YSIDE CITYWIDE				PAGE 1 -	273
SALI	ES JRNL # 0262	LOC 001		REG NY NY			LTC NURSING HOME	
				SALES REGISTER			BILL WEEK ENDING	1/06/12
INV	OICE# DATE	CUST NO	CUSTOMER NAME	REFERENCE	HOURS	TAX AMT	AMOUNT TYP	SURPLUS
179	043 12/30/11	800000	VISITING NURSE SERVICE	VITO, CARMEN	18.00		262.44 I	
				CATEGORY	18.00	0.00	262.44	

RUN DATE 01/04/12 -	- SUP SUNN	YSIDE CITYWIDE				PAGE 1	- 27	74
SALES JRNL # 0262	LOC 001	SUNNYSIDE CITYWIDE	REG NY NY			VCP CHOICE L	HCSA	
		\$	SALES REGISTE	R		BILL WEEK EN	DING	1/06/12
INVOICE# DATE	CUST NO	CUSTOMER NAME	REFERENCE	HOURS	TAX AMT	AMOUNT	TYP	SURPLUS
179044 12/30/11	000008	VISITING NURSE SERVICE	VIVACQUA, EMMA	64.00		933.12	I	
179045 12/23/11	800000	VISITING NURSE SERVICE	WALLE, ILEANA	4.00		58.32	I	
179046 12/30/11	800000	VISITING NURSE SERVICE	WALLE, ILEANA	16.00		233.28	I	
179047 12/30/11	800000	VISITING NURSE SERVICE	WEBB, ANA	29.75		433.76	I	
			_			1 650 40		
			CUSTOMER	113.75	0.00	1,658.48		
			_					
			CATEGORY	113.75	0.00	1,658.48		

RUN DATE 01/04/12 - SALES JRNL # 0262		SUNNYSIDE CITYWIDE	REGNY NY SALES REGISTER			PAGE 1 - ADU ADULT BILL WEEK ENDI	275 NG 1/06/12
INVOICE# DATE	CUST NO	CUSTOMER NAME	REFERENCE	HOURS	TAX AMT	AMOUNT T	YP SURPLUS
179048 12/30/11	800000	VISITING NURSE SERVICE	WEINHAUS, SUSAN	25.00		364.50	I
			CATEGORY	25.00	0.00	364.50	

RUN DATE 01/04/12	- SUP SUNN	NYSIDE CITYWIDE				PAGE 1 - 276	
SALES JRNL # 0262	LOC 001	SUNNYSIDE CITYWIDE	REG NY NY			VCP CHOICE LHCSA	
		:	SALES REGISTER			BILL WEEK ENDING	1/06/12
INVOICE# DATE	CUST NO	CUSTOMER NAME	REFERENCE	HOURS	TAX AMT	AMOUNT TYP	SURPLUS
179049 12/30/11	000008	VISITING NURSE SERVICE	YAGHDJIAN, SIRA	12.00		174.96 I	
			CATEGORY	12.00	0.00	174.96	

RUN DATE	01/04/12 -	SUP SUNN	YSIDE CITYWIDE				PAGE 1 - 277	
SALES JRN	IL # 0262	LOC 001	SUNNYSIDE CITYWIDE	REG NY NY			CCL CONGREGATE CARE PR	
			S	SALES REGISTER			BILL WEEK ENDING 1/0	06/12
INVOICE#	DATE	CUST NO	CUSTOMER NAME	REFERENCE	HOURS	TAX AMT	AMOUNT TYP SUR	RPLUS
179050	12/30/11	800000	VISITING NURSE SERVICE	YELLAPAH, DOLLI	12.00		174.96 I	
				CATEGORY	12.00	0.00	174.96	

RUN DATE 01/04/12 - SALES JRNL # 0262		SUNNYSIDE CITYWIDE	REG NY NY S A L E S R E G I S T E R			PAGE 1 - 2 ADU ADULT BILL WEEK ENDING	78
INVOICE# DATE	CUST NO	CUSTOMER NAME	REFERENCE	HOURS	TAX AMT	AMOUNT TYP	SURPLUS
179051 12/30/11	800000	VISITING NURSE SERVICE	ZAMBRANO, CRUZM	25.00		364.50 I	
			CATEGORY	25.00	0.00		

