RUN DATE 03/28/12 - SUP SUNNYSIDE CITYWIDE PAGE 1 - 1 SALES JRNL # 0274 LOC 001 SUNNYSIDE CITYWIDE REG NY NY SHP SENIOR HEALTH PARTNERS SALES REGISTER BILL WEEK ENDING 3/30/12 CUST NO CUSTOMER NAME INVOICE# DATE REFERENCE HOURS TAX AMT AMOUNT TYP SURPLUS CUSTOMER NAME

REFERENCE

REFERENCE

SENIOR HEALTH PARTNERS
COLON, RAYMUNDA
SENIOR HEALTH PARTNERS
COLON, RAYMUNDA
SENIOR HEALTH PARTNERS
SENIOR HEALTH PARTNERS
DABU, JUANITA
16.00
SENIOR HEALTH PARTNERS
DABU, JUANITA
4.00
SENIOR HEALTH PARTNERS
FENTON, JESSIE
8.00
SENIOR HEALTH PARTNERS
FENTON, JESSIE
4.00
SENIOR HEALTH PARTNERS
GHILIOTTY, FLOR
SENIOR HEALTH PARTNERS
GRAFSTEIN, LILL
7.00
SENIOR HEALTH PARTNERS
GRAFSTEIN, LILL
7.00
SENIOR HEALTH PARTNERS
GUTIERREZ, LUCI
4.00
SENIOR HEALTH PARTNERS
HARIDIN, KHAMAT
39.25
SENIOR HEALTH PARTNERS
HARIDIN, RAMDIA
74.75
SENIOR HEALTH PARTNERS
HERNANDEZ, FRAN
41.00
SENIOR HEALTH PARTNERS
HERNANDEZ, FRAN
41.00
SENIOR HEALTH PARTNERS
SIERRA, MIRIAM
25.00
SENIOR HEALTH PARTNERS
SIERRA, MIRIAM
25.00
SENIOR HEALTH PARTNERS
VASQUEZ, CORNEL
8.00
SENIOR HEALTH PARTNERS
VOO, LUZ
4.00 188723 3/23/12 000082 57.00 I 188724 3/23/12 000082 57.00 I 423.94 I 188725 3/09/12 000082 188726 3/23/12 000082 498.75 188727 3/23/12 000082 570.00 228.00 188728 3/23/12 000082 188729 3/23/12 000082 57.00 188730 3/23/12 000082 114.00 188731 3/23/12 000082 57.00 388.31 188732 3/23/12 000082 188733 3/23/12 000082 1,400.00 188734 3/23/12 000082 57.00 188735 3/16/12 000082 559.31 188736 3/23/12 000082 1,065.19 188737 3/09/12 000082 584.25 188738 3/23/12 67.69 000082 188739 3/23/12 1,083.00 000082 188740 3/23/12 000082 285.00 188741 3/23/12 000082 356.25 188742 3/23/12 000082 114.00 188743 3/23/12 000082 570.00 188744 3/16/12 000082 114.00 188745 3/23/12 000082 570.00 171.00 188746 3/23/12 000082 3/23/12 188747 000082 57.00 -----_____ CUSTOMER 575.75 0.00 9,504.69

CATEGORY

575.75 0.00

9,504.69

RUN DATE SALES JRN		- SUP SUNN	YSIDE CITYWIDE SUNNYSIDE CITY	MIDE	REG NY NY			PAGE 1 VCP CHOICE L	- HCSA	2
BALLS OIG	1D # 02/1	100 001	BONNIBIDE CIT		LES REGISTER			BILL WEEK EN		3/30/12
INVOICE#	DATE	CUST NO	CUSTOMER NAME		REFERENCE	HOURS	TAX AMT	AMOUNT	TYP	SURPLUS
188748	3/23/12	000008	VISITING NURSE	SERVICE	ABINANTI, IRENE	56.00		816.48	I	
188749	3/23/12	000008	VISITING NURSE	SERVICE	ABREU, ANA	12.00		174.96	I	
188750	3/23/12	000008	VISITING NURSE	SERVICE	ADAMES, OLGA	24.75		360.86	I	
188751	3/23/12	000008	VISITING NURSE	SERVICE	ADAMES, RICARDO	33.50		488.43	I	
188752	3/23/12	000008	VISITING NURSE	SERVICE	ADAMS, MYRIAM	68.25		995.09	I	
188753	3/23/12	000008	VISITING NURSE	SERVICE	ADUN, JEANETTE	20.00		291.60	I	
188754	3/23/12	800000	VISITING NURSE	SERVICE	AFZAL, AMIR	4.00		58.32	I	
					CUSTOMER	218.50	0.00	3,185.74		
					CATEGORY	218.50	0.00	3,185.74		

RUN DATE	03/28/12 -	- SUP SUNN	YSIDE CITYWIDE				PAGE 1 -	3
SALES JRN	ъ # 0274	LOC 001		REG NY NY			LTC NURSING HOME	•
			S	ALES REGISTER			BILL WEEK ENDING	3/30/12
INVOICE#	DATE	CUST NO	CUSTOMER NAME	REFERENCE	HOURS	TAX AMT	AMOUNT TYP	SURPLUS
188755	3/23/12	800000	VISITING NURSE SERVICE	AGUILAR, ZORAID	45.00		656.10 I	
				CATEGORY	45.00	0.00	656.10	

			YSIDE CITYWIDE					1 -	4	
SALES JRNI	L # 0274	LOC 001	SUNNYSIDE CITYWIDE	REG NY NY SALES REGISTER			VCP CHOICE BILL WEEK E		3/30/12	
INVOICE#	DATE	CUST NO	CUSTOMER NAME	REFERENCE	HOURS	TAX AMT	AMOUNT	TYP	SURPLUS	
						IAX AII			DOK! HOD	
188756	3/23/12	800000	VISITING NURSE SERVICE	AGUILAR-PROCE,	36.00		524.88	Ι		
				CATEGORY	36.00	0.00	524.88			

RUN DATE	03/28/12 -	- SUP SUNN	YSIDE CITYWIDE				PAGE 1 - !	5
SALES JRN	IL # 0274	LOC 001	SUNNYSIDE CITYWIDE	REG NY NY			CCL CONGREGATE CAR	E PROGRAM
			Ş	SALES REGISTER			BILL WEEK ENDING	3/30/12
INVOICE#	DATE	CUST NO	CUSTOMER NAME	REFERENCE	HOURS	TAX AMT	AMOUNT TYP	SURPLUS
188757	3/23/12	800000	VISITING NURSE SERVICE	AIOSA, MARIE	4.00		58.32 I	
				CATEGORY	4.00	0.00	58.32	

		SUP SUNN LOC 001	YSIDE CITYWIDE	DEC MY MY			PAGE 1 -	•
SALES JRN	L # UZ/4	TOC 001	SUNNYSIDE CITYWIDE	REGNY NY SALES REGISTER			VCP CHOICE LHO BILL WEEK END:	
INVOICE#	DATE	CUST NO	CUSTOMER NAME	REFERENCE	HOURS	TAX AMT	AMOUNT :	TYP SURPLUS
188758	3/23/12	800000	VISITING NURSE SERVICE	AKBAR, NASEEM	20.00		291.60	I
				CATEGORY	20.00	0.00	291.60	

RUN DATE SALES JRN				REG NY NY SALES REGISTER			PAGE 1 - ADU ADULT BILL WEEK ENDING	7 3/30/12
INVOICE#	DATE	CUST NO	CUSTOMER NAME	REFERENCE	HOURS	TAX AMT	AMOUNT TYP	SURPLUS
188759	3/23/12	800000	VISITING NURSE SERVICE	ALBANESE, IDA	15.00		218.70 I	
				CATEGORY	15.00	0.00	218.70	

RUN DATE	03/28/12 -	- SUP SUNN	YSIDE CITYWIDE				PAGE 1 -	8
SALES JRN	ъ # 0274	LOC 001		REG NY NY			LTC NURSING HOME	
			S	ALES REGISTER			BILL WEEK ENDING	3/30/12
INVOICE#	DATE	CUST NO	CUSTOMER NAME	REFERENCE	HOURS	TAX AMT	AMOUNT TYP	SURPLUS
188760	3/23/12	800000	VISITING NURSE SERVICE	ALEKSANDORVA, S	15.00		218.70 I	
				CATEGORY	15.00	0.00	218.70	

RUN DATE	03/28/12 -	- SUP SUNN	YSIDE CITYWIDE				PAGE 1 -	9
SALES JRN	JL # 0274	LOC 001	SUNNYSIDE CITYWIDE S	REGNY NY SALES REGISTER			VCP CHOICE LHCSA BILL WEEK ENDING	3/30/12
INVOICE#	DATE	CUST NO	CUSTOMER NAME	REFERENCE	HOURS	TAX AMT	AMOUNT TYP	SURPLUS
188761	3/23/12	800000	VISITING NURSE SERVICE	ALESSIU, AGRIPI	3.00		43.74 I	
				CATEGORY	3.00	0.00	43.74	

RUN DATE	03/28/12 -	SUP SUNN	YSIDE CITYWIDE				PAGE 1 -	10
SALES JRN	ъ # 0274	LOC 001		REG NY NY			ADU ADULT	
			S A	ALES REGISTER			BILL WEEK ENDING	3/30/12
INVOICE#	DATE	CUST NO	CUSTOMER NAME	REFERENCE	HOURS	TAX AMT	AMOUNT TYP	SURPLUS
188762	3/23/12	800000	VISITING NURSE SERVICE	ALFEREZ, GLORIA	20.25		295.25 I	
				CATEGORY	20.25	0.00	295.25	

			YSIDE CITYWIDE				PAGE 1 - 1	.1
SALES JRNI	L # 0274	LOC 001	SUNNYSIDE CITYWIDE	REGNY NY SALES REGISTER			HOA HOSPICE ADULT BILL WEEK ENDING	3/30/12
			-				DILL WEEK ENDING	3/30/12
INVOICE#	DATE	CUST NO	CUSTOMER NAME	REFERENCE	HOURS	TAX AMT	AMOUNT TYP	SURPLUS
188763	3/23/12	800000	VISITING NURSE SERVICE	ALVAREZ, NAZARE	56.00		816.48 I	
				CATEGORY	56.00	0.00	816.48	

RUN DATE 0 SALES JRNI		- SUP SUNN LOC 001	YSIDE CITYWIDE SUNNYSIDE CITYWIDE	REG NY NY SALES REGISTER			PAGE 1 VCP CHOICE L BILL WEEK EN		3/30/12
INVOICE#	DATE	CUST NO	CUSTOMER NAME	REFERENCE	HOURS	TAX AMT	AMOUNT	TYP	SURPLUS
188765	3/23/12 3/16/12 3/23/12	000008 000008 000008	VISITING NURSE SERVICE VISITING NURSE SERVICE VISITING NURSE SERVICE	ANDRADE, LOLA ANDREWS, JOHNNI ANDREWS, JOHNNI	56.00 6.00 52.75		816.48 87.48 769.10	I I I	
				CUSTOMER	114.75	0.00	1,673.06		
				CATEGORY	114.75	0.00	1,673.06		

RUN DATE	03/28/12 -	- SUP SUNN	YSIDE CITYWIDE				PAGE 1 -	13
SALES JRN	rL # 0274	LOC 001	SUNNYSIDE CITYWIDE	REG NY NY			ADU ADULT	
			S	SALES REGISTER			BILL WEEK ENDING	3/30/12
INVOICE#	DATE	CUST NO	CUSTOMER NAME	REFERENCE	HOURS	TAX AMT	AMOUNT TYP	SURPLUS
188767	3/23/12	800000	VISITING NURSE SERVICE	ANGRISANO, RUTH	13.00		189.54 I	
				CATEGORY	13.00	0.00		

RUN DATE 03/	28/12 - SUP SUNN	YSIDE CITYWIDE				PAGE 1	- 14	
SALES JRNL #	0274 LOC 001	SUNNYSIDE CITYWIDE	REG NY NY			LTC NURSING H	O/Wamor	WALLS (LT
		S	SALES REGISTER			BILL WEEK END	OING 3	3/30/12
INVOICE# D	DATE CUST NO	CUSTOMER NAME	REFERENCE	HOURS	TAX AMT	AMOUNT	TYP S	SURPLUS
188768 3/	23/12 000008	VISITING NURSE SERVICE	ANGULO, ELCY	20.00		291.60	I	
188769 3/	/23/12 000008	VISITING NURSE SERVICE	ANUT, ALICE	59.75		871.16	I	
			CUSTOMER	79.75	0.00	1,162.76		
			CATEGORY	 79.75	0.00	1,162.76		

RUN DATE	03/28/12	- SUP SUNN	YSIDE CITYWIDE				PAGE 1 -	15
SALES JRN	ъ # 0274	LOC 001	SUNNYSIDE CITYWIDE	REG NY NY			VCP CHOICE LHCSA	
			\$	SALES REGISTER			BILL WEEK ENDING	3/30/12
INVOICE#	DATE	CUST NO	CUSTOMER NAME	REFERENCE	HOURS	TAX AMT	AMOUNT TYP	SURPLUS
188770	3/23/12	000008	VISITING NURSE SERVICE	AOUN, ODETTE	16.00		233.28 I	
188771	3/23/12	800000	VISITING NURSE SERVICE	ARIAS, LEOPOLDI	12.00		174.96 I	
188772	3/23/12	800000	VISITING NURSE SERVICE	ARIAS, MAGDALEN	45.75		667.04 I	
				CUSTOMER	73.75	0.00	1,075.28	
				CATEGORY	73.75	0.00	1,075.28	

RUN DATE	03/28/12 -	- SUP SUNN	YSIDE CITYWIDE				PAGE 1	- 16
SALES JRN	L # 0274	LOC 001	SUNNYSIDE CITYWIDE	REG NY NY			ADU ADULT	
			5	BALES REGISTER			BILL WEEK END	OING 3/30/12
INVOICE#	DATE	CUST NO	CUSTOMER NAME	REFERENCE	HOURS	TAX AMT	AMOUNT	TYP SURPLUS
188773	3/23/12	000008	VISITING NURSE SERVICE	ASADOURIAN, COR	23.00		335.34	I
188774	3/23/12	800000	VISITING NURSE SERVICE	ASH, MARIE	12.00		174.96	I
				CUSTOMER	35.00	0.00	510.30	
				CATEGORY	35.00	0.00	510.30	

ı	RUN DATE	03/28/12 -	- SUP SUNN	YSIDE CITYWIDE				PAGE 1 - 17	
ı	SALES JRN	L # 0274	LOC 001	SUNNYSIDE CITYWIDE	REG NY NY			LTC NURSING HOMEW/O W.	ALLS (LT
ı				S	SALES REGISTER			BILL WEEK ENDING 3/	30/12
ı									
ı	INVOICE#	DATE	CUST NO	CUSTOMER NAME	REFERENCE	HOURS	TAX AMT	AMOUNT TYP SU	RPLUS
ı									
ı	188775	3/23/12	800000	VISITING NURSE SERVICE	ASHLEY, CLYDE	35.00		991.44 I	
ı									
ı									
ı					CATEGORY	35.00	0.00	991.44	

			NYSIDE CITYWIDE				PAGE 1 -	18
SALES JRN	IL # 0274	LOC 001		REG NY NY ALES REGISTER			VCP CHOICE LHCSZ BILL WEEK ENDING	
			5	ALES RESIDIER			DIDE WEEK ENDIN	3 3/30/12
INVOICE#	DATE	CUST NO	CUSTOMER NAME	REFERENCE	HOURS	TAX AMT	AMOUNT TY	P SURPLUS
188776	3/23/12	000008	VISITING NURSE SERVICE	AVILA, ENIDIA	20.00		291.60 I	
				CATEGORY	20.00	0.00	291.60	

			YSIDE CITYWIDE					19
SALES JRN	ъ # 0274	LOC 001	SUNNYSIDE CITYWIDE	REG NY NY			LTC NURSING HOMEV	·
				SALES REGISTER			BILL WEEK ENDING	3/30/12
INVOICE#	DATE	CUST NO	CUSTOMER NAME	REFERENCE	HOURS	TAX AMT	AMOUNT TYP	SURPLUS
188777	3/23/12	800000	VISITING NURSE SERVICE	AZAD, ABUL	4.00		58.32 I	
				CATEGORY	4.00	0.00	58.32	

RUN DATE	03/28/12	- SUP SUNN	YSIDE CITYWIDE				PAGE 1 -	20
SALES JRN	L # 0274	LOC 001	SUNNYSIDE CITYWIDE	REG NY NY			VCP CHOICE LHCSA	L
				SALES REGISTER			BILL WEEK ENDING	3/30/12
INVOICE#	DATE	CUST NO	CUSTOMER NAME	REFERENCE	HOURS	TAX AMT	AMOUNT TYP	SURPLUS
188778	3/23/12	000008	VISITING NURSE SERVICE	BADILLO, JOVITA	12.00		174.96 I	
188779	3/23/12	800000	VISITING NURSE SERVICE	BAEZ, JUAN	35.00		510.30 I	
				CUSTOMER	47.00	0.00	685.26	
				COSTOMER	47.00	0.00	005.20	
				CATEGORY	47.00	0.00	685.26	

RUN DATE	03/28/12 -	- SUP SUNN	YSIDE CITYWIDE				PAGE 1	- 2	21
SALES JRN	L # 0274	LOC 001	SUNNYSIDE CITYWIDE	REG NY NY			LTC NURSING H	HOMEW	O WALLS (LT
			S	SALES REGISTER			BILL WEEK ENI	DING	3/30/12
INVOICE#	DATE	CUST NO	CUSTOMER NAME	REFERENCE	HOURS	TAX AMT	AMOUNT	TYP	SURPLUS
188780	3/23/12	000008	VISITING NURSE SERVICE	BALLAS, VIOLA	30.00		437.40	I	
188781	3/23/12	800000	VISITING NURSE SERVICE	BAQUERIZO, ANNA	56.00		816.48	I	
188782	3/23/12	800000	VISITING NURSE SERVICE	BARDEANU, VICTO	46.50		677.97	I	
				CUSTOMER	132.50	0.00	1,931.85		
				CATEGORY	132.50	0.00	1,931.85		

	TE 03/28/12 JRNL # 0274		YSIDE CITYWIDE SUNNYSIDE CITYWIDE	REG NY NY			PAGE 1 - ADU ADULT	22
SALES	URNL # 02/4	LOC 001		SALES REGISTER			BILL WEEK ENDING	3/30/12
INVOIC	E# DATE	CUST NO	CUSTOMER NAME	REFERENCE	HOURS	TAX AMT	AMOUNT TYP	SURPLUS
188783	3/23/12	800000	VISITING NURSE SERVICE	BARLIS, GEORGE	1.00		14.58 I	
				CAMPRODY.	1 00			
1				CATEGORY	1.00	0.00	14.58	

RUN DATE	03/28/12 -	- SUP SUNN	YSIDE CITYWIDE				PAGE 1	- 23	3
SALES JRN	ъ # 0274	LOC 001	SUNNYSIDE CITYWIDE	REG NY NY			LTC NURSING H		•
			i	SALES REGISTER			BILL WEEK ENI	DING	3/30/12
INVOICE#	DATE	CUST NO	CUSTOMER NAME	REFERENCE	HOURS	TAX AMT	AMOUNT	TYP	SURPLUS
188784	3/09/12	000008	VISITING NURSE SERVICE	BATTLE, JEANETT	7.00		102.06	I	
188785	3/23/12	800000	VISITING NURSE SERVICE	BATTLE, JEANETT	49.50		721.71	I	
							002 55		
				CUSTOMER	56.50	0.00	823.77		
				CATEGORY	56.50	0.00	823.77		

RUN DATE	03/28/12 -	- SUP SUNN	YSIDE CITYWIDE				PAGE 1 - 24	
SALES JRN	L # 0274	LOC 001	SUNNYSIDE CITYWIDE	REG NY NY			HOA HOSPICE ADULT	
			5	SALES REGISTER			BILL WEEK ENDING 3,	/30/12
INVOICE#	DATE	CUST NO	CUSTOMER NAME	REFERENCE	HOURS	TAX AMT	AMOUNT TYP ST	URPLUS
188786	3/23/12	800000	VISITING NURSE SERVICE	BECERRA, FELIPE	9.00		131.22 I	
				CATEGORY	9.00	0.00	131.22	

RUN DATE SALES JRN			YSIDE CITYWIDE 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 TYP	SURPLUS
188787	3/23/12	800000	VISITING NURSE SERVICE	BELLOROFONTE, M	151.00		2,201.58 I	
				CATEGORY	151.00	0.00	2,201.58	

- 1	RUN DATE SALES JRN				REG NY NY			PAGE 1 - ADU ADULT	26
				\$	SALES REGISTER			BILL WEEK ENDING	3/30/12
	INVOICE#	DATE	CUST NO	CUSTOMER NAME	REFERENCE	HOURS	TAX AMT	AMOUNT TYP	SURPLUS
	188788	3/23/12	800000	VISITING NURSE SERVICE	BERENBLIT, SARA	6.00		87.48 I	
ı					CATEGORY	6.00	0.00	87.48	

RUN DATE (03/28/12 -	- SUP SUNN	YSIDE CITYWIDE				PAGE 1	- 27
SALES JRNI	և # 0274	LOC 001	SUNNYSIDE CITYWIDE	REG NY NY			LTC NURSING H	IOMEW/O WALLS (LT
			:	SALES REGISTER			BILL WEEK END	ING 3/30/12
INVOICE#	DATE	CUST NO	CUSTOMER NAME	REFERENCE	HOURS	TAX AMT	AMOUNT	TYP SURPLUS
188789	3/23/12	800000	VISITING NURSE SERVICE	BETHUNE, HARRYD	25.00		364.50	I
188790	3/23/12	800000	VISITING NURSE SERVICE	BHAWNANI, BISHU	26.00		379.08	I
				CUSTOMER	51.00	0.00	743.58	
				CATEGORY	51.00	0.00	743.58	

RUN DATE SALES JRN		- SUP SUNN LOC 001	YSIDE CITYWIDE SUNNYSIDE CITYWIDE	REG NY NY			PAGE 1 - ADU ADULT	28
BALLO OIGI	L # 02/1	HOC 001		SALES REGISTER			BILL WEEK ENDING	3/30/12
INVOICE#	DATE	CUST NO	CUSTOMER NAME	REFERENCE	HOURS	TAX AMT	AMOUNT TYP	SURPLUS
188791 188792	3/23/12 3/23/12	000008 000008	VISITING NURSE SERVICE VISITING NURSE SERVICE	- ,	32.00 20.00		466.56 I 291.60 I	
				CUSTOMER	52.00	0.00	758.16	
				CATEGORY	52.00	0.00		

ı	RUN DATE	03/28/12 -	- SUP SUNN	YSIDE CITYWIDE				PAGE 1 -	29
ı	SALES JRN	L # 0274	LOC 001	SUNNYSIDE CITYWIDE	REG NY NY			LTC NURSING HOMEW	/O WALLS (LT
ı				S	SALES REGISTER			BILL WEEK ENDING	3/30/12
ı									
ı	INVOICE#	DATE	CUST NO	CUSTOMER NAME	REFERENCE	HOURS	TAX AMT	AMOUNT TYP	SURPLUS
ı									
ı	188793	3/23/12	000008	VISITING NURSE SERVICE	BLANCAFLOR, PUR	40.00		583.20 I	
ı									
ı									
ı					CATEGORY	40.00	0.00	583.20	

			YSIDE CITYWIDE				-	30
SALES	JRNL # 0274	LOC 001	SUNNYSIDE CITYWIDE	REGNY NY SALES REGISTER			ADU ADULT BILL WEEK ENDING	3/30/12
				SALES REGISIER			PILL MEEK ENDING	3/30/12
INVOIC	E# DATE	CUST NO	CUSTOMER NAME	REFERENCE	HOURS	TAX AMT	AMOUNT TYP	SURPLUS
188794	3/23/12	000008	VISITING NURSE SERVICE	BLUMENTHAL, EST	9.00		131.22 I	
				CATEGORY	9.00	0.00	131.22	

ı	RUN DATE	03/28/12 -	SUP SUNN	YSIDE CITYWIDE				PAGE 1 -	31
١	SALES JRN	L # 0274	LOC 001	SUNNYSIDE CITYWIDE	REG NY NY			VCP CHOICE LHCS	A
ı				5	SALES REGISTER			BILL WEEK ENDING	G 3/30/12
١									
١	INVOICE#	DATE	CUST NO	CUSTOMER NAME	REFERENCE	HOURS	TAX AMT	AMOUNT TY	P SURPLUS
	188795	3/23/12	000008	VISITING NURSE SERVICE	BLUNNIE, ELIZAB	21.50		313.47 I	
ı									
					CATEGORY	21.50	0.00	313.47	

RUN DATE SALES JRN		- SUP SUNN LOC 001	YSIDE CITYWIDE SUNNYSIDE CITYWIDE	REG NY NY			PAGE 1	-	32
SILLE GIAV	1 02/1	100 001		SALES REGISTER			BILL WEEK EN	DING	3/30/12
INVOICE#	DATE	CUST NO	CUSTOMER NAME	REFERENCE	HOURS	TAX AMT	AMOUNT	TYP	SURPLUS
188796 188797 188798	3/09/12 3/23/12 3/23/12	000008 000008 000008	VISITING NURSE SERVICE VISITING NURSE SERVICE VISITING NURSE SERVICE	BOCANEGRA, GLAD BOCANEGRA, GLAD BONILLA, ESPERA	4.00 20.00 49.00		58.32 291.60 714.42	I I I	
				CUSTOMER	73.00	0.00	1,064.34		
				CATEGORY	73.00	0.00	1,064.34		

RUN DATE	03/28/12 -	- SUP SUNN	YSIDE CITYWIDE				PAGE 1 -	33
SALES JRN	IL # 0274	LOC 001	SUNNYSIDE CITYWIDE	REG NY NY			VCP CHOICE LHCSA	
			S	SALES REGISTER			BILL WEEK ENDING	3/30/12
INVOICE#	DATE	CUST NO	CUSTOMER NAME	REFERENCE	HOURS	TAX AMT	AMOUNT TYP	SURPLUS
188799	3/23/12	800000	VISITING NURSE SERVICE	BONILLA, LYDIA	20.00		291.60 I	
				CATEGORY	20.00	0.00	291.60	

RUN DATE	03/28/12 -	- SUP SUNN	YSIDE CITYWIDE				PAGE 1 - 34	
SALES JRN	L # 0274	LOC 001	SUNNYSIDE CITYWIDE	REG NY NY			LTC NURSING HOMEW/O WALLS	(LT
			S	SALES REGISTER			BILL WEEK ENDING 3/30/12	
INVOICE#	DATE	CUST NO	CUSTOMER NAME	REFERENCE	HOURS	TAX AMT	AMOUNT TYP SURPLUS	
188800	3/23/12	800000	VISITING NURSE SERVICE	BONSIGNORE, GAE	25.00		364.50 I	
				CATEGORY	25.00	0.00	364.50	

RUN DATE	03/28/12 -	- SUP SUNN	YSIDE CITYWIDE				PAGE 1 -	35
SALES JRN	IL # 0274	LOC 001	SUNNYSIDE CITYWIDE	REG NY NY			VCP CHOICE LHCS	
			S	SALES REGISTER			BILL WEEK ENDING	G 3/30/12
INVOICE#	DATE	CUST NO	CUSTOMER NAME	REFERENCE	HOURS	TAX AMT	AMOUNT TY	P SURPLUS
188801	3/23/12	800000	VISITING NURSE SERVICE	BORYSEWICZ, MAR	12.00		174.96 I	
				CATEGORY	12.00	0.00	174.96	

ı	RUN DATE	03/28/12 -	SUP SUNN	YSIDE CITYWIDE				PAGE 1 -	36
ı	SALES JRN	L # 0274	LOC 001	SUNNYSIDE CITYWIDE	REG NY NY			LTC NURSING HOME	
ı					SALES REGISTER			BILL WEEK ENDING	3/30/12
	INVOICE#	DATE	CUST NO	CUSTOMER NAME	REFERENCE	HOURS	TAX AMT	AMOUNT TYP	SURPLUS
	188802	3/23/12	800000	VISITING NURSE SERVICE	BOYADJIAN, ZARO	35.00		510.30 I	
					CATEGORY	35.00	0.00	510.30	

RUN DATE SALES JRN			YSIDE CITYWIDE SUNNYSIDE CITYWIDE	REG NY NY			PAGE 1 - VCP CHOICE LHCS	37 A
			\$	SALES REGISTER			BILL WEEK ENDIN	G 3/30/12
INVOICE#	DATE	CUST NO	CUSTOMER NAME	REFERENCE	HOURS	TAX AMT	AMOUNT TY	P SURPLUS
188803	3/23/12	000008	VISITING NURSE SERVICE	BOYLAN, FRANK	45.00		656.10 I	
188804	3/23/12	800000	VISITING NURSE SERVICE	BURGOS, RAFAELA	7.00		102.06 I	
188805	3/23/12	800000	VISITING NURSE SERVICE	BURNS, MARGARET	55.75		812.84 I	
				CUSTOMER	107.75	0.00	1,571.00	
				CATEGORY	107.75	0.00	1,571.00	

ı	RUN DATE	03/28/12 -	SUP SUNN	YSIDE CITYWIDE				PAGE 1 -	38
ı	SALES JRN	L # 0274	LOC 001	SUNNYSIDE CITYWIDE	REG NY NY			LAD NURSING HOME	W/O WALLS LT
ı				S	SALES REGISTER			BILL WEEK ENDING	3/30/12
ı									
ı	INVOICE#	DATE	CUST NO	CUSTOMER NAME	REFERENCE	HOURS	TAX AMT	AMOUNT TYP	SURPLUS
ı	10000	0 / 0 0 / 1 0							
ı	188806	3/23/12	000008	VISITING NURSE SERVICE	BUSCARELLO, JOH	56.50		823.77 I	
ı									
ı					CAREGORY	56.50	0.00		
ı					CATEGORY	50.50	0.00	823.77	

RUN DATE SALES JRN		- SUP SUNN	YSIDE CITYWIDE SUNNYSIDE CITYWIDE	REG NY NY			PAGE 1	
			S	SALES REGISTER			BILL WEEK END	ING 3/30/12
INVOICE#	DATE	CUST NO	CUSTOMER NAME	REFERENCE	HOURS	TAX AMT	AMOUNT '	TYP SURPLUS
188807 188808	3/23/12 3/23/12	000008 000008	VISITING NURSE SERVICE VISITING NURSE SERVICE	CABA, PURA CALDERON, FRANC	8.00 43.00		116.64 626.95	I
188809	3/23/12	000008	VISITING NURSE SERVICE	CALDERON, FRANC	42.00		612.36	Ī
				CUSTOMER	93.00	0.00	1,355.95	
				CATEGORY	93.00	0.00	1,355.95	

ı	RUN DATE	03/28/12 -	- SUP SUNN	YSIDE CITYWIDE				PAGE 1 - 40	
ı	SALES JRN	L # 0274	LOC 001	SUNNYSIDE CITYWIDE	REG NY NY			HOA HOSPICE ADULT	
ı				S	SALES REGISTER			BILL WEEK ENDING 3/30/12	2
ı									
ı	INVOICE#	DATE	CUST NO	CUSTOMER NAME	REFERENCE	HOURS	TAX AMT	AMOUNT TYP SURPLUS	S
ı									
ı	188810	3/23/12	800000	VISITING NURSE SERVICE	CALKOSZ, JOSEFI	63.00		918.54 I	
ı									
ı								010 54	-
ı					CATEGORY	63.00	0.00	918.54	

	GE 1 - 41 P CHOICE LHCSA
	LL WEEK ENDING 3/30/12
INVOICE# DATE CUST NO CUSTOMER NAME REFERENCE HOURS TAX AMT	AMOUNT TYP SURPLUS
188811 3/23/12 000008 VISITING NURSE SERVICE CAMBARA, JOSEFA 56.00	816.48 I
CATEGORY 56.00 0.00	 816.48

			YSIDE CITYWIDE	DDG NV NV			PAGE 1 - 42	MALIC (III
SALES JRN	L # U2/4	TOC 001		REGNY NY SALES REGISTER			LTC NURSING HOMEW/O BILL WEEK ENDING	,
INVOICE#	DATE	CUST NO	CUSTOMER NAME	REFERENCE	HOURS	TAX AMT	AMOUNT TYP	SURPLUS
188812	3/23/12	800000	VISITING NURSE SERVICE	CANO, ADELINA	37.00		539.46 I	
				CATEGORY	37.00	0.00	539.46	

RUN DATE	03/28/12 -	- SUP SUNN	YSIDE CITYWIDE				PAGE 1 -	43
SALES JRN	L # 0274	LOC 001	SUNNYSIDE CITYWIDE	REG NY NY			ADU ADULT	
			\$	SALES REGISTER			BILL WEEK ENDING	G 3/30/12
INVOICE#	DATE	CUST NO	CUSTOMER NAME	REFERENCE	HOURS	TAX AMT	AMOUNT TY	P SURPLUS
188813	3/16/12	800000	VISITING NURSE SERVICE	CANO, GLORIA	4.00		58.32 I	
				CATEGORY	4.00	0.00	58.32	

ı	RUN DATE	03/28/12 -	- SUP SUNN	YSIDE CITYWIDE				PAGE 1 -	44	
ı	SALES JRN	L # 0274	LOC 001	SUNNYSIDE CITYWIDE	REG NY NY			VCP CHOICE LHCS	3A	
ı				S	SALES REGISTER			BILL WEEK ENDIN	3/30/12	
ı										
ı	INVOICE#	DATE	CUST NO	CUSTOMER NAME	REFERENCE	HOURS	TAX AMT	AMOUNT TY	YP SURPLUS	
ı										
ı	188814	3/23/12	800000	VISITING NURSE SERVICE	CAPORASO, VINCE	83.00		1,210.14	Ĺ	
ı										
ı										
ı					CATEGORY	83.00	0.00	1,210.14		

ı	RUN DATE	03/28/12 -	SUP SUNN	YSIDE CITYWIDE				PAGE 1 -	45	
ı	SALES JRN	L # 0274	LOC 001	SUNNYSIDE CITYWIDE	REG NY NY			LTC NURSING HOME		
ı				:	SALES REGISTER			BILL WEEK ENDING	3/30/12	
	INVOICE#	DATE	CUST NO	CUSTOMER NAME	REFERENCE	HOURS	TAX AMT	AMOUNT TYP	SURPLUS	
	188815	3/23/12	800000	VISITING NURSE SERVICE	CARBAJAL, MERCE	28.75		419.18 I		
					CATEGORY	28.75	0.00	419.18		

			YSIDE CITYWIDE				PAGE 1 -	46
SALES JRN	L # 0274	LOC 001		REG NY NY S A L E S R E G I S T E R			ADU ADULT BILL WEEK ENDI	NC 2/20/12
				SALES REGISIER			BILL WEEK ENDI.	NG 3/30/12
INVOICE#	DATE	CUST NO	CUSTOMER NAME	REFERENCE	HOURS	TAX AMT	AMOUNT T	YP SURPLUS
188816	3/23/12	800000	VISITING NURSE SERVICE	CARDONA, MARIA	68.50		998.73	I
				CATEGORY	68.50	0.00	998.73	

RUN DATE SALES JRN		- SUP SUNN	NYSIDE CITYWIDE SUNNYSIDE CITYWIDE	REG NY NY			PAGE 1 - VCP CHOICE LHO	- /
SALES UKN	L # 02/4	TOC 001		ALES REGISTER	2		BILL WEEK END	
			_		-			
INVOICE#	DATE	CUST NO	CUSTOMER NAME	REFERENCE	HOURS	TAX AMT	AMOUNT 7	TYP SURPLUS
188817	3/23/12	000008	VISITING NURSE SERVICE	CARDOSO, ORLAND	8.00		116.64	т
188818	3/23/12	000008	VISITING NURSE SERVICE	•	31.50		459.27	± -
	- , - ,			CARDOSO, ORLAND				<u>+</u>
188819	3/23/12	800000	VISITING NURSE SERVICE	CARDOZA, ANAIDA	24.00		349.92	I
188820	3/16/12	800000	VISITING NURSE SERVICE	CARELA-REYES, M	5.00		72.90	I
188821	3/23/12	800000	VISITING NURSE SERVICE	CARELA-REYES, M	24.75		360.86	I
188822	3/23/12	800000	VISITING NURSE SERVICE	CARRALERO, ROSA	7.00		102.06	I
					100 05		1 461 65	
				CUSTOMER	100.25	0.00	1,461.65	
				CATEGORY	100.25	0.00	1,461.65	
1				CHILOCKI	100.25	0.00	1,101.03	

RUN DATE	03/28/12 -	- SUP SUNN	YSIDE CITYWIDE				PAGE 1 -	48
SALES JRN	IL # 0274	LOC 001	SUNNYSIDE CITYWIDE	REG NY NY			ADU ADULT	
			5	SALES REGISTER			BILL WEEK ENDING	3/30/12
INVOICE#	DATE	CUST NO	CUSTOMER NAME	REFERENCE	HOURS	TAX AMT	AMOUNT TYP	SURPLUS
188823	3/23/12	800000	VISITING NURSE SERVICE	CARSON, GERTRUD	1.00		14.58 I	
				CATEGORY	1.00	0.00	14.58	

ı	RUN DATE	03/28/12 -	SUP SUNN	YSIDE CITYWIDE				PAGE 1 -	49
ı	SALES JRN	L # 0274	LOC 001	SUNNYSIDE CITYWIDE	REG NY NY			LTC NURSING HOME	V/O WALLS (LT
ı					SALES REGISTER			BILL WEEK ENDING	3/30/12
ı									
ı	INVOICE#	DATE	CUST NO	CUSTOMER NAME	REFERENCE	HOURS	TAX AMT	AMOUNT TYP	SURPLUS
ı	100004	2 / 2 2 / 1 2				56.00		016 40 -	
ı	188824	3/23/12	000008	VISITING NURSE SERVICE	CARTAGENA, FRAN	56.00		816.48 I	
ı									
ı					GARRIGODY	F6 00	0.00	816.48	
ı					CATEGORY	56.00	0.00	810.48	

RUN DATE 03/28/1 SALES JRNL # 027			REG NY NY			PAGE 1 - ADU ADULT	- 50
SALES UNIL # UZ/	4 100 001		SALES REGISTER			BILL WEEK END	ING 3/30/12
INVOICE# DATE	CUST NO	CUSTOMER NAME	REFERENCE	HOURS	TAX AMT	T TRUOMA	TYP SURPLUS
188825 3/23/1 188826 3/23/1		VISITING NURSE SERVICE VISITING NURSE SERVICE	•	15.00 6.00		218.70 87.48	I I
			CUSTOMER	21.00	0.00	306.18	
			CATEGORY	21.00	0.00	306.18	

RUN DATE SALES JRN			YSIDE CITYWIDE SUNNYSIDE CITYWIDE	REGNY NY SALES REGISTER			PAGE 1 - VCP CHOICE LHCS BILL WEEK ENDIN	
INVOICE#	DATE	CUST NO	CUSTOMER NAME	REFERENCE	HOURS	TAX AMT	AMOUNT TY	P SURPLUS
188827	3/23/12	000008	VISITING NURSE SERVICE	CEBALLOS, CLEME	20.00		291.60 I	
				CATEGORY	20.00	0.00	291.60	

RUN DATE SALES JRN			YSIDE CITYWIDE SUNNYSIDE CITYWIDE	REG NY NY			PAGE 1 - ADU ADULT	52
SALES UKN	IL # 02/4	LOC 001		SALES REGISTER			BILL WEEK ENDING	3/30/12
INVOICE#	DATE	CUST NO	CUSTOMER NAME	REFERENCE	HOURS	TAX AMT	AMOUNT TYP	SURPLUS
188828	3/23/12	800000	VISITING NURSE SERVICE	CELIO, MARION	9.00		131.22 I	
				CATEGORY	9.00	0.00	131.22	

RUN DATE	03/28/12	- SUP SUNN	NYSIDE CITYWIDE				PAGE 1 -	53
SALES JR	NL # 0274	LOC 001	SUNNYSIDE CITYWIDE	REG NY NY			VCP CHOICE LHCS	A
				SALES REGISTER			BILL WEEK ENDIN	G 3/30/12
INVOICE#	DATE	CUST NO	CUSTOMER NAME	REFERENCE	HOURS	TAX AMT	AMOUNT TY	P SURPLUS
188829	3/23/12	800000	VISITING NURSE SERVICE	CERNILLI, MARIA	18.00		262.44 I	
				CATEGORY	18.00	0.00	262.44	

			YSIDE CITYWIDE SUNNYSIDE CITYWIDE	REGNY NY SALES REGISTER			PAGE 1 - 5 LTC NURSING HOMEW, BILL WEEK ENDING	O WALLS (LT
INVOICE#	DATE	CUST NO	CUSTOMER NAME	REFERENCE	HOURS	TAX AMT	AMOUNT TYP	SURPLUS
188830	3/23/12	800000	VISITING NURSE SERVICE	CHAPPLE, VICKIE	17.25		251.51 I	
				CATEGORY	17.25	0.00	251.51	

RUN DATE	03/28/12 -	- SUP SUNN	YSIDE CITYWIDE				PAGE 1	- 55	
SALES JRN	L # 0274	LOC 001	SUNNYSIDE CITYWIDE	REG NY NY			VCP CHOICE L	HCSA	
			S	SALES REGISTER			BILL WEEK EN	DING	3/30/12
INVOICE#	DATE	CUST NO	CUSTOMER NAME	REFERENCE	HOURS	TAX AMT	AMOUNT	TYP	SURPLUS
188831	3/09/12	000008	VISITING NURSE SERVICE	CHARLES PIERRE,	7.00		102.06	I	
188832	3/23/12	800000	VISITING NURSE SERVICE	CHARLES PIERRE,	30.00		437.40	I	
				CUSTOMER	37.00	0.00	539.46		
				CATEGORY	37.00	0.00	539.46		