RUN DATE 01/04/12 - SUP SUNNYSIDE CITYWIDE PAGE 1 - 279 LOC 001 SUNNYSIDE CITYWIDE REG NY NY SALES JRNL # 0262 GUI GUILDNET SALES REGISTER BILL WEEK ENDING 1/06/12 INVOICE# DATE CUST NO CUSTOMER NAME REFERENCE HOURS TAX AMT AMOUNT TYP SURPLUS 179052 12/30/11 000010 GUILDNET I 179053 12/16/11 332.00 I 000010 GUILDNET 179054 12/30/11 000010 GUILDNET 179055 12/30/11 000010 GUILDNET 179056 12/30/11 GUILDNET 000010 179057 GUILDNET 12/16/11 000010 179058 12/30/11 GUILDNET 000010 179059 12/30/11 000010 GUILDNET 179060 12/23/11 000010 GUILDNET 179061 12/30/11 000010 GUILDNET 179062 12/30/11 000010 GUILDNET 179063 GUILDNET 12/30/11 000010 12/30/11 179064 000010 GUILDNET 12/30/11 179065 000010 GUILDNET 179066 12/30/11 000010 GUILDNET 179067 12/30/11 000010 GUILDNET 179068 12/30/11 000010 GUILDNET 179069 12/30/11 000010 GUILDNET 179070 12/30/11 GUILDNET 000010 179071 12/30/11 000010 GUILDNET 179072 12/30/11 GUILDNET 000010 179073 12/30/11 GUILDNET 000010 179074 12/30/11 000010 GUILDNET 179075 12/30/11 000010 GUILDNET 179076 12/30/11 000010 GUILDNET 179077 12/30/11 000010 GUILDNET 179078 12/30/11 000010 GUILDNET 179079 12/30/11 000010 GUILDNET 12/30/11 179080 000010 GUILDNET 179081 12/30/11 000010 GUILDNET 179082 12/30/11 000010 GUILDNET 179083 12/30/11 GUILDNET 000010 179084 12/30/11 000010 GUILDNET 179085 12/30/11 000010 GUILDNET 179086 12/30/11 000010 GUILDNET 179087 12/30/11 000010 GUILDNET 179088 12/30/11 000010 GUILDNET 179089 12/30/11 GUILDNET 000010 179090 12/23/11 GUILDNET 000010 179091 000010 GUILDNET 12/23/11 179092 12/30/11 000010 GUILDNET 179093 000010 GUILDNET 12/30/11 179094 12/30/11 000010 GUILDNET 179095 12/30/11 000010 GUILDNET 179096 12/30/11 000010 GUILDNET 179097 12/30/11 000010 GUILDNET 179098 12/30/11 000010 GUILDNET 179099 12/30/11 000010 GUILDNET 179100 12/30/11 000010 GUILDNET

	SUP SUNNYSIDE CITYWIDE	DEC My My				- 28	0
SALES URNL # U262 1	LOC 001 SUNNYSIDE CITYWIDE	REGNY NY SALES REGISTER			GUI GUILDNET BILL WEEK END	ING	1/06/12
							_, ,
INVOICE# DATE (CUST NO CUSTOMER NAME	REFERENCE	HOURS	TAX AMT	AMOUNT	TYP	SURPLUS
170101 12/20/11	000010 GHI DNEE	CAL TANIEN DIE TA	61 00		010 00	-	
	000010 GUILDNET	SALJANIN, DILJA	61.00		810.08	Τ_	
	000010 GUILDNET	SANCHEZ, ELIZAB	43.00		571.04	I	
179103 12/30/11 (000010 GUILDNET	SHELTON, AGUEDA	35.00		464.80	I	
179104 12/30/11 (000010 GUILDNET	SOMRAJ, UMILLA	1.00		13.28	I	
179105 12/30/11 (000010 GUILDNET	TOROSSIAN, PARI	28.00		371.84	I	
	000010 GUILDNET	VILLACRES, LUZ	7.00		92.96	I	
	000010 GUILDNET	VLAHOS, MARIE			929.60	I	
	000010 GUILDNET	WEISZ, KLARA	8.00		106.24	I	
	000010 GUILDNET	WHITLEY, MYRNA	12.00		159.36	I	
179110 12/30/11 (000010 GUILDNET	YI, CARLOS	20.00		265.60	I	
179111 12/30/11 (000010 GUILDNET	YIANTSELIS, VIR	7.00		1,260.00	I	
179112 12/30/11 (000010 GUILDNET	ZARE, GLORIA	18.00		239.04	I	
179113 12/23/11 (000010 GUILDNET	ZUMAETA, FANNY	66.75		886.44	I	
		CUSTOMER 1	,825.75	0.00	29,914.44		
		CATEGORY 1	,825.75	0.00	29,914.44		