	03/28/12 - IL # 0274			REG NY NY A L E S R E G I S T E R			PAGE 1 - LAD NURSING HOMI BILL WEEK ENDING	E W/O WALLS LT
INVOICE#	DATE	CUST NO	CUSTOMER NAME	REFERENCE	HOURS	TAX AMT	AMOUNT TY	SURPLUS
188833	3/23/12	800000	VISITING NURSE SERVICE	CHARLES, JOSE	20.00		291.60 I	
				CATEGORY	20.00	0.00	291.60	

RUN DATE SALES JRN				REG NY NY ALES REGISTER			PAGE 1 - LTC NURSING HOM BILL WEEK ENDIN	•
INVOICE#	DATE	CUST NO	CUSTOMER NAME	REFERENCE	HOURS	TAX AMT	AMOUNT TY	P SURPLUS
188834	3/23/12	800000	VISITING NURSE SERVICE	CHIANETTA, JOSE	28.00		408.24 I	
				CATEGORY	28.00	0.00	408.24	

RUN DAT	E 03/28/12 -	- SUP SUNN	YSIDE CITYWIDE				PAGE 1 -	58
SALES J	TRNL # 0274	LOC 001	SUNNYSIDE CITYWIDE	REG NY NY			VCP CHOICE LHCS	A
			\$	SALES REGISTER			BILL WEEK ENDIN	G 3/30/12
INVOICE	E# DATE	CUST NO	CUSTOMER NAME	REFERENCE	HOURS	TAX AMT	AMOUNT TY	P SURPLUS
188835	3/23/12	800000	VISITING NURSE SERVICE	CHINGA, ALBA	34.00		495.72 I	
				CATEGORY	34.00	0.00	495.72	

			YSIDE CITYWIDE					59
SALES JRN	rl # 0274	LOC 001		REG NY NY			LTC NURSING HOMEW	•
			\$	SALES REGISTER			BILL WEEK ENDING	3/30/12
INVOICE#	DATE	CUST NO	CUSTOMER NAME	REFERENCE	HOURS	TAX AMT	AMOUNT TYP	SURPLUS
188836	3/23/12	800000	VISITING NURSE SERVICE	CHO, MOGEE	30.00		437.40 I	
				CATEGORY	30.00	0.00	437.40	

RUN DATE SALES JRN		- SUP SUNN	YSIDE CITYWIDE SUNNYSIDE CITYWIDE	REG NY NY			PAGE 1 VCP CHOICE LH	* *
			S	SALES REGISTER	2		BILL WEEK END	ING 3/30/12
INVOICE#	DATE	CUST NO	CUSTOMER NAME	REFERENCE	HOURS	TAX AMT	AMOUNT	TYP SURPLUS
188837 188838	3/23/12 3/23/12	000008 000008	VISITING NURSE SERVICE VISITING NURSE SERVICE	CHOUDHURY, SHAM CHU, MOLLY	54.00 40.00		787.32 583.20	I I
188839	3/23/12	800000	VISITING NURSE SERVICE	CHUCK, ENA	32.25		470.21	I
				CUSTOMER	126.25	0.00	1,840.73	
				CATEGORY	 126.25	0.00	1,840.73	

RUN DATE	03/28/12 -	SUP SUNN	YSIDE CITYWIDE				PAGE 1 -	61
SALES JRN	L # 0274	LOC 001	SUNNYSIDE CITYWIDE	REG NY NY			LTC NURSING HOM	MEW/O WALLS (LT
			S	ALES REGISTER			BILL WEEK ENDIN	IG 3/30/12
INVOICE#	DATE	CUST NO	CUSTOMER NAME	REFERENCE	HOURS	TAX AMT	AMOUNT TY	P SURPLUS
188840	3/23/12	800000	VISITING NURSE SERVICE	CIPRIAN, FREDEV	56.00		816.48 I	-
				CATEGORY	56.00	0.00	816.48	

	03/28/12 - JL # 0274		YSIDE CITYWIDE SUNNYSIDE CITYWIDE	REGNY NY SALES REGISTER			PAGE 1 - ADU ADULT BILL WEEK ENDING	3/30/12
INVOICE#	DATE	CUST NO	CUSTOMER NAME	REFERENCE	HOURS	TAX AMT	AMOUNT TYP	SURPLUS
188841	3/23/12	800000	VISITING NURSE SERVICE	COLEMAN, JAMES	6.00		87.48 I	
				CATEGORY	6.00	0.00	87.48	

RUN DATE	03/28/12 -	- SUP SUNN	YSIDE CITYWIDE				PAGE 1	. – 6	53
SALES JRN	L # 0274	LOC 001	SUNNYSIDE CITYWIDE	REG NY NY			LTC NURSING	HOMEW/	O WALLS (LT
				SALES REGISTE	E R		BILL WEEK EN	DING	3/30/12
INVOICE#	DATE	CUST NO	CUSTOMER NAME	REFERENCE	HOURS	TAX AMT	AMOUNT	TYP	SURPLUS
100040	2 / 2 2 / 1 2	00000	WESTERING MUDGE CERVICE	GOLLED BELLEA	20.00		201 60	-	
188842	3/23/12	000008	VISITING NURSE SERVICE		20.00		291.60	Т	
188843	3/23/12	800000	VISITING NURSE SERVICE	COLLER, JOSE	15.00		218.70	I	
188844	3/23/12	000008	VISITING NURSE SERVICE	COLON, ANTONIA	42.00		612.36	I	
188845	3/23/12	800000	VISITING NURSE SERVICE	COLON, ISABEL	24.00		349.92	I	
				-					
				CUSTOMER	101.00	0.00	1,472.58		
				-					
				CATEGORY	101.00	0.00	1,472.58		

RUN DATE	03/28/12 -	- SUP SUNN	YSIDE CITYWIDE				PAGE 1 - 64	
SALES JRN	L # 0274	LOC 001	SUNNYSIDE CITYWIDE	REG NY NY			CCL CONGREGATE CARE PF	ROGRAM
			S	SALES REGISTER			BILL WEEK ENDING 3/3	30/12
INVOICE#	DATE	CUST NO	CUSTOMER NAME	REFERENCE	HOURS	TAX AMT	AMOUNT TYP SUF	RPLUS
188846	3/23/12	800000	VISITING NURSE SERVICE	CORDERO, NELLY	168.00		2,449.44 I	
				CATEGORY	168.00	0.00	2,449.44	

			YSIDE CITYWIDE	556 357				65
SALES JRN	L # 02/4	LOC 001		REGNY NY SALES REGISTER			LTC NURSING HOMEV BILL WEEK ENDING	•
INVOICE#	DATE	CUST NO	CUSTOMER NAME	REFERENCE	HOURS	TAX AMT	AMOUNT TYP	SURPLUS
188847	3/23/12	800000	VISITING NURSE SERVICE	CORREA, MARGARI	30.00		437.40 I	
				CATEGORY	30.00	0.00	437.40	

RUN DATE SALES JRN				REG NY NY SALES REGISTER			PAGE 1 - VCP CHOICE LHCSA BILL WEEK ENDING	
INVOICE#	DATE	CUST NO	CUSTOMER NAME	REFERENCE	HOURS	TAX AMT	AMOUNT TYP	SURPLUS
188848	3/23/12	800000	VISITING NURSE SERVICE	COSTA, ANTOINET	20.00		291.60 I	
				CATEGORY	20.00	0.00		

RUN DATE	03/28/12 -	- SUP SUNN	YSIDE CITYWIDE				PAGE 1 -	67
SALES JRN	IL # 0274	LOC 001	SUNNYSIDE CITYWIDE	REG NY NY			LTC NURSING HOME	W/O WALLS (LT
			S	SALES REGISTER			BILL WEEK ENDING	3/30/12
INVOICE#	DATE	CUST NO	CUSTOMER NAME	REFERENCE	HOURS	TAX AMT	AMOUNT TYP	SURPLUS
188849	3/23/12	800000	VISITING NURSE SERVICE	COSTA, ARSENE	30.00		437.40 I	
				CATEGORY	30.00	0.00	437.40	

RUN DATE	03/28/12 -	- SUP SUNN	YSIDE CITYWIDE				PAGE 1 -	68
SALES JRN	IL # 0274	LOC 001	SUNNYSIDE CITYWIDE	REG NY NY			ADU ADULT	
			S	ALES REGISTER			BILL WEEK ENDING	G 3/30/12
INVOICE#	DATE	CUST NO	CUSTOMER NAME	REFERENCE	HOURS	TAX AMT	AMOUNT TYP	P SURPLUS
188850	3/23/12	800000	VISITING NURSE SERVICE	COVALIU, SIMION	19.75		287.96 I	
				CATEGORY	19.75	0.00	287.96	

RUN DATE	03/28/12 -	- SUP SUNN	YSIDE CITYWIDE				PAGE 1 -	69
SALES JRN	rL # 0274	LOC 001	SUNNYSIDE CITYWIDE	REG NY NY			HOA HOSPICE ADUL	Т
			5	SALES REGISTER			BILL WEEK ENDING	3/30/12
INVOICE#	DATE	CUST NO	CUSTOMER NAME	REFERENCE	HOURS	TAX AMT	AMOUNT TYP	SURPLUS
188851	3/23/12	800000	VISITING NURSE SERVICE	COX, PETRA	19.00		277.02 I	
				CATEGORY	19.00	0.00		

RUN DATE	03/28/12 -	SUP SUNN	YSIDE CITYWIDE				PAGE 1 -	70
SALES JRN	L # 0274	LOC 001	SUNNYSIDE CITYWIDE	REG NY NY			LAD NURSING HOME	
			i	SALES REGISTER			BILL WEEK ENDING	3/30/12
INVOICE#	DATE	CUST NO	CUSTOMER NAME	REFERENCE	HOURS	TAX AMT	AMOUNT TYP	SURPLUS
188852	3/23/12	800000	VISITING NURSE SERVICE	CRUZ, HECTOR	37.50		546.77 I	
				CATEGORY	37.50	0.00	546.77	

			NYSIDE CITYWIDE SUNNYSIDE CITYWIDE	REG NY NY SALES REGISTER			PAGE 1 - VCP CHOICE LHCSA BILL WEEK ENDING	
INVOICE		CUST NO	CUSTOMER NAME	REFERENCE	HOURS	TAX AMT	AMOUNT TY	P SURPLUS
188853	3/23/12	800000	VISITING NURSE SERVICE	CRUZ, JUANA	16.00		233.28 I	
				CATEGORY	16.00	0.00	233.28	

			YSIDE CITYWIDE SUNNYSIDE CITYWIDE	REGNY NY SALES REGISTER			PAGE 1 - ADU ADULT BILL WEEK ENDING	72
INVOICE#	DATE	CUST NO	CUSTOMER NAME	REFERENCE	HOURS	TAX AMT	AMOUNT TYP	SURPLUS
188854	3/23/12	800000	VISITING NURSE SERVICE	DALTON, MIMI	9.00		131.22 I	
				CATEGORY	9.00	0.00	131.22	

RUN DATE	03/28/12 -	- SUP SUNN	YSIDE CITYWIDE				PAGE 1	- 7	3
SALES JRN	L # 0274	LOC 001	SUNNYSIDE CITYWIDE	REG NY NY			LTC NURSING H	HOMEW/	O WALLS (LT
				SALES REGISTER			BILL WEEK EN	DING	3/30/12
INVOICE#	DATE	CUST NO	CUSTOMER NAME	REFERENCE	HOURS	TAX AMT	AMOUNT	TYP	SURPLUS
188855	3/23/12	000008	VISITING NURSE SERVICE	DAMICO, ANGELA	25.00		364.50	I	
188856	3/23/12	800000	VISITING NURSE SERVICE	DANNY, RAMDULAR	56.00		816.48	I	
				CUSTOMER	81.00	0.00	1,180.98		
				CATEGORY	81.00	0.00	1,180.98		

			YSIDE CITYWIDE SUNNYSIDE CITYWIDE	REGNY NY SALES REGISTER			PAGE 1 - VCP CHOICE LHCSA BILL WEEK ENDING	74 3/30/12
INVOICE#	DATE	CUST NO	CUSTOMER NAME	REFERENCE	HOURS	TAX AMT	AMOUNT TYP	SURPLUS
188857	3/23/12	800000	VISITING NURSE SERVICE	DAVIS, LOUELLEN	42.00		612.36 I	
				CATEGORY	42.00	0.00	612.36	

	03/28/12 - L # 0274		YSIDE CITYWIDE SUNNYSIDE CITYWIDE	REG NY NY			PAGE 1 - ADU ADULT	75
			S I	ALES REGISTER			BILL WEEK ENDIN	G 3/30/12
INVOICE#	DATE	CUST NO	CUSTOMER NAME	REFERENCE	HOURS	TAX AMT	AMOUNT TY	P SURPLUS
188858	3/23/12	800000	VISITING NURSE SERVICE	DEJESUS, FELIX	15.00		218.70 I	
				CATEGORY	15.00	0.00	218.70	

			YSIDE CITYWIDE				PAGE 1 -	76
SALES JRN	L # 0274	LOC 001	SUNNYSIDE CITYWIDE	REG NY NY			LAD NURSING HOME	
				SALES REGISTER			BILL WEEK ENDING	3/30/12
INVOICE#	DATE	CUST NO	CUSTOMER NAME	REFERENCE	HOURS	TAX AMT	AMOUNT TYPE	SURPLUS
188859	3/23/12	000008	VISITING NURSE SERVICE	DEL CARPIO, FEL	40.00		583.20 I	
				CATEGORY	40.00	0.00	583.20	

RUN DATE (03/28/12 -	- SUP SUNN	YSIDE CITYWIDE				PAGE 1	- 77
SALES JRNI	և # 0274	LOC 001	SUNNYSIDE CITYWIDE	REG NY NY			LTC NURSING H	OMEW/O WALLS (LT
			i	SALES REGISTER			BILL WEEK END	ING 3/30/12
INVOICE#	DATE	CUST NO	CUSTOMER NAME	REFERENCE	HOURS	TAX AMT	AMOUNT	TYP SURPLUS
188860	3/23/12	000008	VISITING NURSE SERVICE	DELACRUZ, SEFER	38.00		554.04	I
188861	3/23/12	800000	VISITING NURSE SERVICE	DELAROSA, CORAL	20.00		291.60	I
				CUSTOMER	58.00	0.00	845.64	
				CATEGORY	58.00	0.00	845.64	

RUN DATE SALES JRN		- SUP SUNN	YSIDE CITYWIDE SUNNYSIDE CITYWIDE	REG NY NY			PAGE 1 - 78 VCP CHOICE LHCSA	
SALES URN	L # UZ/4	LOC 001		SALES REGISTER				/30/12
INVOICE#	DATE	CUST NO	CUSTOMER NAME	REFERENCE	HOURS	TAX AMT	AMOUNT TYP S	URPLUS
188862 188863	3/23/12 3/23/12	000008 000008	VISITING NURSE SERVICE VISITING NURSE SERVICE	DELOSSANTOS, MA DELPOZO, MIGUEL	30.00 20.00		437.40 I 291.60 I	
				CUSTOMER	50.00	0.00	729.00	
				CATEGORY	50.00	0.00	729.00	

RUN DATE	03/28/12 -	SUP SUNN	YSIDE CITYWIDE				PAGE 1 -	79
SALES JRN	IL # 0274	LOC 001		REG NY NY			ADU ADULT	
			S.	ALES REGISTER			BILL WEEK ENDING	3/30/12
INVOICE#	DATE	CUST NO	CUSTOMER NAME	REFERENCE	HOURS	TAX AMT	AMOUNT TYP	SURPLUS
188864	3/23/12	800000	VISITING NURSE SERVICE	DELUCA, ANTIONE	28.00		408.24 I	
				CATEGORY	28.00	0.00	408.24	

RUN DATE	03/28/12 -	SUP SUNN	YSIDE CITYWIDE				PAGE 1 -	80
SALES JRN	L # 0274	LOC 001	SUNNYSIDE CITYWIDE	REG NY NY			LTC NURSING HOMEW	/O WALLS (LT
			S.	ALES REGISTER			BILL WEEK ENDING	3/30/12
INVOICE#	DATE	CUST NO	CUSTOMER NAME	REFERENCE	HOURS	TAX AMT	AMOUNT TYP	SURPLUS
188865	3/23/12	800000	VISITING NURSE SERVICE	DELVALLE, JESUS	35.00		510.30 I	
				CATEGORY	35.00	0.00	510.30	

			YSIDE CITYWIDE SUNNYSIDE CITYWIDE S	REGNY NY SALES REGISTER			PAGE 1 - ADU ADULT BILL WEEK ENDING	81 G 3/30/12
INVOICE#	DATE	CUST NO	CUSTOMER NAME	REFERENCE	HOURS	TAX AMT	AMOUNT TY	P SURPLUS
188866	3/23/12	800000	VISITING NURSE SERVICE	DERISE, JEROME	4.00		58.32 I	
				CATEGORY	4.00	0.00	58.32	

RUN DATE 03		SUP SUNN	YSIDE CITYWIDE SUNNYSIDE CITYWIDE REG	G NY NY			PAGE 1 VCP CHOICE L		32
SALES UNIL	# 02/4	TOC 001	S A L 1				BILL WEEK EN		3/30/12
INVOICE#	DATE	CUST NO	CUSTOMER NAME	REFERENCE	HOURS	TAX AMT	AMOUNT	TYP	SURPLUS
188867	3/16/12	000008	VISITING NURSE SERVICE	DEY, KRISHNA	3.00		43.74	I	
188868	3/23/12	800000	VISITING NURSE SERVICE	DEY, KRISHNA	3.00		43.74	I	
188869	3/23/12	800000	VISITING NURSE SERVICE	DEZUMARAN, REBE	44.00		641.54	I	
188870	3/23/12	800000	VISITING NURSE SERVICE	DIAZ, MARIA	34.50		503.02	I	
188871	3/23/12	800000	VISITING NURSE SERVICE	DIAZ, OLGA	42.00		612.36	I	
188872	3/23/12	800000	VISITING NURSE SERVICE	DIAZ, ROSA	36.00		524.88	I	
188873	3/23/12	800000	VISITING NURSE SERVICE	DILLUVIO, MATTI	70.25		1,024.25	I	
188874	3/23/12	800000	VISITING NURSE SERVICE	DOMINGUEZ, MARI	40.75		594.14	I	
188875	3/23/12	800000	VISITING NURSE SERVICE	DOMINGUEZ-REIN,	20.00		291.60	I	
				CUSTOMER	293.50	0.00	4,279.27		
				CATEGORY	293.50	0.00	4,279.27		

RUN DATE	03/28/12 -	- SUP SUNN	NYSIDE CITYWIDE				PAGE 1 -	83
SALES JRI	NL # 0274	LOC 001	SUNNYSIDE CITYWIDE	REG NY NY			LTC NURSING HOME	W/O WALLS (LT
			S	SALES REGISTER			BILL WEEK ENDING	3/30/12
INVOICE#	DATE	CUST NO	CUSTOMER NAME	REFERENCE	HOURS	TAX AMT	AMOUNT TYP	SURPLUS
188876	3/23/12	800000	VISITING NURSE SERVICE	DOMINICK, GINA	54.00		787.32 I	
				CATEGORY	54.00	0.00	787.32	

RUN DATE (- SUP SUNN LOC 001	YSIDE CITYWIDE SUNNYSIDE CITYWIDE	REG NY NY			PAGE 1 - 8 ADU ADULT	4
Bribbs order	L 02/1	100 001		SALES REGISTER			BILL WEEK ENDING	3/30/12
INVOICE#	DATE	CUST NO	CUSTOMER NAME	REFERENCE	HOURS	TAX AMT	AMOUNT TYP	SURPLUS
188877	3/23/12	800000	VISITING NURSE SERVICE	DUCHE, JULIA	3.00		43.74 I	
				CATEGORY	3.00	0.00	43.74	

RUN DATE	03/28/12 -	- SUP SUNN	YSIDE CITYWIDE				PAGE 1 -	85
SALES JRI	NL # 0274	LOC 001		REG NY NY			LTC NURSING HOME	
			S	ALES REGISTER			BILL WEEK ENDING	3/30/12
INVOICE#	DATE	CUST NO	CUSTOMER NAME	REFERENCE	HOURS	TAX AMT	AMOUNT TYP	SURPLUS
188878	3/23/12	800000	VISITING NURSE SERVICE	DUTAN, SELINDA	40.00		583.20 I	
				CATEGORY	40.00	0.00	 583.20	
1				CAIEGORI	TO.00	0.00	303.20	

RUN DATE SALES JRN		- SUP SUNN LOC 001	YSIDE CITYWIDE SUNNYSIDE CITYWIDE	REG NY NY			PAGE 1 - VCP CHOICE LHCS	86
SALES UKN	L # 02/4	HOC 001		SALES REGISTER			BILL WEEK ENDIN	
INVOICE#	DATE	CUST NO	CUSTOMER NAME	REFERENCE	HOURS	TAX AMT	AMOUNT TY	P SURPLUS
188879 188880	3/23/12 3/23/12	800000 800000	VISITING NURSE SERVICE VISITING NURSE SERVICE		6.00 42.75		87.48 I 623.30 I	
				CUSTOMER	48.75	0.00	710.78	
				CATEGORY	48.75	0.00	710.78	