RUN DATE	01/04/12	- SUP SUNN	YSIDE CITYWIDE				PAGE 1	- 28	1
SALES JR	NL # 0262	LOC 001	SUNNYSIDE CITYWIDE	REG NY NY			HFS HEALTH FI	RST	
				REG NY NY SALES REGISTER	2		BILL WEEK END	ING	1/06/12
INVOICE#	DATE	CUST NO	CUSTOMER NAME	REFERENCE	HOURS	TAX AMT	AMOUNT '	TYP	SURPLUS
179114	12/23/11	000122	HEALTH FIRST	AUER, BARBARA	25.00		422.00	I	
179115	12/30/11	000122	HEALTH FIRST	BEGUM, MANWARA	24.00		405.12	I	
179116	12/30/11	000122	HEALTH FIRST	BHAIRO, KOWSILI	56.00		945.28	I	
179117	12/30/11	000122	HEALTH FIRST	BOCHENEC, JOLAN	36.00		607.68	Ī	
179118	12/30/11	000122	HEALTH FIRST	CARMONA, LUZ	40.00		675.20	Ī	
179119	12/30/11	000122	HEALTH FIRST	CARRION, MARIA	48.00		810.24	Ī	
179120	12/30/11	000122	HEALTH FIRST	CEBALLOS, ANA	40.00		675.20	Ī	
179121	12/30/11	000122	HEALTH FIRST	CHARITAR, RAMKA	30.00		506.40	Ī	
179122	12/30/11	000122	HEALTH FIRST	CORTES DE GALIN	30.00		506.40	I	
179123	11/04/11	000122	HEALTH FIRST	DORNELLAS, STEL	12.00		202.56	I	
179124	12/23/11	000122	HEALTH FIRST	ESPAILLAT, AMPA	32.00		540.16	I	
179125	12/30/11	000122	HEALTH FIRST	ESTEVES, JOSE	63.00		1.063.44	Ī	
179126	12/30/11	000122	HEALTH FIRST	FERRERA, FRANCI	15.00		253.20	Ī	
179127	12/30/11	000122	HEALTH FIRST	FONTANES, PEDRO	24.00		405.12	I	
179128	12/30/11	000122	HEALTH FIRST	FRANCISCO, RICH	54.00		911.52	I	
179129	12/30/11	000122	HEALTH FIRST	FRIAS, BARBARA	12.00		202.56	I	
179130	12/23/11	000122	HEALTH FIRST	HENRY, BRENDA	20.00		337.60	I	
179131	12/30/11	000122	HEALTH FIRST	KAUR, HARBANS	49.00		827.12	I	
179132	12/30/11	000122	HEALTH FIRST	LARA, TOMASA	28.00		472.64	I	
179133	12/30/11	000122	HEALTH FIRST	LAZALA, GLADYS	84.00		1,417.92	I	
179134	12/30/11	000122	HEALTH FIRST	LOPEZ-RAMIREZ,	64.00		1,080.32	I	
179135	12/30/11	000122	HEALTH FIRST	MACARENA, SAHAR	63.00		1,063.44	I	
179136	12/30/11	000122	HEALTH FIRST	MARTIN, ARIANA	12.00		202.56	I	
179137	12/30/11	000122	HEALTH FIRST	RIVERA, CHRISTO	21.00		354.48	I	
179138	12/23/11	000122	HEALTH FIRST	RIVERA, EDDIE	39.00		660.75	I	
179139	12/30/11	000122	HEALTH FIRST	RODRIGUEZ, MARG	12.00		202.56	I	
179140	12/30/11	000122	HEALTH FIRST	RODRIGUEZ, MARG	8.00		135.04	I	
179141	12/30/11	000122	HEALTH FIRST	RUIZ JR, SAMUEL	13.00		219.44	I	
179142	12/30/11	000122	HEALTH FIRST	SALAZAR, LUZ MA	56.00		945.28	I	
179143	12/30/11	000122	HEALTH FIRST	SALHUANA, YOLAN	20.00		337.60	I	
179144	12/30/11	000122	HEALTH FIRST	SPIVEY, PATRICI	4.00		67.52	I	
179145	12/23/11	000122	HEALTH FIRST	ST ROMAINE, CLA	67.00		1,130.96	I	
179146	12/30/11	000122	HEALTH FIRST	SURIEL, GERTRUD	12.00		202.56	I	
179147	12/02/11	000122	HEALTH FIRST	TEJADA, PAULA	40.00		675.20	I	
179148	12/30/11	000122	HEALTH FIRST	WILLIAMS, RODNE	24.00		405.12	I	
				CUSTOMER	1,177.00	0.00	19,870.19		
				REG NY NY S A L E S R E G I S T E R REFERENCE AUER, BARBARA BEGUM, MANWARA BHAIRO, KOWSILI BOCHENEC, JOLAN CARMONA, LUZ CARRION, MARIA CEBALLOS, ANA CHARITAR, RAMKA CORTES DE GALIN DORNELLAS, STEL ESPAILLAT, AMPA ESTEVES, JOSE FERRERA, FRANCI FONTANES, PEDRO FRANCISCO, RICH FRIAS, BARBARA HENRY, BRENDA KAUR, HARBANS LARA, TOMASA LAZALA, GLADYS LOPEZ-RAMIREZ, MACARENA, SAHAR MARTIN, ARIANA RIVERA, CHRISTO RIVERA, EDDIE RODRIGUEZ, MARG RODRIGUEZ, MARG RODRIGUEZ, MARG RUIZ JR, SAMUEL SALAZAR, LUZ MA SALHUANA, YOLAN SPIVEY, PATRICI ST ROMAINE, CLA SURIEL, GERTRUD TEJADA, PAULA WILLIAMS, RODNE CUSTOMER	1,177.00	0.00	19,870.19		

RUN DATE	01/04/12 -	SUP SUNN	YSIDE CITYWIDE SUNNYSIDE CITYWIDE REG S A L E				PAGE 1	- 28	32
SALES JRN	NL # 0262	LOC 001	SUNNYSIDE CITYWIDE REG	NY NY			NHP NEIGHBORE	HOOD I	IEALTH
			SALE	S REGISTER			BILL WEEK ENI	DING	1/06/12
INVOICE#	DATE	CUST NO	CUSTOMER NAME	REFERENCE	HOURS	TAX AMT	AMOUNT	TYP	SURPLUS
179149	12/30/11	000120	NEIGHBORHOOD HEALTH PROVIDERS	AHMED. UMARA	51.25		865.10	Т	
	12/30/11	000120	NEIGHBORHOOD HEALTH PROVIDERS	AKHTAR SELINA	45.00		759.60	Ť	
	12/30/11	000120	NEIGHBORHOOD HEALTH PROVIDERS	ARDITTO, PATRIC	20.00		337.60	Ī	
	12/30/11	000120	NEIGHBORHOOD HEALTH PROVIDERS	BRATHWAITE, DON	20.00		337.60	Ī	
	12/30/11	000120	NEIGHBORHOOD HEALTH PROVIDERS	CHUKWUJIORAH. T	49.00		827.12	Ī	
	12/30/11	000120	NEIGHBORHOOD HEALTH PROVIDERS	DIAZ, CARMEN	20.00		337.60	I	
179155	12/30/11	000120	NEIGHBORHOOD HEALTH PROVIDERS	FERNANDEZ, MARI	12.00		202.56	I	
179156	12/30/11	000120	NEIGHBORHOOD HEALTH PROVIDERS	FLORES, MARITZA	70.00		1,181.60	I	
179157	12/30/11	000120	NEIGHBORHOOD HEALTH PROVIDERS	JONES, CYNTHIA	45.00		759.60	I	
179158	12/30/11	000120	NEIGHBORHOOD HEALTH PROVIDERS	KHALIL, RASHAN	29.00		489.52	I	
179159	12/23/11	000120	NEIGHBORHOOD HEALTH PROVIDERS	KHAN, FARUQUE	35.75		603.46	I	
179160	12/30/11	000120	NEIGHBORHOOD HEALTH PROVIDERS	KROLL, KATHERIN	34.75		586.58	I	
179161	12/30/11	000120	NEIGHBORHOOD HEALTH PROVIDERS	MORALES, EDWIN	42.00		708.96	I	
179162	12/30/11	000120	NEIGHBORHOOD HEALTH PROVIDERS	MOSKOWITZ, RONA	29.50		497.96	I	
179163	12/30/11	000120	NEIGHBORHOOD HEALTH PROVIDERS	OCASIO, VIRGINI	22.00		371.36	I	
	12/30/11	000120	NEIGHBORHOOD HEALTH PROVIDERS	RODRIGUEZ, JESS	30.00		506.40	I	
	12/30/11	000120	NEIGHBORHOOD HEALTH PROVIDERS	RODRIGUEZ, MARI	12.00		202.56	I	
	12/30/11	000120	NEIGHBORHOOD HEALTH PROVIDERS	SALVATO, MARY	48.00		810.24	I	
	12/30/11	000120	NEIGHBORHOOD HEALTH PROVIDERS	SANCHEZ, CHRIST	9.00		151.92	I	
	12/23/11	000120	NEIGHBORHOOD HEALTH PROVIDERS	SCOTT, MICHAEL	48.00		810.24	I	
	12/30/11	000120	NEIGHBORHOOD HEALTH PROVIDERS	SHEPPARD, ERMA	70.00		1,181.60	I	
	12/30/11	000120	NEIGHBORHOOD HEALTH PROVIDERS	WELLS, WYNORIA	12.00		202.56	I	
179171	12/02/11	000120	NEIGHBORHOOD HEALTH PROVIDERS	WILSON, SHERYL	46.00		776.48	I	
				CIICTOMED	 900 25	0.00	13,508.22		
							13,508.22		
				CHIEGORI	000.25	0.00	13,300.22		

RUN DATE 01/04/12	- SUP SUNN	YSIDE CITYWIDE				PAGE 1	- 28	33
SALES JRNL # 0262	LOC 001	SUNNYSIDE CITYWIDE	REG NY NY			FID NY CATHO	LIC/F	IDELIS
			SALES REGISTER			BILL WEEK EN	DING	1/06/12
INVOICE# DATE	CUST NO	CUSTOMER NAME	REFERENCE	HOURS	TAX AMT	AMOUNT	TYP	SURPLUS
179172 12/30/11	000126	NYS CATHOLIC/FIDELIS	BATISTA, JOSE	62.75		1,059.22	I	
179173 12/30/11	000126	NYS CATHOLIC/FIDELIS	BERGES, MARITZA	40.00		675.20	I	
179174 12/30/11	000126	NYS CATHOLIC/FIDELIS	GIL, ALICIA M	35.00		590.80	I	
179175 12/30/11	000126	NYS CATHOLIC/FIDELIS	LITMAN, GAIL	24.75		417.78	I	
179176 12/30/11	000126	NYS CATHOLIC/FIDELIS	MARTINEZ, LUISA	84.00		1,417.92	I	
179177 12/30/11	000126	NYS CATHOLIC/FIDELIS	MULLOKONDOVA, S	12.00		202.56	I	
179178 12/30/11	000126	NYS CATHOLIC/FIDELIS	OLIVAPUIG, CARM	20.00		337.60	I	
179179 12/30/11	000126	NYS CATHOLIC/FIDELIS	PANOS, DESPINA	63.00		1,063.44	I	
179180 12/30/11	000126	NYS CATHOLIC/FIDELIS	PEREZ, MARIA E	16.00		270.08	I	
179181 12/30/11	000126	NYS CATHOLIC/FIDELIS	ROMERO AYALA, A	40.00		675.20	I	
179182 12/30/11	000126	NYS CATHOLIC/FIDELIS	SAMOJEDNY, MICH	40.00		675.20	I	
179183 12/16/11	000126	NYS CATHOLIC/FIDELIS	SZE, BECKY	37.75		637.22	I	
179184 12/30/11	000126	NYS CATHOLIC/FIDELIS	VARGAS, RAQUEL	54.00		911.52	I	
			CUSTOMER	529.25	0.00	8,933.74		
			CATEGORY	529.25	0.00	8,933.74		

	01/04/12 NL # 0262	- SUP SUNN	YSIDE CITYWIDE SUNNYSIDE CITYWIDE	REG NY NY			PAGE 1 UHC UNITED H	- 28	34
	0202	200 001		SALES REGISTER			BILL WEEK EN		1/06/12
INVOICE#	DATE	CUST NO	CUSTOMER NAME	REFERENCE	HOURS	TAX AMT	AMOUNT	TYP	SURPLUS
179185	12/30/11	000128	UNITED HEALTH CARE	CALDERON, MIGDA	49.00		840.84	I	
179186	12/30/11	000128	UNITED HEALTH CARE	LYMBERIS, HELEN	20.00		343.20	I	
179187	12/30/11	000128	UNITED HEALTH CARE	MILLAN, ARMIDA	38.00		652.08	I	
179188	12/30/11	000128	UNITED HEALTH CARE	MUSHAYEV, BORIS	56.00		960.96	I	
179189	12/30/11	000128	UNITED HEALTH CARE	SAFOS, PATRA	53.00		909.48	I	
179190	12/30/11	000128	UNITED HEALTH CARE	SANTOS, MILAGRO	12.00		205.92	I	
179191	12/30/11	000128	UNITED HEALTH CARE	YUSUPOV, PULAT	28.00		480.48	I	
				CUSTOMER	256.00	0.00	4,392.96		
				CATEGORY	256.00	0.00	4,392.96		