RUN DATE	03/28/12 -	SUP SUNN	YSIDE CITYWIDE				PAGE 1 -	87
SALES JRN	L # 0274	LOC 001	SUNNYSIDE CITYWIDE	REG NY NY			ADU ADULT	
			2	SALES REGISTER			BILL WEEK ENDING	3/30/12
INVOICE#	DATE	CUST NO	CUSTOMER NAME	REFERENCE	HOURS	TAX AMT	AMOUNT TYP	SURPLUS
188881	3/23/12	800000	VISITING NURSE SERVICE	EDELMAN, MILDRE	1.00		14.58 I	
				CATEGORY	1.00	0.00	14.58	

RUN DATE	03/28/12 -	- SUP SUNN	YSIDE CITYWIDE				PAGE 1 -	88
SALES JR	NL # 0274	LOC 001	SUNNYSIDE CITYWIDE	REG NY NY			VCP CHOICE LHCSA	1
			S	SALES REGISTER			BILL WEEK ENDING	3/30/12
INVOICE#	DATE	CUST NO	CUSTOMER NAME	REFERENCE	HOURS	TAX AMT	AMOUNT TYP	SURPLUS
188882	3/23/12	800000	VISITING NURSE SERVICE	EMILIAN, SIRPOO	4.00		58.32 I	
				CATEGORY	4.00	0.00	58.32	

RUN DATE	03/28/12 -	- SUP SUNN	YSIDE CITYWIDE				PAGE 1 - 89	9
SALES JRN	rL # 0274	LOC 001	SUNNYSIDE CITYWIDE	REG NY NY			CCL CONGREGATE CARE	E PROGRAM
			S	SALES REGISTER			BILL WEEK ENDING	3/30/12
INVOICE#	DATE	CUST NO	CUSTOMER NAME	REFERENCE	HOURS	TAX AMT	AMOUNT TYP	SURPLUS
188883	3/23/12	800000	VISITING NURSE SERVICE	EPSTEIN, GEORGE	16.00		233.28 I	
				CATEGORY	16.00	0.00	233.28	

RUN DATE 03	3/28/12 -	SUP SUNN	YSIDE CITYWIDE				PAGE 1 -	- 90
SALES JRNL	# 0274	LOC 001	SUNNYSIDE CITYWIDE	REG NY NY			VCP CHOICE LHO	CSA
				S A L E S R E G I S T E R			BILL WEEK END	ING 3/30/12
INVOICE#	DATE	CUST NO	CUSTOMER NAME	REFERENCE	HOURS	TAX AMT	AMOUNT T	TYP SURPLUS
	3/23/12 3/23/12	000008 000008	VISITING NURSE SERVICE VISITING NURSE SERVICE		30.00 22.25		437.40 324.41	I I
				CUSTOMER	52.25	0.00	761.81	
				CATEGORY	52.25	0.00	761.81	

			YSIDE CITYWIDE SUNNYSIDE CITYWIDE	REGNY NY SALES REGISTER			PAGE 1 - ADU ADULT BILL WEEK ENDIN	91 G 3/30/12
INVOICE#	DATE	CUST NO	CUSTOMER NAME	REFERENCE	HOURS	TAX AMT	AMOUNT TY	P SURPLUS
188886	3/23/12	800000	VISITING NURSE SERVICE	FADEN, ROBIN	56.25		820.13 I	
				CATEGORY	56.25	0.00	820.13	

RUN DATE	03/28/12 -	- SUP SUNN	YSIDE CITYWIDE				PAGE 1	_	92
SALES JRN	NL # 0274	LOC 001		REG NY NY			VCP CHOICE LHO		
				SALES REGISTER			BILL WEEK END	ING	3/30/12
INVOICE#	DATE	CUST NO	CUSTOMER NAME	REFERENCE	HOURS	TAX AMT	AMOUNT	TYP	SURPLUS
188887	3/23/12	800000	VISITING NURSE SERVICE	FAMBIATOU, PARA	15.00		218.70	I	
				CATEGORY	15.00	0.00	218.70		

RUN DATE	03/28/12 -	- SUP SUNN	YSIDE CITYWIDE				PAGE 1 -	93
SALES JRN	L # 0274	LOC 001	SUNNYSIDE CITYWIDE	REG NY NY			HOA HOSPICE ADUI	T
			5	SALES REGISTE	R		BILL WEEK ENDING	3/30/12
INVOICE#	DATE	CUST NO	CUSTOMER NAME	REFERENCE	HOURS	TAX AMT	AMOUNT TYP	SURPLUS
111101011	21112	0001 1.0	000101111111111111111111111111111111111	1121 21121102	1100110		11100111 111	
188888	3/23/12	800000	VISITING NURSE SERVICE	FARO, JOSEPH	5.25		76.55 I	
				CATEGORY	5.25	0.00	76.55	

RUN DATE	03/28/12 -	- SUP SUNN	YSIDE CITYWIDE				PAGE 1 - 9	4
SALES JRN	ъ # 0274	LOC 001	SUNNYSIDE CITYWIDE	REG NY NY			AMH ADULT MENTAL H	EALTH
			5	SALES REGISTER			BILL WEEK ENDING	3/30/12
INVOICE#	DATE	CUST NO	CUSTOMER NAME	REFERENCE	HOURS	TAX AMT	AMOUNT TYP	SURPLUS
188889	3/23/12	800000	VISITING NURSE SERVICE	FARO, VIRGINIA	6.00		87.48 I	
				CATEGORY	6.00	0.00	87.48	

			YSIDE CITYWIDE				PAGE 1	_ 9	95
SALES JRN	L # 0274	LOC 001	SUNNYSIDE CITYWIDE	REG NY NY			VCP CHOICE L		
				SALES REGISTER			BILL WEEK EN	DING	3/30/12
INVOICE#	DATE	CUST NO	CUSTOMER NAME	REFERENCE	HOURS	TAX AMT	AMOUNT	TYP	SURPLUS
188890	3/23/12	000008	VISITING NURSE SERVICE	FERMIN, ORQUIDI	8.00		116.64	I	
188891	3/23/12	800000	VISITING NURSE SERVICE	FERMIN, ORQUIDI	24.00		349.92	I	
				CUSTOMER	32.00	0.00	466.56		
				CATEGORY	32.00	0.00	466.56		

RUN DATE	03/28/12 -	- SUP SUNN	YSIDE CITYWIDE				PAGE 1 -	96
SALES JRN	L # 0274	LOC 001	SUNNYSIDE CITYWIDE	REG NY NY			CCL CONGREGATE C	ARE PROGRAM
			S	SALES REGISTER			BILL WEEK ENDING	3/30/12
INVOICE#	DATE	CUST NO	CUSTOMER NAME	REFERENCE	HOURS	TAX AMT	AMOUNT TYP	SURPLUS
188892	3/23/12	800000	VISITING NURSE SERVICE	FERNANDEZ, JORG	15.00		218.70 I	
				CATEGORY	15.00	0.00	218.70	

RUN DATE	03/28/12 -	- SUP SUNN	YSIDE CITYWIDE				PAGE 1 -	97
SALES JRN	L # 0274	LOC 001	SUNNYSIDE CITYWIDE	REG NY NY			VCP CHOICE LHCS	A
			S	SALES REGISTER			BILL WEEK ENDIN	G 3/30/12
INVOICE#	DATE	CUST NO	CUSTOMER NAME	REFERENCE	HOURS	TAX AMT	AMOUNT TY	P SURPLUS
188893	3/23/12	800000	VISITING NURSE SERVICE	FERREIRO, JOSEP	15.00		218.70 I	
				CATEGORY	15.00	0.00	218.70	

RUN DATE (03/28/12 -	- SUP SUNN	YSIDE CITYWIDE				PAGE 1	- 9	98
SALES JRNI	L # 0274	LOC 001	SUNNYSIDE CITYWIDE	REG NY NY			ADU ADULT		
			5	SALES REGISTER			BILL WEEK EN	DING	3/30/12
INVOICE#	DATE	CUST NO	CUSTOMER NAME	REFERENCE	HOURS	TAX AMT	AMOUNT	TYP	SURPLUS
188894	3/23/12	000008	VISITING NURSE SERVICE	FIGUEROA, ANGEL	8.00		116.64	I	
188895	3/23/12	800000	VISITING NURSE SERVICE	FINK, ROSEMARIE	9.00		131.22	I	
				CUSTOMER	17.00	0.00	247.86		
				CATEGORY	17.00	0.00	247.86		

ı	RUN DATE	03/28/12 -	SUP SUNN	YSIDE CITYWIDE				PAGE 1 - 99	9
ı	SALES JRN	L # 0274	LOC 001	SUNNYSIDE CITYWIDE	REG NY NY			LTC NURSING HOMEW/C	WALLS (LT
ı				S	SALES REGISTER			BILL WEEK ENDING	3/30/12
ı									
ı	INVOICE#	DATE	CUST NO	CUSTOMER NAME	REFERENCE	HOURS	TAX AMT	AMOUNT TYP	SURPLUS
ı									
ı	188896	3/23/12	000008	VISITING NURSE SERVICE	FIUMARA, ROSE	53.25		776.39 I	
ı									
ı									
ı					CATEGORY	53.25	0.00	776.39	

RUN DATE	03/28/12 -	- SUP SUNN	YSIDE CITYWIDE				PAGE 1 - 1	.00
SALES JRN	L # 0274	LOC 001	SUNNYSIDE CITYWIDE	REG NY NY			CCL CONGREGATE CA	RE PROGRAM
			S	SALES REGISTER			BILL WEEK ENDING	3/30/12
INVOICE#	DATE	CUST NO	CUSTOMER NAME	REFERENCE	HOURS	TAX AMT	AMOUNT TYP	SURPLUS
188897	3/23/12	800000	VISITING NURSE SERVICE	FLEITMAN, KLARA	6.00		87.48 I	
				CATEGORY	6.00	0.00	87.48	

RUN DATE	03/28/12 -	- SUP SUNN	YSIDE CITYWIDE				PAGE 1 - 1	.01
SALES JRN	L # 0274	LOC 001	SUNNYSIDE CITYWIDE	REG NY NY			VCP CHOICE LHCSA	
			S	SALES REGISTER			BILL WEEK ENDING	3/30/12
TATIOTORI	DAME	CIICE NO	CHOMOMED NAME	DEFEDENCE	HOURS	max amm	AMOUNT TYP	GIIDDI IIG
INVOICE#	DATE	CUST NO	CUSTOMER NAME	REFERENCE	HOURS	TAX AMT	AMOUNT TYP	SURPLUS
188898	3/23/12	800000	VISITING NURSE SERVICE	FOLLETTO, ROSIN	33.00		481.14 I	
				CATEGORY	33.00	0.00	481.14	

RUN DATE	03/28/12 -	- SUP SUNN	YSIDE CITYWIDE				PAGE 1	- 10)2
SALES JRN	L # 0274	LOC 001	SUNNYSIDE CITYWIDE	REG NY NY			CCL CONGREGA		
			\$	SALES REGISTER			BILL WEEK EN	DING	3/30/12
INVOICE#	DATE	CUST NO	CUSTOMER NAME	REFERENCE	HOURS	TAX AMT	AMOUNT	TYP	SURPLUS
188899	3/16/12	000008	VISITING NURSE SERVICE	FONSECA, EUGENI	7.00		102.06	I	
188900	3/23/12	800000	VISITING NURSE SERVICE	FONSECA, EUGENI	35.00		510.30	I	
				CUSTOMER	42.00	0.00	612.36		
				CATEGORY	42.00	0.00	612.36		

			YSIDE CITYWIDE				PAGE 1 - 1	.03
SALES JRN	L # 0274	TOG 001	SUNNYSIDE CITYWIDE	REGNY NY SALES REGISTER			VCP CHOICE LHCSA BILL WEEK ENDING	3/30/12
INVOICE#	DATE	CUST NO	CUSTOMER NAME	REFERENCE	HOURS	TAX AMT	AMOUNT TYP	SURPLUS
188901	3/23/12	800000	VISITING NURSE SERVICE	FONTEBOA, GUILL	35.00		510.30 I	
				CATEGORY	35.00	0.00	510.30	

-	03/28/12 - L # 0274		YSIDE CITYWIDE SUNNYSIDE CITYWIDE	REGNY NY ALES REGISTER			PAGE 1 - 1 LTC NURSING HOMEW BILL WEEK ENDING	/O WALLS (LT
INVOICE#	DATE	CUST NO	CUSTOMER NAME	REFERENCE	HOURS	TAX AMT	AMOUNT TYP	SURPLUS
188902	3/23/12	800000	VISITING NURSE SERVICE	FRED, EULALIA	56.00		816.48 I	
				CATEGORY	56.00	0.00	816.48	

RUN DATE	03/28/12 -	- SUP SUNN	YSIDE CITYWIDE				PAGE 1 - 105	
SALES JRN	L # 0274	LOC 001	SUNNYSIDE CITYWIDE	REG NY NY			VCP CHOICE LHCSA	
				SALES REGISTER	1		BILL WEEK ENDING 3/30/	12
INVOICE#	DATE	CUST NO	CUSTOMER NAME	REFERENCE	HOURS	TAX AMT	AMOUNT TYP SURPL	US
188903	3/23/12	800000	VISITING NURSE SERVICE	FREDERICK, AMEL	34.75		506.66 I	
				 CATEGORY	 34.75	0.00	506.66	

RUN DATE	03/28/12 -	- SUP SUNN	YSIDE CITYWIDE				PAGE 1	- 106
SALES JRN	L # 0274	LOC 001	SUNNYSIDE CITYWIDE	REG NY NY			LTC NURSING	HOMEW/O WALLS (LT
			\$	SALES REGISTER			BILL WEEK EN	DING 3/30/12
INVOICE#	DATE	CUST NO	CUSTOMER NAME	REFERENCE	HOURS	TAX AMT	AMOUNT	TYP SURPLUS
188904	3/23/12	000008	VISITING NURSE SERVICE	FREIJOSO, ROSA	45.50		663.39	I
188905	3/23/12	800000	VISITING NURSE SERVICE	FUNES, GEORGINA	25.00		364.50	I
				CUSTOMER	70.50	0.00	1,027.89	
				CATEGORY	70.50	0.00	1,027.89	

RUN DATE	03/28/12 -	- SUP SUNN	YSIDE CITYWIDE				PAGE 1 -	107	
SALES JRN	L # 0274	LOC 001		REG NY NY			VCP CHOICE LHCSA		
				SALES REGISTER	2		BILL WEEK ENDING	3/30/12	
INVOICE#	DATE	CUST NO	CUSTOMER NAME	REFERENCE	HOURS	TAX AMT	AMOUNT TYP	SURPLUS	
188906	3/23/12	800000	VISITING NURSE SERVICE	GAID, ASILA	35.00		510.30 I		
				 CATEGORY	35.00	0.00	510.30		

			YSIDE CITYWIDE	DEC NV NV			-	108
SALES URN	L # UZ/4	TOC 001	SUNNYSIDE CITYWIDE	REG NY NY ALES REGISTER			ADU ADULT BILL WEEK ENDIN	NG 3/30/12
			5				5100 WDDR 2001	.0 3,30,12
INVOICE#	DATE	CUST NO	CUSTOMER NAME	REFERENCE	HOURS	TAX AMT	AMOUNT TY	P SURPLUS
188907	3/23/12	800000	VISITING NURSE SERVICE	GALARZA, JOSE	34.00		495.72	I.
				CATEGORY	34.00	0.00	495.72	

RUN DATE SALES JRN		- SUP SUNN LOC 001	YSIDE CITYWIDE SUNNYSIDE CITYWIDE	REG NY NY			PAGE 1 VCP CHOICE LH	- 10)9
			S	ALES REGISTER			BILL WEEK END	DING	3/30/12
INVOICE#	DATE	CUST NO	CUSTOMER NAME	REFERENCE	HOURS	TAX AMT	AMOUNT	TYP	SURPLUS
188908 188909	3/23/12 3/23/12	000008 000008	VISITING NURSE SERVICE VISITING NURSE SERVICE	GALLARDO, ZOILA	31.00		451.98 87.48	I	
188909	3/23/12	000008	VISITING NURSE SERVICE	GALLINA, VIRGIN	6.00		87.48	Ι	
				CUSTOMER	37.00	0.00	539.46		
				 CATEGORY	37.00	0.00	539.46		

RUN DATE	03/28/12 -	- SUP SUNN	YSIDE CITYWIDE				PAGE 1 - 1	110
SALES JRN	L # 0274	LOC 001	SUNNYSIDE CITYWIDE	REG NY NY			LTC NURSING HOME	N/O WALLS (LT
			:	SALES REGISTER			BILL WEEK ENDING	3/30/12
INVOICE#	DATE	CUST NO	CUSTOMER NAME	REFERENCE	HOURS	TAX AMT	AMOUNT TYP	SURPLUS
188910	3/23/12	800000	VISITING NURSE SERVICE	GALLO, BENJAMIN	32.00		466.56 I	
				CATEGORY	32.00	0.00	466.56	

RUN DATE (YSIDE CITYWIDE SUNNYSIDE CITYWIDE	REG NY NY			PAGE 1 - 111 ADU ADULT	
011220 0141	2 02/1	200 001		SALES REGISTER				30/12
INVOICE#	DATE	CUST NO	CUSTOMER NAME	REFERENCE	HOURS	TAX AMT	AMOUNT TYP SU	JRPLUS
188911	3/23/12	800000	VISITING NURSE SERVICE	GALSTIAN, DJOUL	7.00		102.06 I	
				CATEGORY	7.00	0.00	102.06	

ı	RUN DATE	03/28/12 -	- SUP SUNN	YSIDE CITYWIDE				PAGE 1 - 11	L2
ı	SALES JRN	L # 0274	LOC 001	SUNNYSIDE CITYWIDE	REG NY NY			LTC NURSING HOMEW/	O WALLS (LT
ı				S	SALES REGISTER			BILL WEEK ENDING	3/30/12
ı									
ı	INVOICE#	DATE	CUST NO	CUSTOMER NAME	REFERENCE	HOURS	TAX AMT	AMOUNT TYP	SURPLUS
ı									
ı	188912	3/23/12	800000	VISITING NURSE SERVICE	GARAY, ANGELES	16.00		233.28 I	
ı									
ı									
ı					CATEGORY	16.00	0.00	233.28	

			YSIDE CITYWIDE SUNNYSIDE CITYWIDE	REGNY NY SALES REGISTER			PAGE 1 - 1 ADU ADULT BILL WEEK ENDING	
INVOICE#	DATE	CUST NO	CUSTOMER NAME	REFERENCE	HOURS	TAX AMT	AMOUNT TYP	SURPLUS
188913	3/23/12	800000	VISITING NURSE SERVICE	GARCIA, CONCEPC	41.00		597.78 I	
				CATEGORY	41.00	0.00	 597.78	

RUN DATE	03/28/12 -	SUP SUNN	YSIDE CITYWIDE				PAGE 1 - 114	
SALES JRN	L # 0274	LOC 001	SUNNYSIDE CITYWIDE	REG NY NY			VCP CHOICE LHCSA	
			\$	SALES REGISTER			BILL WEEK ENDING 3/3	30/12
INVOICE#	DATE	CUST NO	CUSTOMER NAME	REFERENCE	HOURS	TAX AMT	AMOUNT TYP SUF	RPLUS
188914	3/23/12	800000	VISITING NURSE SERVICE	GARCIA, JOSEFIN	56.00		816.48 I	
				CATEGORY	56.00	0.00	816.48	

RUN DATE 03/28/13 SALES JRNL # 027		SUNNYSIDE CITYWIDE	REG NY NY SALES REGISTER			PAGE 1 - LTC NURSING HO BILL WEEK END	OMEW/O WALLS (LT
INVOICE# DATE	CUST NO	CUSTOMER NAME	REFERENCE	HOURS	TAX AMT	AMOUNT	TYP SURPLUS
188915 3/02/1: 188916 3/23/1: 188917 3/23/1: 188918 3/23/1:	2 000008 2 000008	VISITING NURSE SERVICE VISITING NURSE SERVICE VISITING NURSE SERVICE VISITING NURSE SERVICE	GARCIA, OLGA GARY, MIKE	6.00 30.00 35.00 40.00		87.48 437.40 510.30 583.20	I I I
			CUSTOMER	111.00	0.00	1,618.38	
			CATEGORY	 111.00	0.00	1,618.38	