	01/04/12 - NL # 0262		YSIDE CITYWIDE	DDG NV NV			-	- 28	5
SALES URI	NL # U202	TOC 001	SUNNYSIDE CITYWIDE	REG NY NY SALES REGISTER			EHP EMBLEM HI BILL WEEK ENI		1/06/12
INVOICE#	DATE	CUST NO	CUSTOMER NAME	REFERENCE	HOURS	TAX AMT	AMOUNT	TYP	SURPLUS
179192	12/30/11	000114	EMBLEM HEALTH	COPE, WILLIE	79.75		1,116.50	I	
179193	12/30/11	000114	EMBLEM HEALTH	COPELAND, ELISE	30.00		427.50	I	
179194	12/30/11	000114	EMBLEM HEALTH	KEATON, CATHERI	81.75		1,144.50	I	
179195	12/30/11	000114	EMBLEM HEALTH	REYNOLDS, HARRI	12.00		168.00	I	
179196	12/30/11	000114	EMBLEM HEALTH	WESTFIELD, BREN	48.00		672.00	I	
				CUSTOMER	251.50	0.00	3,528.50		
				CATEGORY	251.50	0.00	3,528.50		

RUN DATE 01/04/12								- 28	
SALES JRNL # 0262	LOC 001	SUNNYSIDE CITYWIDE	REG				HIP HEALTH I		
		S	ALE	S REGISTER			BILL WEEK EN	DING	1/06/12
INVOICE# DATE	CUST NO	CUSTOMER NAME		REFERENCE	HOURS	TAX AMT	AMOUNT	TYP	SURPLUS
179197 12/30/11	000136	HEALTH INSURANCE PLAN OF	NY	AHMAD, AMATUL	11.00		185.68	I	
179198 12/30/11	000136	HEALTH INSURANCE PLAN OF	NY	BORLAZA, FRANCI	84.00		1,417.92	I	
179199 12/30/11	000136	HEALTH INSURANCE PLAN OF	NY	CIPRIAN, JACQUE	8.00		135.04	I	
179200 12/30/11	000136	HEALTH INSURANCE PLAN OF	NY	DE JESUS, TIBUR	63.00		1,063.44	I	
179201 12/30/11	000136	HEALTH INSURANCE PLAN OF	NY	GOMES, AGUSTINA	56.00		945.28	I	
179202 12/30/11	000136	HEALTH INSURANCE PLAN OF	NY	GREGG, DAVID	18.00		303.84	I	
179203 12/30/11	. 000136	HEALTH INSURANCE PLAN OF	NY	ORR, LOUISE	20.00		337.60	I	
179204 12/30/11	000136	HEALTH INSURANCE PLAN OF	NY	SHAH, HANSIKABE	4.00		67.52	I	
179205 12/30/11	000136	HEALTH INSURANCE PLAN OF	NY	TOWLES, ADA	16.00		270.08	I	
179206 12/30/11	000136	HEALTH INSURANCE PLAN OF	NY	WILLIAMS, DIANE	19.50		329.16	I	
				CUSTOMER	299.50	0.00	5,055.56		
				CATEGORY	299.50	0.00	5,055.56		

RUN DATE 0	01/04/12 -	- SUP SUNN	YSIDE CITYWIDE				PAGE 1	- 28	37
SALES JRNL	L # 0262	LOC 001	SUNNYSIDE CITYWIDE	REG NY NY			HPS HEALTH PI	LUS	
				SALES REGISTER			BILL WEEK EN	DING	1/06/12
INVOICE#	DATE	CUST NO	CUSTOMER NAME	REFERENCE	HOURS	TAX AMT	AMOUNT	TYP	SURPLUS
179207 1	12/16/11	000138	HEALTH PLUS PHSP, INC	HARDING, EDNA	42.00		714.00	I	
179208 1	12/23/11	000138	HEALTH PLUS PHSP, INC	VAZQUEZ, ARCADI	12.00		204.00	I	
179209 1	12/30/11	000138	HEALTH PLUS PHSP, INC	VEGA, GLORIA	34.00		578.00	I	
179210 1	12/30/11	000138	HEALTH PLUS PHSP, INC	WALTERS, BYRON	25.00		425.00	I	
179211 1	L2/30/11	000138	HEALTH PLUS PHSP, INC	YOUNG, KALEILE	18.00		306.00	I	
				CUSTOMER	131.00	0.00	2,227.00		
				CATEGORY	131.00	0.00	2,227.00		

RUN DATE 01/04/12 - SALES JRNL # 0262		YSIDE CITYWIDE SUNNYSIDE CITYWIDE	REG NY NY			AFF AFFINITY	
			SALES REGISTER			BILL WEEK END	ING 1/06/12
INVOICE# DATE	CUST NO	CUSTOMER NAME	REFERENCE	HOURS	TAX AMT	AMOUNT	TYP SURPLUS
179212 12/30/11 179213 12/30/11	000142 000142	AFFINITY HEALTH PLUS AFFINITY HEALTH PLUS	HERNANDEZ, ANTO PURNELL, ROSE M	40.00		960.00 480.00	I
			CUSTOMER	60.00	0.00	1,440.00	
			CATEGORY	60.00	0.00	1,440.00	

			YSIDE CITYWIDE SUNNYSIDE CITYWIDE	DEC NV NV			PAGE 1 MPH METROPLUS	- 28	
SALES UK	NL # 0202	TOC 001	SUNNISIDE CITIWIDE	SALES REGISTE	D		BILL WEEK ENI		1/06/12
				SALES KEGISIE	IX		DILL MEEK EMI	JING	1/00/12
INVOICE#	DATE	CUST NO	CUSTOMER NAME	REFERENCE	HOURS	TAX AMT	AMOUNT	TYP	SURPLUS
179214	12/30/11	000130	METROPLUS HEALTH	ABBAS, SENOWARA	49.00		840.35	I	
179215	12/30/11	000130	METROPLUS HEALTH	ANDERSON, BETH	35.00		600.25	I	
179216	12/30/11	000130	METROPLUS HEALTH	ARIAS, NORA	64.00		1,097.60	I	
179217	12/30/11	000130	METROPLUS HEALTH	BEDOYA, MONICA	7.00		120.05	I	
	12/30/11	000130	METROPLUS HEALTH	BESANT, NAOMI	15.00		257.25	I	
179219	12/30/11	000130	METROPLUS HEALTH	BRACERO, HELEN	81.00		1,389.15	I	
179220	12/30/11	000130	METROPLUS HEALTH	BRIGGS, LOUIS	77.00		1,320.55	I	
179221	12/30/11	000130	METROPLUS HEALTH	CHAPMAN, ESTREL	15.00		257.25	I	
179222	12/30/11	000130	METROPLUS HEALTH	CORDERO, ROSEND	70.00		1,200.50	I	
179223	12/30/11	000130	METROPLUS HEALTH	DAVIS, ANGIE	131.00		2,246.65	I	
179224	12/30/11	000130	METROPLUS HEALTH	DEWANJEE, MIRA	20.00		343.00	I	
179225	12/30/11	000130	METROPLUS HEALTH	DURAHAM, CYNTHI	8.00		137.20	I	
179226	12/30/11	000130	METROPLUS HEALTH	GALAS, TERESA	32.00		548.80	I	
179227	12/30/11	000130	METROPLUS HEALTH	GONZALEZ, CARLO	20.00		343.00	I	
179228	12/30/11	000130	METROPLUS HEALTH	MANIACI, VINCEN	84.00		1,440.60	I	
179229	12/30/11	000130	METROPLUS HEALTH	MATUTE-CALLE, R	84.00		1,440.60	I	
179230	12/30/11	000130	METROPLUS HEALTH	MURDOCK, GERTRU	40.00		686.00	I	
179231	12/30/11	000130	METROPLUS HEALTH	PERSAD, USHA	71.00		1,217.65	I	
179232	12/30/11	000130	METROPLUS HEALTH	PUCHUELA, MARIA	56.00		960.40	I	
179233	12/30/11	000130	METROPLUS HEALTH	RYALS, CHARLES	28.00		480.20	I	
179234	12/30/11	000130	METROPLUS HEALTH	SANTORO, MATTHE	30.00		514.50	I	
179235	12/30/11	000130	METROPLUS HEALTH	VALLE, BLASINA	16.00		274.40	I	
							17,715.95		

	SUP SUNNYSIDE CITYWIDE LOC 001 SUNNYSIDE CITYWIDE	REG NY NY SALES REGISTER			PAGE 1 - 290 AMG AMERIGROUP BILL WEEK ENDING 1/06/12
INVOICE# DATE	CUST NO CUSTOMER NAME	REFERENCE	HOURS	TAX AMT	AMOUNT TYP SURPLUS
179236 12/30/11 179237 12/30/11 179238 12/30/11	000132 AMERIGROUP 000132 AMERIGROUP 000132 AMERIGROUP	FERNANDEZ, NORK GIAMBRONE, JOSE GUERRA, LORRAIN	20.00 7.00 10.00		337.40 I 118.09 I 168.70 I
		CUSTOMER	37.00	0.00	624.19
		CATEGORY	37.00	0.00	624.19

RUN DATE 01/04/12 - SALES JRNL # 0262	SUP SUNN LOC 001	YSIDE CITYWIDE SUNNYSIDE CITYWIDE	REG S A L E				PAGE 1 - WEL WELCARE OF N BILL WEEK ENDING	1A
INVOICE# DATE	CUST NO	CUSTOMER NAME		REFERENCE	HOURS	TAX AMT	AMOUNT TYPE	SURPLUS
179239 12/30/11 179240 12/30/11 179241 12/30/11 179242 12/30/11	000124 000124 000124 000124	WELCARE OF NEW YORK, WELCARE OF NEW YORK, WELCARE OF NEW YORK, WELCARE OF NEW YORK,	INC.	GENAO, DANIELA MARTINEZ, MARIA RAMIREZ, ALIDA RANJITSINGH, ES	52.25 42.00 53.50 56.00		898.70 I 722.40 I 920.20 I 963.20 I	
				CUSTOMER	203.75	0.00	3,504.50	
				CATEGORY	203.75	0.00	3,504.50	

RUN DATE 01	1/04/12 -	SUP SUNN	YSIDE CITYWIDE					PAGE 1	- 29	2
SALES JRNL	# 0262	LOC 001	SUNNYSIDE CITYWIDE	REG N				NPS NY PRESBY		-
			S	SALES	REGISTER			BILL WEEK EN	DING	1/06/12
INVOICE#	DATE	CUST NO	CUSTOMER NAME		REFERENCE	HOURS	TAX AMT	AMOUNT	TYP	SURPLUS
179243 12	2/30/11	000134	NY-PRESBYTERIAN SYSTEM	SELECT	KARASSAVIDIS, A	21.00		360.36	I	
					CATEGORY	21.00	0.00	360.36		