RUN DATE (03/28/12 -	- SUP SUNN	YSIDE CITYWIDE				PAGE 1 - 1	116	
SALES JRNI	L # 0274	LOC 001	SUNNYSIDE CITYWIDE	REG NY NY			VCP CHOICE LHCSA		
			5	BALES REGISTER			BILL WEEK ENDING	3/30/12	
INVOICE#	DATE	CUST NO	CUSTOMER NAME	REFERENCE	HOURS	TAX AMT	AMOUNT TYP	SURPLUS	
188919	3/23/12	000008	VISITING NURSE SERVICE	GEORGE, MERCEDE	48.75		710.78 I		
				CATEGORY	48.75	0.00	710.78		
		SALES JRNL # 0274 INVOICE# DATE	SALES JRNL # 0274 LOC 001 INVOICE# DATE CUST NO	INVOICE# DATE CUST NO CUSTOMER NAME	SALES JRNL # 0274 LOC 001 SUNNYSIDE CITYWIDE REG NY NY S A L E S R E G I S T E R INVOICE# DATE CUST NO CUSTOMER NAME REFERENCE 188919 3/23/12 000008 VISITING NURSE SERVICE GEORGE, MERCEDE	SALES JRNL # 0274 LOC 001 SUNNYSIDE CITYWIDE REG NY NY S A L E S R E G I S T E R INVOICE# DATE CUST NO CUSTOMER NAME REFERENCE HOURS 188919 3/23/12 000008 VISITING NURSE SERVICE GEORGE, MERCEDE 48.75	SALES JRNL # 0274 LOC 001 SUNNYSIDE CITYWIDE REG NY NY S A L E S R E G I S T E R INVOICE# DATE CUST NO CUSTOMER NAME REFERENCE HOURS TAX AMT 188919 3/23/12 000008 VISITING NURSE SERVICE GEORGE, MERCEDE 48.75	SALES JRNL # 0274 LOC 001 SUNNYSIDE CITYWIDE REG NY NY VCP CHOICE LHCSA BILL WEEK ENDING INVOICE# DATE CUST NO CUSTOMER NAME REFERENCE HOURS TAX AMT AMOUNT TYP 188919 3/23/12 000008 VISITING NURSE SERVICE GEORGE, MERCEDE 48.75 710.78 I	SALES JRNL # 0274 LOC 001 SUNNYSIDE CITYWIDE REG NY NY SALES REGISTER VCP CHOICE LHCSA BILL WEEK ENDING 3/30/12 INVOICE# DATE CUST NO CUSTOMER NAME REFERENCE HOURS TAX AMT AMOUNT TYP SURPLUS 188919 3/23/12 000008 VISITING NURSE SERVICE GEORGE, MERCEDE 48.75 710.78 I

	RUN DATE	03/28/12 -	SUP SUNN	YSIDE CITYWIDE				PAGE 1 -	117
	SALES JRN	L # 0274	LOC 001	SUNNYSIDE CITYWIDE	REG NY NY			LTC NURSING HOME	W/O WALLS (LT
				S	SALES REGISTER			BILL WEEK ENDING	3/30/12
	INVOICE#	DATE	CUST NO	CUSTOMER NAME	REFERENCE	HOURS	TAX AMT	AMOUNT TYP	SURPLUS
	188920	3/23/12	800000	VISITING NURSE SERVICE	GIORGIO, WILLIA	44.75		652.46 I	
ı									
1					CATEGORY	44.75	0.00	652.46	

RUN DATE	03/28/12 -	- SUP SUNN	YSIDE CITYWIDE				PAGE 1 - 1	.18	
SALES JRN	L # 0274	LOC 001		REG NY NY			HOA HOSPICE ADULT		
			S	SALES REGISTER			BILL WEEK ENDING	3/30/12	
INVOICE#	DATE	CUST NO	CUSTOMER NAME	REFERENCE	HOURS	TAX AMT	AMOUNT TYP	SURPLUS	
188921	3/23/12	800000	VISITING NURSE SERVICE	GIUNTA, MADELIN	20.00		291.60 I		
				CATEGORY	20.00	0.00	291.60		

RUN DATE	03/28/12 -	- SUP SUNN	YSIDE CITYWIDE				PAGE 1 - 1	L19
SALES JRN	L # 0274	LOC 001	SUNNYSIDE CITYWIDE	REG NY NY			CCL CONGREGATE CA	ARE PROGRAM
			S	SALES REGISTER			BILL WEEK ENDING	3/30/12
INVOICE#	DATE	CUST NO	CUSTOMER NAME	REFERENCE	HOURS	TAX AMT	AMOUNT TYP	SURPLUS
188922	3/23/12	800000	VISITING NURSE SERVICE	GOLIGHTLY, OZEL	54.00		787.32 I	
				CATEGORY	54.00	0.00	787.32	

			NYSIDE CITYWIDE SUNNYSIDE CITYWIDE	REGNY NY SALES REGISTER			PAGE 1 VCP CHOICE LHCSA BILL WEEK ENDING	
INVOICE#	DATE	CUST NO		REFERENCE	HOURS	TAX AMT	AMOUNT TYP	SURPLUS
188923	3/23/12	000008	VISITING NURSE SERVICE	GOMEZ, JOSEFINA	25.00		364.50 I	
				CATEGORY	25.00	0.00	364.50	

RUN DATE SALES JRN		- SUP SUNN LOC 001	YSIDE CITYWIDE SUNNYSIDE CITYWIDE S	REGNY NY SALES REGISTER			PAGE 1 - LTC NURSING HOME BILL WEEK ENDING	
INVOICE#	DATE	CUST NO	CUSTOMER NAME	REFERENCE	HOURS	TAX AMT	AMOUNT TYP	SURPLUS
188924 188925 188926	3/16/12 3/23/12 3/23/12	000008 000008 000008	VISITING NURSE SERVICE VISITING NURSE SERVICE VISITING NURSE SERVICE	GOMEZ, ROSANA GOMEZ, ROSANA GOMEZ, VICTORIA	7.00 28.00 33.00		102.06 I 408.24 I 481.14 I	
				CUSTOMER	68.00	0.00	991.44	
				CATEGORY	 68.00	0.00	991.44	

RUN DATE (SALES JRN)			YSIDE CITYWIDE SUNNYSIDE CITYWIDE S	REG NY NY SALES REGISTER			PAGE 1 - 12 ADU ADULT BILL WEEK ENDING	3/30/12
INVOICE#	DATE	CUST NO	CUSTOMER NAME	REFERENCE	HOURS	TAX AMT	AMOUNT TYP	SURPLUS
188927	3/23/12	800000	VISITING NURSE SERVICE	GONZALEZ, CARLO	9.00		131.22 I	
				CATEGORY	9.00	0.00	131.22	

RUN DATE	03/28/12	- SUP SUNN	YSIDE CITYWIDE				PAGE 1 - 12	23
SALES JRN	L # 0274	LOC 001	SUNNYSIDE CITYWIDE	REG NY NY			VCP CHOICE LHCSA	
			5	SALES REGISTER			BILL WEEK ENDING	3/30/12
INVOICE#	DATE	CUST NO	CUSTOMER NAME	REFERENCE	HOURS	TAX AMT	AMOUNT TYP	SURPLUS
188928	3/23/12	800000	VISITING NURSE SERVICE	GONZALEZ, DOLOR	30.00		437.40 I	
				CATEGORY	30.00	0.00	437.40	

			YSIDE CITYWIDE SUNNYSIDE CITYWIDE S	REGNY NY SALES REGISTER			PAGE 1 - ADU ADULT BILL WEEK ENDII	111
INVOICE#	DATE	CUST NO	CUSTOMER NAME	REFERENCE	HOURS	TAX AMT	AMOUNT T	YP SURPLUS
188929	3/23/12	800000	VISITING NURSE SERVICE	GONZALEZ, ELADI	6.00		87.48	I
				CATEGORY	6.00	0.00	 87.48	

RUN DATE	03/28/12 -	- SUP SUNN	YSIDE CITYWIDE				PAGE 1 - 125	
SALES JRN	L # 0274	LOC 001	SUNNYSIDE CITYWIDE	REG NY NY			LTC NURSING HOMEW/O WA	LLS (LT
			;	SALES REGISTER			BILL WEEK ENDING 3/3	0/12
INVOICE#	DATE	CUST NO	CUSTOMER NAME	REFERENCE	HOURS	TAX AMT	AMOUNT TYP SUR	PLUS
188930	3/23/12	000008	VISITING NURSE SERVICE	GONZALEZ, ELSA	30.00		437.40 I	
188931	3/23/12	800000	VISITING NURSE SERVICE	GOVERDOVSKIY, N	9.00		131.22 I	
				CUSTOMER	39.00	0.00	568.62	
				CATEGORY	39.00	0.00	568.62	

RUN DATE	03/28/12 -	- SUP SUNN	YSIDE CITYWIDE				PAGE 1	- 126
SALES JRN	L # 0274	LOC 001	SUNNYSIDE CITYWIDE	REG NY NY			VCP CHOICE LH	ICSA
			5	SALES REGISTER			BILL WEEK END	OING 3/30/12
INVOICE#	DATE	CUST NO	CUSTOMER NAME	REFERENCE	HOURS	TAX AMT	AMOUNT	TYP SURPLUS
188932	3/23/12	000008	VISITING NURSE SERVICE	GOYES, ELBA	20.00		291.60	I
188933	3/23/12	800000	VISITING NURSE SERVICE	GRAVER, EDNA	24.50		357.21	I
				CUSTOMER	44.50	0.00	648.81	
				CODICIENT	11.50	0.00	010.01	
				CATEGORY	44.50	0.00	648.81	

RUN DATE SALES JRN				REGNY NY SALES REGISTER			PAGE 1 - 12 ADU ADULT BILL WEEK ENDING	3/30/12
INVOICE#	DATE	CUST NO	CUSTOMER NAME	REFERENCE	HOURS	TAX AMT	AMOUNT TYP	SURPLUS
188934	3/23/12	800000	VISITING NURSE SERVICE	GREGORETTI, JOH	6.00		87.48 I	
				CATEGORY	6.00	0.00	87.48	

RUN DATE	03/28/12 -	- SUP SUNN	YSIDE CITYWIDE				PAGE 1 -	128
SALES JRN	L # 0274	LOC 001	SUNNYSIDE CITYWIDE	REG NY NY			LAA LOMBARDI AI	DS ADULT POPUL
				SALES REGISTER			BILL WEEK ENDIN	IG 3/30/12
INVOICE#	DATE	CUST NO	CUSTOMER NAME	REFERENCE	HOURS	TAX AMT	AMOUNT TY	P SURPLUS
188935	3/09/12	000008	VISITING NURSE SERVICE	GRESSINE, ARNOL	7.00		102.06 I	
188936	3/23/12	800000	VISITING NURSE SERVICE	GRESSINE, ARNOL	49.00		714.42 I	
				CUSTOMER	56.00	0.00	816.48	
				CATEGORY	 56.00	0.00	816.48	

RUN DATE	03/28/12 -	- SUP SUNN	YSIDE CITYWIDE				PAGE 1	- 12	29
SALES JRN	ъ # 0274	LOC 001	SUNNYSIDE CITYWIDE	REG NY NY			VCP CHOICE L	HCSA	
				SALES REGISTER			BILL WEEK EN	DING	3/30/12
INVOICE#	DATE	CUST NO	CUSTOMER NAME	REFERENCE	HOURS	TAX AMT	AMOUNT	TYP	SURPLUS
188937	3/23/12	000008	VISITING NURSE SERVICE	GUEVARA, ELENA	84.00		1,224.72	I	
188938	3/23/12	800000	VISITING NURSE SERVICE	GUTIERREZ, ANGE	40.00		583.20	I	
				CUSTOMER	124.00	0.00	1,807.92		
				CATEGORY	124.00	0.00	1,807.92		

ı	RUN DATE	03/28/12 -	SUP SUNN	YSIDE CITYWIDE				PAGE 1 - 1	130
ı	SALES JRN	L # 0274	LOC 001	SUNNYSIDE CITYWIDE	REG NY NY			LTC NURSING HOME	W/O WALLS (LT
ı					SALES REGISTER			BILL WEEK ENDING	3/30/12
ı									
ı	INVOICE#	DATE	CUST NO	CUSTOMER NAME	REFERENCE	HOURS	TAX AMT	AMOUNT TYP	SURPLUS
ı									
ı	188939	3/23/12	800000	VISITING NURSE SERVICE	GUTIERREZ, JOSE	33.50		488.43 I	
ı									
ı						22 50		400 43	
ı					CATEGORY	33.50	0.00	488.43	

RUN DATE (YSIDE CITYWIDE SUNNYSIDE CITYWIDE	REG NY NY			PAGE 1 - 131 ADU ADULT	
	- "			SALES REGISTER			BILL WEEK ENDING 3/30/12	
INVOICE#	DATE	CUST NO	CUSTOMER NAME	REFERENCE	HOURS	TAX AMT	AMOUNT TYP SURPLUS	
188940	3/23/12	800000	VISITING NURSE SERVICE	HENAO, VICTORIA	8.00		116.64 I	
				CATEGORY	8.00	0.00	116.64	

RUN DATE	03/28/12 -	- SUP SUNN	YSIDE CITYWIDE				PAGE 1 -	- 132	
SALES JRN	IL # 0274	LOC 001	SUNNYSIDE CITYWIDE	REG NY NY			VCP CHOICE LHO		
			S	SALES REGISTER			BILL WEEK END	3/30	/12
INVOICE#	DATE	CUST NO	CUSTOMER NAME	REFERENCE	HOURS	TAX AMT	AMOUNT 7	YP SURP	LUS
188941	3/23/12	800000	VISITING NURSE SERVICE	HENDY, BERNICE	17.00		247.86	I	
				CATEGORY	17.00	0.00	247.86		

RUN DATE 03/28 SALES JRNL # 0			REG NY NY SALES REGISTER			PAGE 1 ADU ADULT BILL WEEK ENI	- 13 DING	3/30/12
INVOICE# DAT	E CUST NO	CUSTOMER NAME	REFERENCE	HOURS	TAX AMT	AMOUNT	TYP	SURPLUS
188942 3/09 188943 3/23 188944 3/23	/12 000008	VISITING NURSE SERVICE VISITING NURSE SERVICE VISITING NURSE SERVICE	HENRIQUEZ, MARI HENRIQUEZ, MARI HERNANDEZ, MARI	4.50 55.50 42.00		65.61 809.19 612.36	I I I	
			CUSTOMER	102.00	0.00	1,487.16		
			CATEGORY	102.00	0.00	1,487.16		

RUN DATE SALES JRN		LOC 001		REG NY NY ALES REGISTER			PAGE 1 - VCP CHOICE LHCSA BILL WEEK ENDING	
INVOICE#	DATE	CUST NO	CUSTOMER NAME	REFERENCE	HOURS	TAX AMT	AMOUNT TYP	., ,
188945	3/23/12	000008	VISITING NURSE SERVICE	HERNANDEZ, MERC	36.00		524.88 I	
				CATEGORY	36.00	0.00	524.88	

RUN DATE	03/28/12 -	- SUP SUNN	YSIDE CITYWIDE				PAGE 1	- 135
SALES JRN	L # 0274	LOC 001	SUNNYSIDE CITYWIDE	REG NY NY			LTC NURSING H	HOMEW/O WALLS (LT
			\$	SALES REGISTER			BILL WEEK END	DING 3/30/12
INVOICE#	DATE	CUST NO	CUSTOMER NAME	REFERENCE	HOURS	TAX AMT	AMOUNT	TYP SURPLUS
188946	3/23/12	000008	VISITING NURSE SERVICE	HERRERA, ANGELA	24.00		349.92	I
188947	3/23/12	800000	VISITING NURSE SERVICE	HERRERA, HORACI	25.00		364.50	I
188948	3/23/12	800000	VISITING NURSE SERVICE	HUNGRIA, SABINA	40.00		583.20	I
				CHGEOMED		0.00	1 207 62	
				CUSTOMER	89.00	0.00	1,297.62	
				CATEGORY	89.00	0.00	1,297.62	

RUN DATE (YSIDE CITYWIDE SUNNYSIDE CITYWIDE	REG NY NY SALES REGISTER			PAGE 1 - 136 ADU ADULT BILL WEEK ENDING 3	3/30/12
INVOICE#	DATE	CUST NO	CUSTOMER NAME	REFERENCE	HOURS	TAX AMT	AMOUNT TYP S	SURPLUS
188949	3/23/12	000008	VISITING NURSE SERVICE	IANNELLO, ROSE	4.00		58.32 I	
				CATEGORY	4.00	0.00	58.32	

ı	RUN DATE	03/28/12 -	- SUP SUNN	YSIDE CITYWIDE				PAGE 1 - 137	
ı	SALES JRN	L # 0274	LOC 001	SUNNYSIDE CITYWIDE	REG NY NY			VCP CHOICE LHCSA	
ı				5	SALES REGISTER			BILL WEEK ENDING 3/3	0/12
ı									
ı	INVOICE#	DATE	CUST NO	CUSTOMER NAME	REFERENCE	HOURS	TAX AMT	AMOUNT TYP SURI	PLUS
ı									
ı	188950	3/23/12	800000	VISITING NURSE SERVICE	IBASCO, SOFIA	20.00		291.60 I	
ı									
ı									
ı					CATEGORY	20.00	0.00	291.60	

RUN DATE 03	/28/12 - SUP SUNI	NYSIDE CITYWIDE				PAGE 1 -	- 138
SALES JRNL	# 0274 LOC 001	SUNNYSIDE CITYWIDE	REG NY NY			LAA LOMBARDI A	AIDS ADULT POPUL
		S	SALES REGISTER			BILL WEEK END	ING 3/30/12
INVOICE# I	DATE CUST NO	CUSTOMER NAME	REFERENCE	HOURS	TAX AMT	AMOUNT 7	TYP SURPLUS
188951 2	/24/12 000008	VISITING NURSE SERVICE	INOSTROZA, RAPH	8.00		116.64	I
	/23/12 000008	VISITING NURSE SERVICE	INOSTROZA, RAPH	41.75		608.72	I
			CUSTOMER	49.75	0.00	725.36	
			CATEGORY	49.75	0.00	725.36	

ı	RUN DATE	03/28/12 -	- SUP SUNN	YSIDE CITYWIDE				PAGE 1 - 13	19
ı	SALES JRN	L # 0274	LOC 001	SUNNYSIDE CITYWIDE	REG NY NY			VCP CHOICE LHCSA	
				5	SALES REGISTER			BILL WEEK ENDING	3/30/12
	INVOICE#	DATE	CUST NO	CUSTOMER NAME	REFERENCE	HOURS	TAX AMT	AMOUNT TYP	SURPLUS
	188953	3/23/12	800000	VISITING NURSE SERVICE	INSERRA, CATHER	1.00		14.58 I	
					CATEGORY	1.00	0.00	14.58	

RUN DATE SALES JRN			YSIDE CITYWIDE SUNNYSIDE CITYWIDE	REG NY NY SALES REGISTER			PAGE 1 - 14 ADU ADULT BILL WEEK ENDING	3/30/12
INVOICE#	DATE	CUST NO	CUSTOMER NAME	REFERENCE	HOURS	TAX AMT	AMOUNT TYP	SURPLUS
188954	3/23/12	800000	VISITING NURSE SERVICE	INSERRA, CATHER	14.00		204.12 I	
				CATEGORY	14.00	0.00	204.12	

RUN DATE SALES JRN		- SUP SUNN LOC 001	YSIDE CITYWIDE SUNNYSIDE CITYWIDE	REG NY NY			CCL CONGREGA		RE PROGRAM
			2	SALES REGISTER			BILL WEEK EN	DING	3/30/12
INVOICE#	DATE	CUST NO	CUSTOMER NAME	REFERENCE	HOURS	TAX AMT	AMOUNT	TYP	SURPLUS
188955	3/02/12	800000	VISITING NURSE SERVICE	IRUSTA, MARIA	3.00		43.74	I	
188956	3/16/12	800000	VISITING NURSE SERVICE	IRUSTA, MARIA	3.00		43.74	I	
188957	3/23/12	800000	VISITING NURSE SERVICE	IRUSTA, MARIA	9.00		131.22	I	
				CUSTOMER	15.00	0.00	218.70		
				CATEGORY	15.00	0.00	218.70		

RUN DATE	03/28/12 -	- SUP SUNN	YSIDE CITYWIDE				PAGE 1 - 142	
SALES JRN	L # 0274	LOC 001	SUNNYSIDE CITYWIDE	REG NY NY			VCP CHOICE LHCSA	
			S	SALES REGISTER			BILL WEEK ENDING 3/30/12	3
T1770 T GT	53.00	GTTGT 370	GUGEROVED WAVE		******			_
INVOICE#	DATE	CUST NO	CUSTOMER NAME	REFERENCE	HOURS	TAX AMT	AMOUNT TYP SURPLUS	j
188958	3/23/12	000008	VISITING NURSE SERVICE	ISKENDERIAN, KA	30.00		437.40 I	
				CATEGORY	30.00	0.00	437.40	

RUN DATE	03/28/12 -	- SUP SUNN	YSIDE CITYWIDE				PAGE 1 -	143
SALES JRN	ъ # 0274	LOC 001	SUNNYSIDE CITYWIDE	REG NY NY			LTC NURSING HOME	W/O WALLS (LT
				SALES REGISTER			BILL WEEK ENDING	3/30/12
INVOICE#	DATE	CUST NO	CUSTOMER NAME	REFERENCE	HOURS	TAX AMT	AMOUNT TYP	SURPLUS
188959	3/23/12	800000	VISITING NURSE SERVICE	JAKLITSCH, ELIZ	35.50		517.59 I	
				CATEGORY	35.50	0.00	517.59	