RUN DATE	01/04/12 -	SUP SUNN	YSIDE CITYWIDE SUNNYSIDE CITYWIDE REG	NY NY			PAGE 1 PAR PRIVATE	- 293
SALES UKN.	11 # 0202	TOC 001	SONNISIDE CITIWIDE REG S A L E				BILL WEEK END	ING 1/06/12
INVOICE#	DATE	CUST NO	CUSTOMER NAME	REFERENCE	HOURS	TAX AMT	AMOUNT	TYP SURPLUS
179244	12/30/11	000002	SUNNYSIDE COMMUNITY SERVICES	BUTLER, MARY	7.00		101.50	I
	12/30/11	000002	SUNNYSIDE COMMUNITY SERVICES	DIACOUMIS, STEL	4.00		58.00	I
	12/30/11	000002	SUNNYSIDE COMMUNITY SERVICES	MOSCOSO, MARIA	4.00		58.00	I
	12/30/11	000002	SUNNYSIDE COMMUNITY SERVICES	MOSCOSO, TIRSO	4.00		58.00	I
179248	12/30/11	000002	SUNNYSIDE COMMUNITY SERVICES	NEREY, DULCE	4.00		58.00	I
				CUSTOMER	23.00	0.00	333.50	
179249	12/30/11	000040	DUISIN, CHRISTINE	DUISIN, XENIA	16.00		248.00	I
179250	12/30/11	000049	ELIZABETH SETON PEDIATRIC CTR	DIOP, SERIGNE	25.00		344.75	I
179251	12/30/11	000069	AMY L. WELTMAN	LUSKIND, FRANCE	7.00		1,338.00	I
179252	12/30/11	000078	MCDERMOTT, LOUISE	MCDERMOTT, LOUI	8.00		124.00	I
				CATEGORY	79.00	0.00	2,388.25	

			YSIDE CITYWIDE					- 29	
SALES JRI	NL # 0262	LOC 001		REG NY NY A L E S R E G I S T E R			CAS CHILDREN		
			S	ALES REGISTER			BILL WEEK EN	DING	1/06/12
INVOICE#	DATE	CUST NO	CUSTOMER NAME	REFERENCE	HOURS	TAX AMT	AMOUNT	TYP	SURPLUS
179253	12/30/11	000088	CHILDREN'S AID SOCIETY	DUNNE, MYEISHA	25.00		387.50	I	
179254	10/21/11	880000	CHILDREN'S AID SOCIETY		2.00		31.00	I	
179255	11/18/11	000088	CHILDREN'S AID SOCIETY		6.00		93.00	I	
179256	12/02/11	000088	CHILDREN'S AID SOCIETY	GIL, GENEVIEVE	2.00		31.00	I	
179257	12/30/11	880000	CHILDREN'S AID SOCIETY	GIL, GENEVIEVE	3.50		54.25	I	
179258	10/21/11	000088	CHILDREN'S AID SOCIETY	GIL, MARANGELI	2.00		31.00	I	
179259	11/18/11	880000	CHILDREN'S AID SOCIETY	- , ,	6.00		93.00	I	
179260	12/09/11	880000	CHILDREN'S AID SOCIETY	GIL, MARANGELI	2.00		31.00	I	
179261	12/16/11	000088	CHILDREN'S AID SOCIETY	GIL, MARANGELI	2.00		31.00	I	
179262	12/30/11	000088	CHILDREN'S AID SOCIETY	GIL, MARANGELI	4.00		62.00	I	
179263	12/30/11	000088	CHILDREN'S AID SOCIETY	JOHNSON, CAMRYN	0.00		124.00	I	
179264	12/23/11	000088	CHILDREN'S AID SOCIETY	REDDICK, LORENZ			46.50	I	
179265	12/30/11	000088	CHILDREN'S AID SOCIETY		23.00		356.50	I	
179266	12/23/11	000088	CHILDREN'S AID SOCIETY	REDDICK, TRINIT	3.00		46.50	I	
179267	12/30/11	000088	CHILDREN'S AID SOCIETY	REDDICK, TRINIT	23.00		356.50	I	
179268	12/30/11	000088	CHILDREN'S AID SOCIETY	SALAS, HELENA	24.00		372.00	I	
				CUSTOMER	138.50	0.00	2,146.75		
				CATEGORY	138.50	0.00	2,146.75		

RUN DATE	01/04/12 -	SUP SUNN	YSIDE CITYWIDE				PAGE 1	- 29	5
SALES JRN	IL # 0262	LOC 001	SUNNYSIDE CITYWIDE	REG NY NY			GHC GIRLING	HEALTH	CARE OF NY
			S A	LES REGISTER	}		BILL WEEK EN	DING	1/06/12
INVOICE#	DATE	CUST NO	CUSTOMER NAME	REFERENCE	HOURS	TAX AMT	AMOUNT	TYP	SURPLUS
170060	10/20/11	000000	CIDI ING HEALEH CADE OF MY	AT DECAMODOUS C	10.00		224 00	-	
	12/30/11	000090	GIRLING HEALTH CARE OF NY	ALEKSANDROVA, S	18.00		234.00	1	
	12/30/11	000090	GIRLING HEALTH CARE OF NY	BHATT, JYOTI	39.75		516.75	I	
179271	12/30/11	000090	GIRLING HEALTH CARE OF NY	DIRADOURIAN, NI	168.00		2,184.00	I	
179272	12/30/11	000090	GIRLING HEALTH CARE OF NY	GOVERDOVSKIY, N	6.00		78.00	I	
179273	12/30/11	000090	GIRLING HEALTH CARE OF NY	JOHNSON, ROBERT	21.75		282.75	I	
179274	12/23/11	000090	GIRLING HEALTH CARE OF NY	KILIMLIAN, PEPR	5.00		65.00	I	
179275	12/30/11	000090	GIRLING HEALTH CARE OF NY	KILIMLIAN, PEPR	20.00		260.00	I	
179276	12/30/11	000090	GIRLING HEALTH CARE OF NY	SAK, FIRDWS	12.00		156.00	I	
	12/30/11	000090	GIRLING HEALTH CARE OF NY	•	83.50		1,085.50	I	
				CUSTOMER	374.00	0.00	4,862.00		
				COSTOMER	3/4.00	0.00	4,802.00		
				CATEGORY	374.00	0.00	4,862.00		