RUN DATE	03/28/12 -	- SUP SUNN	YSIDE CITYWIDE				PAGE 1 - 14	4
SALES JRN	L # 0274	LOC 001	SUNNYSIDE CITYWIDE	REG NY NY			VCP CHOICE LHCSA	
			\$	SALES REGISTER			BILL WEEK ENDING	3/30/12
INVOICE#	DATE	CUST NO	CUSTOMER NAME	REFERENCE	HOURS	TAX AMT	AMOUNT TYP	SURPLUS
188960	3/23/12	800000	VISITING NURSE SERVICE	JARA DEURUCHIM,	5.00		72.90 I	
				CATEGORY	5.00	0.00	72.90	

RUN DATE	03/28/12 -	- SUP SUNN	YSIDE CITYWIDE				PAGE 1 - 145	
SALES JRN	և # 0274	LOC 001	SUNNYSIDE CITYWIDE	REG NY NY			ADU ADULT	
			S	BALES REGISTER			BILL WEEK ENDING	3/30/12
INVOICE#	DATE	CUST NO	CUSTOMER NAME	REFERENCE	HOURS	TAX AMT	AMOUNT TYP	SURPLUS
188961	3/23/12	800000	VISITING NURSE SERVICE	JASZKOWSKI, GEN	3.75		54.68 I	
				CATEGORY	3.75	0.00	54.68	

			YSIDE CITYWIDE				PAGE 1	- 14	16
SALES JRN	IL # 0274	LOC 001		REG NY NY			VCP CHOICE L		2 / 2 2 / 1 2
			2	SALES REGISTER			BILL WEEK EN	DING	3/30/12
INVOICE#	DATE	CUST NO	CUSTOMER NAME	REFERENCE	HOURS	TAX AMT	AMOUNT	TYP	SURPLUS
188962	3/09/12	000008	VISITING NURSE SERVICE	JEWAT, LUCILLE	11.00		160.38	I	
188963	3/23/12	800000	VISITING NURSE SERVICE	JEWAT, LUCILLE	75.75		1,104.45	I	
188964	3/23/12	800000	VISITING NURSE SERVICE	JHAVERI, RAMESH	24.00		349.92	I	
				CUSTOMER	110.75	0.00	1,614.75		
				CATEGORY	110.75	0.00	1,614.75		

RUN DATE	03/28/12 -	SUP SUNN	YSIDE CITYWIDE				PAGE 1 - 1	.47
SALES JRN	L # 0274	LOC 001	SUNNYSIDE CITYWIDE	REG NY NY			HOA HOSPICE ADULT	
			S	SALES REGISTER			BILL WEEK ENDING	3/30/12
INVOICE#	DATE	CUST NO	CUSTOMER NAME	REFERENCE	HOURS	TAX AMT	AMOUNT TYP	SURPLUS
188965	3/23/12	800000	VISITING NURSE SERVICE	JIANNARAS, ANNA	69.25		1,009.67 I	
				CATEGORY	69.25	0.00	1,009.67	

F	RUN DATE	03/28/12 -	SUP SUNN	YSIDE CITYWIDE				PAGE 1 - 1	148
5	SALES JRN	L # 0274	LOC 001	SUNNYSIDE CITYWIDE	REG NY NY			LTC NURSING HOME	N/O WALLS (LT
				S	SALES REGISTER			BILL WEEK ENDING	3/30/12
1	INVOICE#	DATE	CUST NO	CUSTOMER NAME	REFERENCE	HOURS	TAX AMT	AMOUNT TYP	SURPLUS
1	188966	3/23/12	800000	VISITING NURSE SERVICE	JIMENEZ, ALTAGR	24.50		357.21 I	
1									
					CATEGORY	24.50	0.00	357.21	

			YSIDE CITYWIDE				PAGE 1 -	- 149
SALES JRN	ъ # 0274	LOC 001	SUNNYSIDE CITYWIDE	REG NY NY			ADU ADULT	
			S	SALES REGISTER			BILL WEEK ENDI	ING 3/30/12
INVOICE#	DATE	CUST NO	CUSTOMER NAME	REFERENCE	HOURS	TAX AMT	AMOUNT T	YP SURPLUS
188967	3/23/12	000008	VISITING NURSE SERVICE	JIMENEZ, BETTY	20.00		291.60	I
188968	3/23/12	800000	VISITING NURSE SERVICE	JOHNSON, DOROTH	20.00		291.60	I
				CUSTOMER	40.00	0.00	583.20	
				COSTOMER	40.00	0.00	303.20	
				CATEGORY	40.00	0.00	583.20	

RUN DATE	03/28/12 -	- SUP SUNN	YSIDE CITYWIDE				PAGE 1 - 1	50
SALES JRN	IL # 0274	LOC 001	SUNNYSIDE CITYWIDE	REG NY NY			VCP CHOICE LHCSA	
			:	SALES REGISTER			BILL WEEK ENDING	3/30/12
INVOICE#	DATE	CUST NO	CUSTOMER NAME	REFERENCE	HOURS	TAX AMT	AMOUNT TYP	SURPLUS
188969	3/23/12	800000	VISITING NURSE SERVICE	JOHNSON, FANNY	18.50		269.73 I	
				CATEGORY	18.50	0.00	269.73	

			YSIDE CITYWIDE				PAGE 1 - 151	
SALES	JRNL # 0274	LOC 001	SUNNYSIDE CITYWIDE	REG NY NY			ADU ADULT	
				SALES REGISTER			BILL WEEK ENDING 3/30/12	
INVOIC	E# DATE	CUST NO	CUSTOMER NAME	REFERENCE	HOURS	TAX AMT	AMOUNT TYP SURPLUS	
188970	3/23/12	800000	VISITING NURSE SERVICE	JOHNSON, ROBERT	8.00		116.64 I	
				CATEGORY	8.00	0.00	116.64	

RUN DATE 03/28/12 SALES JRNL # 0274		SUNNYSIDE CITYWIDE	REG NY NY SALES REGISTER			PAGE 1 - LTC NURSING HOME BILL WEEK ENDING	
INVOICE# DATE	CUST NO	CUSTOMER NAME	REFERENCE	HOURS	TAX AMT	AMOUNT TYP	.,
188971 3/16/12 188972 3/23/12 188973 3/16/12 188974 3/23/12	000008 000008 000008	VISITING NURSE SERVICE VISITING NURSE SERVICE VISITING NURSE SERVICE VISITING NURSE SERVICE	JORRIN, HORTENS JORRIN, HORTENS JORRIN, NILIO JORRIN, NILIO	5.00 24.25 5.00 39.00		72.90 I 353.58 I 72.90 I 568.62 I	
			CUSTOMER	73.25	0.00	1,068.00	
			CATEGORY	73.25	0.00	1,068.00	

			YSIDE CITYWIDE				PAGE 1 - 153	
SALES JRN	L # 0274	LOC 001	SUNNYSIDE CITYWIDE	REG NY NY			ADU ADULT	
				SALES REGISTER			BILL WEEK ENDING 3/30/12	
INVOICE#	DATE	CUST NO	CUSTOMER NAME	REFERENCE	HOURS	TAX AMT	AMOUNT TYP SURPLUS	
100055	2 / 2 2 / 1 2				15.00		010 70 -	
188975	3/23/12	000008	VISITING NURSE SERVICE	KAKOULLIS, FAY	15.00		218.70 I	
				CATEGORY	15.00	0.00	218.70	
1								

			YSIDE CITYWIDE				PAGE 1	- 15	54
SALES JRN	IL # 0274	LOC 001	SUNNYSIDE CITYWIDE	REG NY NY			VCP CHOICE L		2 / 2 2 / 1 2
				SALES REGISTER			BILL WEEK EN	DING	3/30/12
INVOICE#	DATE	CUST NO	CUSTOMER NAME	REFERENCE	HOURS	TAX AMT	AMOUNT	TYP	SURPLUS
188976	3/23/12	000008	VISITING NURSE SERVICE	KAUR, SHARAN	51.00		743.58	I	
188977	3/23/12	800000	VISITING NURSE SERVICE	KEARNEY, LORRAI	20.00		291.60	I	
				CUSTOMER	71.00	0.00	1,035.18		
				CATEGORY	71.00	0.00	1,035.18		

RUN DATE	03/28/12 -	- SUP SUNN	YSIDE CITYWIDE				PAGE 1 - 155
SALES JRN	L # 0274	LOC 001	SUNNYSIDE CITYWIDE	REG NY NY			ADU ADULT
				SALES REGISTER			BILL WEEK ENDING 3/30/12
INVOICE#	DATE	CUST NO	CUSTOMER NAME	REFERENCE	HOURS	TAX AMT	AMOUNT TYP SURPLUS
188978	3/23/12	800000	VISITING NURSE SERVICE	KILIMLIAN, PEPR	48.00		699.84 I
					40.00		
				CATEGORY	48.00	0.00	699.84

RUN DATE SALES JRN		SUP SUNN LOC 001	YSIDE CITYWIDE 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 TYP	
188979	3/23/12	800000	VISITING NURSE SERVICE	KOUTROUBAS, THE	56.00		816.48 I	
				CATEGORY	56.00	0.00	816.48	

			YSIDE CITYWIDE	DEG 1991				.57
SALES JRN	L # U2/4	LOC 001	SUNNYSIDE CITYWIDE	REGNY NY SALES REGISTER			ADU ADULT BILL WEEK ENDING	3/30/12
INVOICE#	DATE	CUST NO	CUSTOMER NAME	REFERENCE	HOURS	TAX AMT	AMOUNT TYP	SURPLUS
188980	3/23/12	800000	VISITING NURSE SERVICE	LANDAU, BERNARD	15.00		218.70 I	
				CATEGORY	15.00	0.00	218.70	

RUN DATE	03/28/12 -	- SUP SUNN	YSIDE CITYWIDE				PAGE 1 - 1	.58
SALES JRI	NL # 0274	LOC 001	SUNNYSIDE CITYWIDE	REG NY NY			VCP CHOICE LHCSA	
			\$	SALES REGISTER			BILL WEEK ENDING	3/30/12
INVOICE#	DATE	CUST NO	CUSTOMER NAME	REFERENCE	HOURS	TAX AMT	AMOUNT TYP	SURPLUS
188981	3/23/12	800000	VISITING NURSE SERVICE	LARA-MORA, BELE	56.50		823.77 I	
				CATEGORY	56.50	0.00	823.77	

RUN DATE	03/28/12 -	- SUP SUNN	YSIDE CITYWIDE				PAGE 1	- 159
SALES JRN	L # 0274	LOC 001	SUNNYSIDE CITYWIDE	REG NY NY				OMEW/O WALLS (LT
			:	SALES REGISTER			BILL WEEK END	ING 3/30/12
INVOICE#	DATE	CUST NO	CUSTOMER NAME	REFERENCE	HOURS	TAX AMT	AMOUNT	TYP SURPLUS
188982	3/16/12	000008	VISITING NURSE SERVICE	LEE, KATHLEEN	4.00		58.32	I
188983	3/23/12	800000	VISITING NURSE SERVICE	LEE, KATHLEEN	16.00		233.28	I
188984	3/23/12	800000	VISITING NURSE SERVICE	LEGASPI, CECILI	16.00		233.28	I
				CUSTOMER	36.00	0.00	524.88	
				CATEGORY	36.00	0.00	524.88	

RUN DATE 0 SALES JRNL				REG NY NY A L E S R E G I S T E R			PAGE 1 ADU ADULT BILL WEEK END	- 16 OING	0 3/30/12
INVOICE#	DATE	CUST NO	CUSTOMER NAME	REFERENCE	HOURS	TAX AMT	AMOUNT	TYP	SURPLUS
	3/23/12 3/23/12	000008 000008	VISITING NURSE SERVICE VISITING NURSE SERVICE	LEON, EMMA LEVENDIS, GEORG	5.00 15.00		72.90 218.70	I	
				CUSTOMER	20.00	0.00	291.60		
				CATEGORY	20.00	0.00	291.60		

- 1				YSIDE CITYWIDE				PAGE 1 -	
	SALES JRN	ъ # 0274	LOC 001	SUNNYSIDE CITYWIDE	REG NY NY			VCP CHOICE LHCS	
ı					SALES REGISTER			BILL WEEK ENDING	G 3/30/12
	INVOICE#	DATE	CUST NO	CUSTOMER NAME	REFERENCE	HOURS	TAX AMT	AMOUNT TY	P SURPLUS
	188987	3/23/12	800000	VISITING NURSE SERVICE	LEWIS, CATHERIN	48.00		699.84 I	
١					CATEGORY	48.00	0.00	699.84	

RUN DATE SALES JRN		- SUP SUNN LOC 001	YSIDE CITYWIDE SUNNYSIDE CITYWIDE	REG NY NY			PAGE 1 ADU ADULT	- 16	52
				SALES REGISTER			BILL WEEK EN	DING	3/30/12
INVOICE#	DATE	CUST NO	CUSTOMER NAME	REFERENCE	HOURS	TAX AMT	AMOUNT	TYP	SURPLUS
188988 188989	3/23/12 3/23/12	800000 800000	VISITING NURSE SERVICE VISITING NURSE SERVICE	LIMANDRI, FRANC LINARES, MYRIAM	56.00 24.00		816.48 349.92	I I	
				CUSTOMER	80.00	0.00	1,166.40		
				CATEGORY	80.00	0.00	1,166.40		

ı	RUN DATE	03/28/12	- SUP SUNN	YSIDE CITYWIDE				PAGE 1 - 163	
ı	SALES JRN	L # 0274	LOC 001	SUNNYSIDE CITYWIDE	REG NY NY			VCP CHOICE LHCSA	
				5	SALES REGISTER			BILL WEEK ENDING	3/30/12
	INVOICE#	DATE	CUST NO	CUSTOMER NAME	REFERENCE	HOURS	TAX AMT	AMOUNT TYP	SURPLUS
	188990	3/23/12	800000	VISITING NURSE SERVICE	LIRIANO, FRANCI	70.00		1,020.60 I	
					CATEGORY	70.00	0.00	1,020.60	

RUN DATE 03/28/1 SALES JRNL # 027		SUNNYSIDE CITYWIDE	REG NY NY SALES REGISTER			PAGE 1 - ADU ADULT BILL WEEK ENDI	
			SALES REGISIER	-		PILL MEEV ENDI	.NG 3/30/12
INVOICE# DATE	CUST NO	CUSTOMER NAME	REFERENCE	HOURS	TAX AMT	AMOUNT T	YP SURPLUS
188991 2/03/1 188992 3/23/1 188993 3/23/1	2 000008	VISITING NURSE SERVICE VISITING NURSE SERVICE VISITING NURSE SERVICE	LITSAS, MARTHA LITSAS, MARTHA LLANES, ELEAZER	1.00 25.00 20.00		14.58 364.50 291.60	I I
			CUSTOMER	46.00	0.00	670.68	
			CATEGORY	46.00	0.00	670.68	

RUN DATE	03/28/12 -	- SUP SUNN	YSIDE CITYWIDE				PAGE 1	- 16	5
SALES JRN	L # 0274	LOC 001	SUNNYSIDE CITYWIDE	REG NY NY			LTC NURSING H	HOMEW/	O WALLS (LT
			Ş	S A L E S R E G I S T E R			BILL WEEK ENI	DING	3/30/12
INVOICE#	DATE	CUST NO	CUSTOMER NAME	REFERENCE	HOURS	TAX AMT	AMOUNT	TYP	SURPLUS
188994	3/16/12	000008	VISITING NURSE SERVICE	LOCORRIERE, JOS	8.00		116.64	I	
188995	3/23/12	800000	VISITING NURSE SERVICE	LOCORRIERE, JOS	56.00		816.48	I	
188996	3/23/12	800000	VISITING NURSE SERVICE	LOGAN, ADELE	42.00		612.36	I	
							1 545 40		
				CUSTOMER	106.00	0.00	1,545.48		
				CATEGORY	106.00	0.00	1,545.48		

RUN DATE (03/28/12 -	SUP SUNN	YSIDE CITYWIDE				PAGE 1 - 1	66
SALES JRNI	L # 0274	LOC 001	SUNNYSIDE CITYWIDE	REG NY NY			VCP CHOICE LHCSA	
			5	SALES REGISTER			BILL WEEK ENDING	3/30/12
INVOICE#	DATE	CUST NO	CUSTOMER NAME	REFERENCE	HOURS	TAX AMT	AMOUNT TYP	SURPLUS
188997	3/23/12	800000	VISITING NURSE SERVICE	LONDONO, AMIRA	70.00		1,020.60 I	
				CATEGORY	70.00	0.00	1,020.60	

ı	RUN DATE	03/28/12 -	SUP SUNN	YSIDE CITYWIDE				PAGE 1 -	167
ı	SALES JRN	L # 0274	LOC 001	SUNNYSIDE CITYWIDE	REG NY NY			LTC NURSING HO	MEW/O WALLS (LT
				S	SALES REGISTER			BILL WEEK ENDI	NG 3/30/12
	INVOICE#	DATE	CUST NO	CUSTOMER NAME	REFERENCE	HOURS	TAX AMT	AMOUNT T	YP SURPLUS
	188998	3/23/12	800000	VISITING NURSE SERVICE	LONDONO, MARIA	12.00		174.96	I
ı					CATEGORY	12.00	0.00	174.96	

- 1	RUN DATE SALES JRN			YSIDE CITYWIDE SUNNYSIDE CITYWIDE	REG NY NY			PAGE 1 - VCP CHOICE LHC	
		- "			SALES REGISTER			BILL WEEK ENDI	-
	INVOICE#	DATE	CUST NO	CUSTOMER NAME	REFERENCE	HOURS	TAX AMT	AMOUNT T	YP SURPLUS
	188999	3/23/12	800000	VISITING NURSE SERVICE	LOPEZ, ANGELICA	35.00		510.30	I
ı									
ı					CATEGORY	35.00	0.00	510.30	

			YSIDE CITYWIDE				11102	- 16	
SALES JRN	L # 0274	LOC 001	SUNNYSIDE CITYWIDE	REG NY NY			AUR ADULT REF	_	
			5	SALES REGISTER			BILL WEEK END	JING	3/30/12
INVOICE#	DATE	CUST NO	CUSTOMER NAME	REFERENCE	HOURS	TAX AMT	AMOUNT	TYP	SURPLUS
189000	3/16/12	000008	VISITING NURSE SERVICE	LOPEZ, GRACIELA	6.00		87.48	I	
189001	3/23/12	800000	VISITING NURSE SERVICE	LOPEZ, GRACIELA	9.00		131.22	I	
				CUSTOMER	15.00	0.00	218.70		
				COSTOMER	13.00	0.00	210.70		
				CATEGORY	15.00	0.00	218.70		

	03/28/12 - IL # 0274			REG NY NY ALES REGISTER			PAGE 1 - 170 LTC NURSING HOMEW/O WALLS (LT BILL WEEK ENDING 3/30/12
INVOICE#	DATE	CUST NO	CUSTOMER NAME	REFERENCE	HOURS	TAX AMT	AMOUNT TYP SURPLUS
189002	3/23/12	800000	VISITING NURSE SERVICE	LOPEZ, MARIA	30.00		437.40 I
				CATEGORY	30.00	0.00	437.40

RUN DATE SALES JRN			YSIDE CITYWIDE SUNNYSIDE CITYWIDE S	REGNY NY SALES REGISTER			PAGE 1 - 1 ADU ADULT BILL WEEK ENDING	71 3/30/12
INVOICE#	DATE	CUST NO	CUSTOMER NAME	REFERENCE	HOURS	TAX AMT	AMOUNT TYP	SURPLUS
189003	3/23/12	800000	VISITING NURSE SERVICE	LOPEZDELCASTIL,	70.00		1,020.60 I	
				CATEGORY	70.00	0.00	1,020.60	

RUN DATE 03/28/12 -	SUP SUNN	YSIDE CITYWIDE				PAGE 1 - 172	
SALES JRNL # 0274	LOC 001	SUNNYSIDE CITYWIDE	REG NY NY			CCL CONGREGATE CARE P	
		5	SALES REGISTER			BILL WEEK ENDING 3/	30/12
INVOICE# DATE	CUST NO	CUSTOMER NAME	REFERENCE	HOURS	TAX AMT	AMOUNT TYP SU	RPLUS
189004 3/23/12	000008	VISITING NURSE SERVICE	LUCES, LETICIA	20.00		291.60 I	
	800000	VISITING NURSE SERVICE	LYMN, ANGIE	24.00		349.92 I	
			CUSTOMER	44.00	0.00	641.52	
			002101111		0.00		
			CATEGORY	44.00	0.00	641.52	

RUN DATE 03/ SALES JRNL ‡	/28/12 - SUP SUNN # 0274 LOC 001	SUNNYSIDE CITYWIDE	REGNY NY SALES REGISTER			PAGE 1 - 1 ADU ADULT BILL WEEK ENDING	73 3/30/12
INVOICE# I	DATE CUST NO	CUSTOMER NAME	REFERENCE	HOURS	TAX AMT	AMOUNT TYP	SURPLUS
189007 3/	/16/12 000008 /23/12 000008 /23/12 000008	VISITING NURSE SERVICE VISITING NURSE SERVICE VISITING NURSE SERVICE	LYNCH, FLORENCE LYNCH, FLORENCE MACCHIA, CATHY	2.00 3.00 41.00		29.16 I 43.74 I 597.78 I	
			CUSTOMER	46.00	0.00	670.68	
			CATEGORY	46.00	0.00	670.68	

RUN DATE	03/28/12 -	- SUP SUNN	YSIDE CITYWIDE				PAGE 1 - 174	
SALES JRN	IL # 0274	LOC 001		REG NY NY			CCL CONGREGATE CARE I	
			\$	SALES REGISTER			BILL WEEK ENDING 3,	/30/12
INVOICE#	DATE	CUST NO	CUSTOMER NAME	REFERENCE	HOURS	TAX AMT	AMOUNT TYP ST	URPLUS
189009	3/23/12	800000	VISITING NURSE SERVICE	MAGILLIGAN, LOR	25.00		364.50 I	
				CATEGORY	25.00	0.00	364.50	

			YSIDE CITYWIDE				PAGE 1 - 175	
SALES JRNI	և # 0274	LOC 001	SUNNYSIDE CITYWIDE	REG NY NY			VCP CHOICE LHCSA	/20/10
			2	SALES REGISTER			BILL WEEK ENDING 3,	/30/12
INVOICE#	DATE	CUST NO	CUSTOMER NAME	REFERENCE	HOURS	TAX AMT	AMOUNT TYP ST	URPLUS
189010	3/23/12	000008	VISITING NURSE SERVICE	MAGNANI, VINCEN	84.00		1,224.72 I	
				CATEGORY	84.00	0.00	1,224.72	

RUN DATE SALES JRN			YSIDE CITYWIDE SUNNYSIDE CITYWIDE	REG NY NY			PAGE 1 - 176 ADU ADULT	
			5	SALES REGISTER			BILL WEEK ENDING 3/30	0/12
INVOICE#	DATE	CUST NO	CUSTOMER NAME	REFERENCE	HOURS	TAX AMT	AMOUNT TYP SURE	PLUS
189011	3/23/12	000008	VISITING NURSE SERVICE	MAINA, NATALIE	4.00		58.32 I	
				CATEGORY	4.00	0.00	58.32	

RUN DATE SALES JRN		- SUP SUNN LOC 001	YSIDE CITYWIDE SUNNYSIDE CITYWIDE	REG NY NY			PAGE 1 VCP CHOICE L	- 17 HCSA	77
				SALES REGISTER			BILL WEEK EN	DING	3/30/12
INVOICE#	DATE	CUST NO	CUSTOMER NAME	REFERENCE	HOURS	TAX AMT	AMOUNT	TYP	SURPLUS
189012 189013	3/23/12 3/23/12	000008 000008	VISITING NURSE SERVICE VISITING NURSE SERVICE	- ,	20.00 75.75		291.60 1,104.44	I I	
	2, 22, 22		,	CUSTOMER	95.75	0.00	1,396.04		
				CATEGORY	95.75	0.00	1,396.04		

RUN DATE 03/	/28/12 - SUP SUNI	NYSIDE CITYWIDE				PAGE 1	- 178
SALES JRNL #	# 0274 LOC 001	SUNNYSIDE CITYWIDE	REG NY NY			LTC NURSING	HOMEW/O WALLS (LT
		:	SALES REGISTER			BILL WEEK EN	DING 3/30/12
INVOICE# D	DATE CUST NO	CUSTOMER NAME	REFERENCE	HOURS	TAX AMT	AMOUNT	TYP SURPLUS
189014 3/	/23/12 000008	VISITING NURSE SERVICE	MANOS, ARCHIE	56.00		816.48	I
189015 3/	/23/12 000008	VISITING NURSE SERVICE	MANOS, VASILIKE	28.00		408.24	I
			CUSTOMER	84.00	0.00	1,224.72	
			CATEGORY	84.00	0.00	1,224.72	

ı	RUN DATE	03/28/12 -	- SUP SUNN	YSIDE CITYWIDE				PAGE 1 - 1	.79
ı	SALES JRN	L # 0274	LOC 001	SUNNYSIDE CITYWIDE	REG NY NY			CCL CONGREGATE CA	RE PROGRAM
				Ş	SALES REGISTER			BILL WEEK ENDING	3/30/12
	INVOICE#	DATE	CUST NO	CUSTOMER NAME	REFERENCE	HOURS	TAX AMT	AMOUNT TYP	SURPLUS
	189016	3/23/12	800000	VISITING NURSE SERVICE	MARINO, ANN	24.00		349.92 I	
					CATEGORY	24.00	0.00	349.92	

			YSIDE CITYWIDE				PAGE 1 - 18	0
SALES JRN	L # 0274	LOC 001		REG NY NY			VCP CHOICE LHCSA BILL WEEK ENDING	3/30/12
			'	SALES REGISTER			BILL WEEK ENDING	3/30/12
INVOICE#	DATE	CUST NO	CUSTOMER NAME	REFERENCE	HOURS	TAX AMT	AMOUNT TYP	SURPLUS
100015	2 / 02 / 10	000000		Wanner Tenama	05 00		264 50 7	
189017	3/23/12	000008	VISITING NURSE SERVICE	MARMOL ESPINAL,	25.00		364.50 I	
				CATEGORY	25.00	0.00	364.50	

RUN DAT	E 03/28/12 -	- SUP SUNN	YSIDE CITYWIDE				PAGE 1 - 1	181
SALES J	RNL # 0274	LOC 001		REG NY NY			LTC NURSING HOME	
			5	SALES REGISTER			BILL WEEK ENDING	3/30/12
INVOICE	# DATE	CUST NO	CUSTOMER NAME	REFERENCE	HOURS	TAX AMT	AMOUNT TYP	SURPLUS
189018	3/23/12	800000	VISITING NURSE SERVICE	MARMOL, LIDIA	43.00		626.94 I	
				CATEGORY	43.00	0.00	626.94	

RUN DATE	03/28/12	- SUP SUNN	YSIDE CITYWIDE				PAGE 1 - 1	182
SALES JRN	L # 0274	LOC 001	SUNNYSIDE CITYWIDE	REG NY NY			ADU ADULT	
			5	SALES REGISTER			BILL WEEK ENDING	3/30/12
INVOICE#	DATE	CUST NO	CUSTOMER NAME	REFERENCE	HOURS	TAX AMT	AMOUNT TYP	SURPLUS
189019	3/23/12	800000	VISITING NURSE SERVICE	MARTIN, CHRISTO	4.00		58.32 I	
				CATEGORY	4.00	0.00	58.32	

			YSIDE CITYWIDE				PAGE 1 - 183	
SALES JRN	IL # 0274	LOC 001	SUNNYSIDE CITYWIDE	REG NY NY			VCP CHOICE LHCSA	
			·	SALES REGISTER			BILL WEEK ENDING	3/30/12
INVOICE#	DATE	CUST NO	CUSTOMER NAME	REFERENCE	HOURS	TAX AMT	AMOUNT TYP S	SURPLUS
189020	3/23/12	000008	VISITING NURSE SERVICE	MARTIN, ELAUCAD	12.00		174.96 I	
189021	3/23/12	800000	VISITING NURSE SERVICE	MARTINEZ, CAMIL	15.00		218.70 I	
				CUSTOMER	27.00	0.00	393.66	
				CATEGORY	27.00	0.00	393.66	

RU	JN DATE	03/28/12 -	- SUP SUNN	YSIDE CITYWIDE				PAGE 1 - 184	
SP	ALES JRN	L # 0274	LOC 001	SUNNYSIDE CITYWIDE	REG NY NY			CCL CONGREGATE CARE	PROGRAM
				S	SALES REGISTER			BILL WEEK ENDING	3/30/12
IN	NVOICE#	DATE	CUST NO	CUSTOMER NAME	REFERENCE	HOURS	TAX AMT	AMOUNT TYP	SURPLUS
18	39022	3/23/12	800000	VISITING NURSE SERVICE	MARTINEZ, ELENA	70.00		1,020.60 I	
					CATEGORY	70.00	0.00	1,020.60	

RUN DATE 03/28/3	12 - SUP SUNN	YSIDE CITYWIDE				PAGE 1	- 18	5
SALES JRNL # 02	74 LOC 001	SUNNYSIDE CITYWIDE	REG NY NY			VCP CHOICE L	HCSA	
		S	SALES REGISTER			BILL WEEK EN	DING	3/30/12
INVOICE# DATE	CUST NO	CUSTOMER NAME	REFERENCE	HOURS	TAX AMT	AMOUNT	TYP	SURPLUS
189023 3/23/3	12 000008	VISITING NURSE SERVICE	MARTINEZ, MARGA	30.00		437.40	I	
189024 3/16/2	12 000008	VISITING NURSE SERVICE	MARTINEZ, MARTA	6.00		87.48	I	
189025 3/23/3	12 000008	VISITING NURSE SERVICE	MARTINEZ, MARTA	41.50		605.08	I	
189026 3/23/3	12 000008	VISITING NURSE SERVICE	MARTINEZ, ROSA	84.00		1,224.72	I	
			CUSTOMER	161.50	0.00	2,354.68		
			CATEGORY	161.50	0.00	2,354.68		

- 1	RUN DATE SALES JRN		SUP SUNN LOC 001	YSIDE CITYWIDE SUNNYSIDE CITYWIDE	REG NY NY			PAGE 1 - 1: LTC NURSING HOMEW	
				:	SALES REGISTER			BILL WEEK ENDING	3/30/12
	INVOICE#	DATE	CUST NO	CUSTOMER NAME	REFERENCE	HOURS	TAX AMT	AMOUNT TYP	SURPLUS
	189027	3/23/12	800000	VISITING NURSE SERVICE	MARTINEZ, ROSAL	37.75		550.40 I	
					GA WINGODY.	27 75			
ı					CATEGORY	37.75	0.00	550.40	

RUN DATE SALES JRN		- SUP SUNN	YSIDE CITYWIDE SUNNYSIDE CITYWIDE	REG NY NY			PAGE 1 ADU ADULT	- 18	37
SALES URN	L # UZ/4	TOC 001		ALES REGISTER			BILL WEEK ENI	OTNG	3/30/12
			5				DIED WEEK BIVI	71110	3/30/12
INVOICE#	DATE	CUST NO	CUSTOMER NAME	REFERENCE	HOURS	TAX AMT	AMOUNT	TYP	SURPLUS
100000	2 (02 (10	000000		W1 CT 17 17 17 17 17 17 17 17 17 17 17 17 17	0.00		00.16	_	
189028	3/23/12	800000	VISITING NURSE SERVICE	MASTURZI, ANTON	2.00		29.16	Τ	
189029	3/23/12	800000	VISITING NURSE SERVICE	MATOS, ROSA	70.00		1,020.60	I	
189030	3/02/12	800000	VISITING NURSE SERVICE	MAZZONE, FRANCE	9.00		131.22	I	
189031	3/23/12	000008	VISITING NURSE SERVICE	MAZZONE, FRANCE	63.00		918.54	I	
189032	3/23/12	800000	VISITING NURSE SERVICE	MCBRAYER, SYLVI	168.00		2,449.44	I	
189033	3/23/12	800000	VISITING NURSE SERVICE	MCDUFFY, ALOMA	6.00		87.48	I	
				CUSTOMER	318.00	0.00	4,636.44		
				CATEGORY	318.00	0.00	4,636.44		

RUN DATE	03/28/12 -	- SUP SUNN	YSIDE CITYWIDE				PAGE 1 - 1	88
SALES JRN	L # 0274	LOC 001	SUNNYSIDE CITYWIDE	REG NY NY			VCP CHOICE LHCSA	
			:	SALES REGISTER			BILL WEEK ENDING	3/30/12
INVOICE#	DATE	CUST NO	CUSTOMER NAME	REFERENCE	HOURS	TAX AMT	AMOUNT TYP	SURPLUS
189034	3/23/12	800000	VISITING NURSE SERVICE	MCGUIRE, HELEN	56.00		816.48 I	
				CATEGORY	56.00	0.00	816.48	

RUN DATE SALES JRN		LOC 001	YSIDE CITYWIDE SUNNYSIDE CITYWIDE	REG NY NY SALES REGISTER			PAGE 1 - 189 ADU ADULT BILL WEEK ENDING 3/30/12
INVOICE#	DATE	CUST NO	CUSTOMER NAME	REFERENCE	HOURS	TAX AMT	AMOUNT TYP SURPLUS
189035	3/23/12	800000	VISITING NURSE SERVICE	MCPARTLAND, PHI	12.00		174.96 I
				CATEGORY	12.00	0.00	174.96

RUN DATE 0	3/28/12 -	SUP SUNN	YSIDE CITYWIDE				PAGE 1 - 19	0
SALES JRNL	# 0274	LOC 001	SUNNYSIDE CITYWIDE	REG NY NY			VCP CHOICE LHCSA	
			S	SALES REGISTER			BILL WEEK ENDING	3/30/12
INVOICE#	DATE	CUST NO	CUSTOMER NAME	REFERENCE	HOURS	TAX AMT	AMOUNT TYP	SURPLUS
189036	3/23/12	000008	VISITING NURSE SERVICE	MEJIA, DINORAH	20.00		291.60 I	
189037	3/23/12	800000	VISITING NURSE SERVICE	MEJIA, MARINA	24.00		349.92 I	
				CUSTOMER	44.00	0.00	641.52	
				CATEGORY	44.00	0.00	641.52	

R	RUN DATE	03/28/12 -	SUP SUNN	YSIDE CITYWIDE				PAGE 1 - 191	
S	SALES JRN	L # 0274	LOC 001	SUNNYSIDE CITYWIDE	REG NY NY			LTC NURSING HOMEW/O	WALLS (LT
				S	SALES REGISTER			BILL WEEK ENDING	3/30/12
I	INVOICE#	DATE	CUST NO	CUSTOMER NAME	REFERENCE	HOURS	TAX AMT	AMOUNT TYP	SURPLUS
1	L89038	3/23/12	800000	VISITING NURSE SERVICE	MEJIA, ROSA	37.25		543.11 I	
					CATEGORY	37.25	0.00	543.11	

ı	RUN DATE	03/28/12 -	- SUP SUNN	YSIDE CITYWIDE				PAGE 1 - 19	2
	SALES JRN	L # 0274	LOC 001	SUNNYSIDE CITYWIDE	REG NY NY			VCP CHOICE LHCSA	
					SALES REGISTER			BILL WEEK ENDING	3/30/12
	INVOICE#	DATE	CUST NO	CUSTOMER NAME	REFERENCE	HOURS	TAX AMT	AMOUNT TYP	SURPLUS
	189039	3/23/12	800000	VISITING NURSE SERVICE	MELILLO, GRACE	24.00		349.92 I	
					CATEGORY	24.00	0.00	349.92	

RUN DATE SALES JRN		SUP SUNN LOC 001	YSIDE CITYWIDE SUNNYSIDE CITYWIDE S	REG NY NY ALES REGISTER			PAGE 1 - 1 LAA LOMBARDI AIDS BILL WEEK ENDING	ADULT POPUL
INVOICE#	DATE	CUST NO	CUSTOMER NAME	REFERENCE	HOURS	TAX AMT	AMOUNT TYP	SURPLUS
189040	3/23/12	800000	VISITING NURSE SERVICE	MENDEZ, NELLY	25.00		364.50 I	
				CATEGORY	25.00	0.00	364.50	

			SUP SUNN LOC 001	YSIDE CITYWIDE SUNNYSIDE CITYWIDE	REG NY NY			ADU ADULT	194
T NT 7/	OICE#	DATE	CUST NO	CUSTOMER NAME	SALES REGISTER REFERENCE	HOURS	TAX AMT	BILL WEEK ENDING	-, ,
189		3/23/12		VISITING NURSE SERVICE		71.00	TAX AMI	1,035.18 I	SURPLUS
		-,,							
					CATEGORY	71.00	0.00	1,035.18	

RUN DATE	03/28/12 -	SUP SUNN	YSIDE CITYWIDE				PAGE 1 -	195
SALES JRN	L # 0274	LOC 001	SUNNYSIDE CITYWIDE	REG NY NY			LTC NURSING HOME	W/O WALLS (LT
			5	SALES REGISTER			BILL WEEK ENDING	3/30/12
INVOICE#	DATE	CUST NO	CUSTOMER NAME	REFERENCE	HOURS	TAX AMT	AMOUNT TYP	SURPLUS
189042	3/23/12	800000	VISITING NURSE SERVICE	MENDOZA, JULIO	39.00		568.62 I	
				CATEGORY	39.00	0.00	568.62	

	03/28/12 - IL # 0274		YSIDE CITYWIDE SUNNYSIDE CITYWIDE	REG NY NY SALES REGISTER			PAGE 1 - 196 VCP CHOICE LHCSA BILL WEEK ENDING 3	/30/12
INVOICE#	DATE	CUST NO	CUSTOMER NAME	REFERENCE	HOURS	TAX AMT	AMOUNT TYP S	URPLUS
189043	3/23/12	800000	VISITING NURSE SERVICE	MENDOZA, VALENT	20.00		291.60 I	
				CATEGORY	20.00	0.00	291.60	

RUN DATE (SUP SUNN	YSIDE CITYWIDE SUNNYSIDE CITYWIDE	REG NY NY			PAGE 1 - ADU ADULT	197
Brilles Gravi	L 0271	100 001		SALES REGISTER			BILL WEEK ENDING	G 3/30/12
INVOICE#	DATE	CUST NO	CUSTOMER NAME	REFERENCE	HOURS	TAX AMT	AMOUNT TYPE	P SURPLUS
189044	3/23/12	800000	VISITING NURSE SERVICE	MEYERS, BEATRIC	9.00		131.22 I	
				CATEGORY	9.00	0.00	131.22	

RUN DATE SALES JRN		- SUP SUNN LOC 001	YSIDE CITYWIDE SUNNYSIDE CITYWIDE S	REG NY NY SALES REGISTER			PAGE 1 VCP CHOICE LH BILL WEEK END	CSA	3/30/12
INVOICE#	DATE	CUST NO	CUSTOMER NAME	REFERENCE	HOURS	TAX AMT	AMOUNT	TYP	SURPLUS
189045 189046 189047	3/23/12 3/23/12 3/23/12	000008 000008 000008	VISITING NURSE SERVICE VISITING NURSE SERVICE VISITING NURSE SERVICE	MILEO, MARY MONSERRAT, DORI MONTES, MARTA	28.00 10.00 30.00		408.24 145.80 437.40	I I I	
				CUSTOMER	68.00	0.00	991.44		
				CATEGORY	68.00	0.00	991.44		

			YSIDE CITYWIDE				PAGE 1 - 19	9
SALES JRN	IL # 0274	LOC 001		REGNY NY SALES REGISTER			ADU ADULT	3/30/12
			•	SALES REGISIER			BILL WEEK ENDING	3/30/12
INVOICE#	DATE	CUST NO	CUSTOMER NAME	REFERENCE	HOURS	TAX AMT	AMOUNT TYP	SURPLUS
189048	3/23/12	000008	VISITING NURSE SERVICE	MOORE, JOSEPH	15.00		218.70 I	
				CATEGORY	15.00	0.00	218.70	

RUN DATE	03/28/12 -	- SUP SUNN	YSIDE CITYWIDE				PAGE 1 - :	200
SALES JRN	L # 0274	LOC 001	SUNNYSIDE CITYWIDE	REG NY NY			VCP CHOICE LHCSA	
			5	SALES REGISTER			BILL WEEK ENDING	3/30/12
INVOICE#	DATE	CUST NO	CUSTOMER NAME	REFERENCE	HOURS	TAX AMT	AMOUNT TYP	SURPLUS
189049	3/23/12	800000	VISITING NURSE SERVICE	MORAITIS, AGATH	35.00		510.30 I	
				CATEGORY	35.00	0.00	510.30	

RUN DATE	03/28/12 -	- SUP SUNN	NYSIDE CITYWIDE				PAGE 1 - :	201
SALES JRN	IL # 0274	LOC 001	SUNNYSIDE CITYWIDE	REG NY NY			LTC NURSING HOME	
			5	SALES REGISTER			BILL WEEK ENDING	3/30/12
INVOICE#	DATE	CUST NO	CUSTOMER NAME	REFERENCE	HOURS	TAX AMT	AMOUNT TYP	SURPLUS
189050	3/23/12	800000	VISITING NURSE SERVICE	MORALES, ANGELI	40.00		583.20 I	
				CATEGORY	40.00	0.00	583.20	

RUN DATE 0		SUP SUNN	YSIDE CITYWIDE SUNNYSIDE CITYWIDE	REG NY NY			PAGE 1 ADU ADULT	- 20	2
DIALES STATE	11 02/1	200 001		SALES REGISTER			BILL WEEK END	DING	3/30/12
INVOICE#	DATE	CUST NO	CUSTOMER NAME	REFERENCE	HOURS	TAX AMT	AMOUNT	TYP	SURPLUS
	3/23/12 3/23/12	000008 000008	VISITING NURSE SERVICE VISITING NURSE SERVICE		83.75 10.00		1,221.08 145.81	I	
100032	5/25/12	000000	VIDITING NORDE DERVICE	CUSTOMER	93.75	0.00	1,366.89		
				COSTOMER	93.73	0.00	1,300.09		
				CATEGORY	93.75	0.00	1,366.89		