	TE 01/04/12 JRNL # 0262	- SUP SUNN LOC 001	YSIDE CITYWIDE SUNNYSIDE CITYWIDE	REG	NY NY			PAGE 1 PAR PRIVATE	- 29	16
				SALE	S REGISTE	R		BILL WEEK ENI	DING	1/06/12
INVOIC	E# DATE	CUST NO	CUSTOMER NAME		REFERENCE	HOURS	TAX AMT	AMOUNT	TYP	SURPLUS
179278	12/30/11	000096	JIBAJA, ROSEMARY		JIBAJA, ROSEMAR	168.00		2,676.00	I	
179279	12/30/11	000098	MILDRED PANSE		PANSE, MILDRED	20.00		310.00	I	
179280	12/30/11	000143	ETTORE COPPOLA		COPPOLA, ETTORE	16.00		254.00	I	
179281	12/30/11	000145	LARRY EISENBERG		BERGER, TESS	53.00		848.50	I	
					 CATEGORY		0.00	4,088.50		
					CHILDORI	237.00	0.00	1,000.50		

RUN DATE 01/04/	12 - SUP SUNNYSI	IDE CITYWIDE				PAGE 1 -	297
SALES JRNL # 02	62 LOC 001 S	SUNNYSIDE CITYWIDE F	REG NY NY			CCM COMPREHENSIV	E CARE MGMT
		S A I	ES REGISTER			BILL WEEK ENDING	1/06/12
INVOICE# DATE	CUST NO CU	JSTOMER NAME	REFERENCE	HOURS	TAX AMT	AMOUNT TYPE	SURPLUS
179282 12/30/	11 000150 CO	DMPREHENSIVE CARE MANAGEME	ENT ROSARIO, CELEST	30.00		393.60 I	
			CATEGORY	30.00	0.00		

	01/04/12 - NL # 0262	SUP SUNN	YSIDE CITYWIDE SUNNYSIDE CITYWIDE REG	NY NY			PAGE 1 PAR PRIVATE	- 29	98
			SALE		R		BILL WEEK END	ING	1/06/12
INVOICE#	DATE	CUST NO	CUSTOMER NAME	REFERENCE	HOURS	TAX AMT	AMOUNT	TYP	SURPLUS
179283	12/30/11	000151	MICHAEL SIANO	SIANO, ANDREW	20.00		270.00	I	
179284	12/30/11	002215	KEITH SALMON	LAWRANCE, LILLA	16.00		254.00	I	
179285	12/30/11	003108	NIGRO, CATHERINE	NIGRO, CATHERIN	20.00		310.00	I	
179286	12/30/11	003743	VICTOR NICASSIO	NICASSIO, VICTO	9.00		139.50	I	
179287	12/30/11	004784	CAMILLERI, JOSEPH	CAMILLERI, JOSE	19.50		263.26	I	
179288	12/30/11	006337	STEPHEN EDEL	EDEL, CANDACE	60.00		942.00	I	
179289	12/30/11	007521	DOROTHY GILBERT	GILBERT, DOROTH	30.00		465.00	I	
179290	12/30/11	007630	MAUREEN MAIORANA	MAIORANA, MAURE	8.00		130.00	I	
179291	12/30/11	007631	MICHAEL MAIRANO	MAIORANA, MICHE	11.75		190.94	I	
179292	12/30/11	008764	PATRICIA PHILION	GAFFNEY, FREDER	12.00		186.00	I	
179293	12/30/11	009036	MR. FERNANDO RIVERA	RIVERA, ALCIRA	9.00		139.50	I	
179294	12/30/11	009263	ALZHEIMER'S ASSOCIATION	VALENTIN, EVA	6.00		97.50	I	
179295	12/09/11	009453	PATRICIA RUECKER	RUECKHER, PATRI	3.00		46.50	I I	
179296	12/30/11	009453	PATRICIA RUECKER	RUECKHER, PATRI	15.00 		232.50		
				CUSTOMER	18.00	0.00	279.00		
179297	12/30/11	009498	LOUIS LE NOACH	LENOACH, LOUIS	9.00		148.50	I	
179298	12/30/11	009566	ELIZABETH CERNY	CERNY, ELIZABET	6.00		93.00	I	
179299	12/30/11	997760	MARASA, ANTONIO	MARASA, ANTONIO	6.00		81.00	I	
				 CATEGORY	260.25	0.00	3,989.20		
				LOCATION	20,628.75	0.00	316,384.84		
				COMPANY	20,628.75		316,384.84		

RUN DATE 01/04/12 - SUP SUNNYSIDE CITYWIDE PAGE 1 - 299
SALES JRNL # 0262 LOC 001 SUNNYSIDE CITYWIDE REG NY NY PAR PRIVATE

ALES JRNL # 0262 LOC 001 SUNNYSIDE CITYWIDE REG NY NY PAR PRIVATE
S A L E S R E G I S T E R BILL WEEK ENDING 1/06/12

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

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