RUN DATE	03/28/12 -	SUP SUNN	YSIDE CITYWIDE				PAGE 1 - 2	03
SALES JRN	L # 0274	LOC 001	SUNNYSIDE CITYWIDE	REG NY NY			VCP CHOICE LHCSA	
				SALES REGISTER			BILL WEEK ENDING	3/30/12
INVOICE#	DATE	CUST NO	CUSTOMER NAME	REFERENCE	HOURS	TAX AMT	AMOUNT TYP	SURPLUS
189053	3/23/12	800000	VISITING NURSE SERVICE	NAGY, GEORGE	30.00		437.40 I	
				CATEGORY	30.00	0.00	437.40	

ı	RUN DATE	03/28/12 -	- SUP SUNN	YSIDE CITYWIDE				PAGE 1 - 204	
ı	SALES JRN	L # 0274	LOC 001	SUNNYSIDE CITYWIDE	REG NY NY			CCL CONGREGATE CARE PRO)GRAM
				S	SALES REGISTER			BILL WEEK ENDING 3/30	//12
	INVOICE#	DATE	CUST NO	CUSTOMER NAME	REFERENCE	HOURS	TAX AMT	AMOUNT TYP SURF	LUS
	189054	3/23/12	800000	VISITING NURSE SERVICE	NAVARRO, MARIA	20.00		291.60 I	
١					CATEGORY	20.00	0.00	291.60	

			TYSIDE CITYWIDE	DDG NU NU			PAGE 1 - 2	205
SALES JRN	IL # U2/4	LOC 001	SUNNYSIDE CITYWIDE S	REG NY NY A L E S R E G I S T E R			VCP CHOICE LHCSA BILL WEEK ENDING	3/30/12
INVOICE#	DATE	CUST NO	CUSTOMER NAME	REFERENCE	HOURS	TAX AMT	AMOUNT TYP	SURPLUS
189055	3/23/12	800000	VISITING NURSE SERVICE	NELLINI, MARY	20.00		291.60 I	
				CATEGORY	20.00	0.00		

RUN DATE	03/28/12 -	SUP SUNN	YSIDE CITYWIDE				PAGE 1 - 206	
SALES JRN	L # 0274	LOC 001	SUNNYSIDE CITYWIDE	REG NY NY			LTC NURSING HOMEW/O WALLS (LT
			5	SALES REGISTER			BILL WEEK ENDING 3/30/12	
INVOICE#	DATE	CUST NO	CUSTOMER NAME	REFERENCE	HOURS	TAX AMT	AMOUNT TYP SURPLUS	
189056	3/23/12	800000	VISITING NURSE SERVICE	NIDO, MICHAEL	46.00		670.68 I	
				CATEGORY	46.00	0.00	670.68	

RUN DATE (03/28/12 -	- SUP SUNN	YSIDE CITYWIDE					PAGE 1	- 20)7
SALES JRNI	L # 0274	LOC 001	SUNNYSIDE CITYWIDE	REG NY	NY			CCL CONGREGA	TE CAR	RE PROGRAM
			S	SALES	REGISTER			BILL WEEK EN	DING	3/30/12
INVOICE#	DATE	CUST NO	CUSTOMER NAME	R	EFERENCE	HOURS	TAX AMT	AMOUNT	TYP	SURPLUS
189057	3/23/12	800000	VISITING NURSE SERVICE	NI	ETO RAMOS, JO	61.25		893.03	I	
1					CATEGORY	61.25	0.00	893.03		

			YSIDE CITYWIDE				11102	- 208
SALES JRN	IL # 0274	LOC 001	SUNNYSIDE CITYWIDE	REG NY NY			VCP CHOICE LH	
				SALES REGISTER			BILL WEEK END	ING 3/30/12
INVOICE#	DATE	CUST NO	CUSTOMER NAME	REFERENCE	HOURS	TAX AMT	AMOUNT	TYP SURPLUS
189058	3/23/12	000008	VISITING NURSE SERVICE	NIEVES, NANCY	45.00		656.10	I
189059	3/23/12	800000	VISITING NURSE SERVICE	NINO, CARMEN	22.50		328.05	I
				CUSTOMER	67.50	0.00	984.15	
				0001011111	1.700	0.00	101113	
				CATEGORY	67.50	0.00	984.15	

RUN DATE	03/28/12 -	- SUP SUNN	YSIDE CITYWIDE				PAGE 1 - 209	
SALES JRN	L # 0274	LOC 001	SUNNYSIDE CITYWIDE	REG NY NY			LTC NURSING HOMEW/O WALLS	; (LT
			2	SALES REGISTER			BILL WEEK ENDING 3/30/1	.2
INVOICE#	DATE	CUST NO	CUSTOMER NAME	REFERENCE	HOURS	TAX AMT	AMOUNT TYP SURPLU	JS
189060	3/23/12	000008	VISITING NURSE SERVICE	NOBLIN, ELOISE	25.75		375.44 I	
189061	3/23/12	800000	VISITING NURSE SERVICE	NOBOADESALAZAR,	28.00		408.24 I	
				CUSTOMER	53.75	0.00	783.68	
				CATEGORY	53.75	0.00	783.68	

RUN DATE SALES JRN			YSIDE CITYWIDE SUNNYSIDE CITYWIDE	REG NY NY			PAGE 1 VCP CHOICE LH	- 21	.0
Brilles orav	1 02/1	100 001		SALES REGISTER	2		BILL WEEK END		3/30/12
INVOICE#	DATE	CUST NO	CUSTOMER NAME	REFERENCE	HOURS	TAX AMT	AMOUNT	TYP	SURPLUS
189062 189063	3/23/12 3/23/12	000008 000008	VISITING NURSE SERVICE VISITING NURSE SERVICE	,	49.00 43.00		714.42 626.94	I	
189064	3/23/12	000008	VISITING NURSE SERVICE	,	10.00		145.80	I	
				CUSTOMER	102.00	0.00	1,487.16		
				CATEGORY	102.00	0.00	1,487.16		

			YSIDE CITYWIDE SUNNYSIDE CITYWIDE	REGNY NY SALES REGISTER			PAGE 1 - ADU ADULT BILL WEEK ENDING	
INVOICE#	DATE	CUST NO	CUSTOMER NAME	REFERENCE	HOURS	TAX AMT	AMOUNT TYP	SURPLUS
189065	3/23/12	800000	VISITING NURSE SERVICE	ORTIZ, AMALFIS	3.00		43.74 I	
				CATEGORY	3.00	0.00	43.74	

RUN DATE SALES JRN		- SUP SUNN LOC 001	YSIDE CITYWIDE SUNNYSIDE CITYWIDE	REG NY NY			PAGE 1 VCP CHOICE LH	- 21 ICSA	.2
	- "			SALES REGISTER			BILL WEEK END		3/30/12
INVOICE#	DATE	CUST NO	CUSTOMER NAME	REFERENCE	HOURS	TAX AMT	AMOUNT	TYP	SURPLUS
189066 189067	3/16/12 3/23/12	000008 000008	VISITING NURSE SERVICE VISITING NURSE SERVICE	,	4.00		58.32 58.32	I	
100007	3/23/12	000000	VISITING NORSE SERVICE						
				CUSTOMER	8.00	0.00	116.64		
				CATEGORY	8.00	0.00	116.64		

RUN DATE	03/28/12 -	- SUP SUNN	YSIDE CITYWIDE				PAGE 1	- 21	.3
SALES JRN	L # 0274	LOC 001	SUNNYSIDE CITYWIDE	REG NY NY			ADU ADULT		
				SALES REGISTER			BILL WEEK ENI	DING	3/30/12
INVOICE#	DATE	CUST NO	CUSTOMER NAME	REFERENCE	HOURS	TAX AMT	AMOUNT	TYP	SURPLUS
189068	3/16/12	800000	VISITING NURSE SERVICE	OTINIANO, ALBER	3.00		43.74	I	
189069	3/23/12	800000	VISITING NURSE SERVICE	OTINIANO, ALBER	9.00		131.22	I	
189070	3/23/12	800000	VISITING NURSE SERVICE	PAKAKIS, PANTEL	5.50		80.19	I	
189071	3/23/12	800000	VISITING NURSE SERVICE	PALACIOS, MARGA	15.00		218.70	I	
				CUSTOMER	32.50	0.00	473.85		
				CATEGORY	32.50	0.00	473.85		

RUN DATE 03/28/1	2 - SUP SUN	NYSIDE CITYWIDE				PAGE 1	- 21	4
SALES JRNL # 027	4 LOC 001	SUNNYSIDE CITYWIDE	REG NY NY			VCP CHOICE LE	ICSA	
		\$	SALES REGISTER			BILL WEEK ENI	DING	3/30/12
INVOICE# DATE	CUST NO	CUSTOMER NAME	REFERENCE	HOURS	TAX AMT	AMOUNT	TYP	SURPLUS
189072 3/23/1	2 000008	VISITING NURSE SERVICE	PANASKAROLIDIS,	30.50		444.71	I	
189073 3/23/1	2 000008	VISITING NURSE SERVICE	PAPAZIAN, MANNI	50.00		729.00	I	
189074 3/23/1	2 000008	VISITING NURSE SERVICE	PAPOUTSIS, MARY	6.00		87.48	I	
189075 3/23/1	2 000008	VISITING NURSE SERVICE	PAPP, TEREZIA	3.00		43.74	I	
			CUSTOMER	89.50	0.00	1,304.93		
			CATEGORY	89.50	0.00	1,304.93		

RUN DATE	03/28/12 -	SUP SUNN	YSIDE CITYWIDE				PAGE 1 - 215	
SALES JRN	ъ # 0274	LOC 001	SUNNYSIDE CITYWIDE	REG NY NY			LTC NURSING HOMEW/O WALLS (LT	
			S	SALES REGISTER			BILL WEEK ENDING 3/30/12	
INVOICE#	DATE	CUST NO	CUSTOMER NAME	REFERENCE	HOURS	TAX AMT	AMOUNT TYP SURPLUS	
189076	3/23/12	800000	VISITING NURSE SERVICE	PARK, SUNG	20.00		291.60 I	
				CATEGORY	20.00	0.00	291.60	

RUN DATE	03/28/12 -	- SUP SUNN	YSIDE CITYWIDE				PAGE 1 -	- 216
SALES JRN	L # 0274	LOC 001	SUNNYSIDE CITYWIDE	REG NY NY			ADU ADULT	
				SALES REGISTER			BILL WEEK END	ING 3/30/12
l								
INVOICE#	DATE	CUST NO	CUSTOMER NAME	REFERENCE	HOURS	TAX AMT	AMOUNT 7	TYP SURPLUS
100000	2 / 0 2 / 1 0	00000			00 00		001 60	-
189077	3/23/12	000008	VISITING NURSE SERVICE	E PARTAGAS, ANA	20.00		291.60	T
				CATEGORY	20.00	0.00	291.60	
				CAILGORI	20.00	0.00	291.00	

RUN DATE	03/28/12 -	- SUP SUNN	YSIDE CITYWIDE				PAGE 1 -	217
SALES JRN	L # 0274	LOC 001	SUNNYSIDE CITYWIDE	REG NY NY			VCP CHOICE LHC	
			\$	SALES REGISTER			BILL WEEK ENDI	ING 3/30/12
INVOICE#	DATE	CUST NO	CUSTOMER NAME	REFERENCE	HOURS	TAX AMT	AMOUNT T	YP SURPLUS
189078	3/23/12	000008	VISITING NURSE SERVICE	PENA, VICTORIA	42.00		612.36	I
189079	3/23/12	800000	VISITING NURSE SERVICE	PENAGOS, MARIA	20.00		291.60	I
				CUSTOMER	62.00	0.00	903.96	
				CATEGORY	62.00	0.00	903.96	

RUN DATE SALES JRN		- SUP SUNN LOC 001	YSIDE CITYWIDE SUNNYSIDE CITYWIDE S	REG NY NY A L E S R E G I S T E R			PAGE 1 - 21 ADU ADULT BILL WEEK ENDING	8 3/30/12
INVOICE#	DATE	CUST NO	CUSTOMER NAME	REFERENCE	HOURS	TAX AMT	AMOUNT TYP	SURPLUS
189080	3/23/12	000008	VISITING NURSE SERVICE	PENARANDA, CARM	15.00		218.70 I	
				CATEGORY	15.00	0.00	 218.70	

				YSIDE CITYWIDE				PAGE 1 - 21	L9
	SALES JRN	L # 0274	LOC 001		REG NY NY			VCP CHOICE LHCSA	2/20/12
ı					SALES REGISTER			BILL WEEK ENDING	3/30/12
	INVOICE#	DATE	CUST NO	CUSTOMER NAME	REFERENCE	HOURS	TAX AMT	AMOUNT TYP	SURPLUS
	189081	3/23/12	000008	VISITING NURSE SERVICE	PEREZ MONSER, C	42.00		612.36 I	
					,				
					CATEGORY	42.00	0.00	612.36	

RUN DATE	03/28/12 -	SUP SUNN	YSIDE CITYWIDE				PAGE 1 - 220	
SALES JRN	L # 0274	LOC 001	SUNNYSIDE CITYWIDE	REG NY NY			LTC NURSING HOMEW/O WALLS (LT	
			S	ALES REGISTER			BILL WEEK ENDING 3/30/12	
INVOICE#	DATE	CUST NO	CUSTOMER NAME	REFERENCE	HOURS	TAX AMT	AMOUNT TYP SURPLUS	
189082	3/23/12	800000	VISITING NURSE SERVICE	PEREZ, DOMINGA	36.00		524.88 I	
				CATEGORY	36.00	0.00	524.88	

RUN DATE SALES JRN		- SUP SUNN LOC 001	YSIDE CITYWIDE SUNNYSIDE CITYWIDE	REG NY NY			PAGE 1 VCP CHOICE LH	- 22	21
	2 02/1	200 001		SALES REGISTER			BILL WEEK END		3/30/12
INVOICE#	DATE	CUST NO	CUSTOMER NAME	REFERENCE	HOURS	TAX AMT	AMOUNT	TYP	SURPLUS
189083 189084	3/16/12 3/23/12	000008 000008	VISITING NURSE SERVICE VISITING NURSE SERVICE	,	6.00 42.00		87.48 612.36	I	
109004	3/23/12	000008	VISITING NORSE SERVICE	PEREZ, GLADIS	42.00		012.30		
				CUSTOMER	48.00	0.00	699.84		
				CATEGORY	48.00	0.00	699.84		

	03/28/12 - L # 0274		YSIDE CITYWIDE SUNNYSIDE CITYWIDE	REG NY NY			PAGE 1 - 22 ADU ADULT	22
			S	ALES REGISTER			BILL WEEK ENDING	3/30/12
INVOICE#	DATE	CUST NO	CUSTOMER NAME	REFERENCE	HOURS	TAX AMT	AMOUNT TYP	SURPLUS
189085	3/23/12	800000	VISITING NURSE SERVICE	PEREZ, JOAQUIN	30.00		437.40 I	
				CATEGORY	30.00	0.00	437.40	

RUN DATE (SUP SUNN	YSIDE CITYWIDE SUNNYSIDE CITYWIDE	REG NY NY			PAGE 1 - 223 LTC NURSING HOMEW/O WALLS (LT	r C
				SALES REGISTER			BILL WEEK ENDING 3/30/12	
INVOICE#	DATE	CUST NO	CUSTOMER NAME	REFERENCE	HOURS	TAX AMT	AMOUNT TYP SURPLUS	
189086 189087	3/09/12 3/23/12	800000 800000	VISITING NURSE SERVICE VISITING NURSE SERVICE	,	10.00 35.00		145.80 I 510.30 I	
				CUSTOMER	45.00	0.00	656.10	
				CATEGORY	45.00	0.00	656.10	

RUN DATE SALES JRN		- SUP SUNN	YSIDE CITYWIDE SUNNYSIDE CITYWIDE	REG NY NY			PAGE 1 VCP CHOICE LE	- 22	24
DALLS OIL	1 # 02/4	100 001		SALES REGISTE	R		BILL WEEK ENI		3/30/12
INVOICE#	DATE	CUST NO	CUSTOMER NAME	REFERENCE	HOURS	TAX AMT	AMOUNT	TYP	SURPLUS
189088	3/23/12	000008	VISITING NURSE SERVICE	PHILIPPS, MARY	48.00		699.84	I	
189089	3/23/12	800000	VISITING NURSE SERVICE	PIZARRO, BARBAR	3.00		43.74	I	
189090	3/23/12	800000	VISITING NURSE SERVICE	PLACIDO, GENARO	25.00		364.50	I	
189091	3/23/12	000008	VISITING NURSE SERVICE	PLACIDO, MERCED	5.75		83.84	I	
189092	3/23/12	800000	VISITING NURSE SERVICE	POGGI, EMERITA	35.75		521.24	I	
				CUSTOMER	117.50	0.00	1,713.16		
				CATEGORY	117.50	0.00	1,713.16		

RUN DATE	03/28/12 -	- SUP SUNN	YSIDE CITYWIDE				PAGE 1 - 2	225
SALES JRN	L # 0274	LOC 001	SUNNYSIDE CITYWIDE	REG NY NY			LTC NURSING HOME	
			S	SALES REGISTER			BILL WEEK ENDING	3/30/12
INVOICE#	DATE	CUST NO	CUSTOMER NAME	REFERENCE	HOURS	TAX AMT	AMOUNT TYP	SURPLUS
189093	3/23/12	800000	VISITING NURSE SERVICE	PONCE, ALICIA	40.00		583.20 I	
				CATEGORY	40.00	0.00	583.20	

RUN DATE SALES JRN			YSIDE CITYWIDE SUNNYSIDE CITYWIDE S	REG NY NY SALES REGISTER			PAGE 1 VCP CHOICE L BILL WEEK EN		3/30/12
INVOICE#	DATE	CUST NO	CUSTOMER NAME	REFERENCE	HOURS	TAX AMT	AMOUNT	TYP	SURPLUS
189094 189095 189096	3/23/12 3/23/12 3/23/12	000008 000008 000008	VISITING NURSE SERVICE VISITING NURSE SERVICE VISITING NURSE SERVICE	PUISELLO, CIRA PULLIZA, DIANNE QUINTERO, INES	30.25 19.00 34.00		441.05 277.02 495.72	I I I	
				CUSTOMER	83.25	0.00	1,213.79		
				CATEGORY	83.25	0.00	1,213.79		

ı	RUN DATE	03/28/12 -	SUP SUNN	YSIDE CITYWIDE				PAGE 1 - :	227	
ı	SALES JRN	L # 0274	LOC 001	SUNNYSIDE CITYWIDE	REG NY NY			LTC NURSING HOME	· ·	
ı				:	SALES REGISTER			BILL WEEK ENDING	3/30/12	
	INVOICE#	DATE	CUST NO	CUSTOMER NAME	REFERENCE	HOURS	TAX AMT	AMOUNT TYP	SURPLUS	
	189097	3/23/12	800000	VISITING NURSE SERVICE	QUIZHPI, MARIA	50.50		736.29 I		
					CATEGORY	50.50	0.00	736.29		

RUN DA	TE 03/28/12	- SUP SUNN	NYSIDE CITYWIDE				PAGE 1 - 228	
SALES	JRNL # 0274	LOC 001	SUNNYSIDE CITYWIDE	REG NY NY			LAP LOMBARDI AIDES PEDIATRIC	
				SALES REGISTER			BILL WEEK ENDING 3/30/12	
INVOIC	E# DATE	CUST NO	CUSTOMER NAME	REFERENCE	HOURS	TAX AMT	AMOUNT TYP SURPLUS	
189098	3/23/12	000008	VISITING NURSE SERVICE	RAMIREZ, ANA	40.00		583.20 I	
				CATEGORY	40.00	0.00	583.20	

RUN DATE	03/28/12 -	- SUP SUNN	YSIDE CITYWIDE				PAGE 1 - 229	
SALES JRN	L # 0274	LOC 001	SUNNYSIDE CITYWIDE	REG NY NY			LTC NURSING HOMEW/O W	ALLS (LT
			S	SALES REGISTER			BILL WEEK ENDING 3/	30/12
INVOICE#	DATE	CUST NO	CUSTOMER NAME	REFERENCE	HOURS	TAX AMT	AMOUNT TYP SU	IRPLUS
189099	3/23/12	000008	VISITING NURSE SERVICE	RAMIREZ, JUANA	43.00		626.94 I	
189100	3/23/12	800000	VISITING NURSE SERVICE	RAMLALL, LILOWT	25.00		364.50 I	
				CUSTOMER	68.00	0.00	991.44	
				CATEGORY	68.00	0.00	991.44	

			YSIDE CITYWIDE				PAGE 1 -	250
SALES JRN	L # 0274	LOC 001	SUNNYSIDE CITYWIDE	REG NY NY			AUR ADULT REHA	
			S	SALES REGISTER			BILL WEEK END	ING 3/30/12
INVOICE#	DATE	CUST NO	CUSTOMER NAME	REFERENCE	HOURS	TAX AMT	AMOUNT 7	TYP SURPLUS
189101	3/16/12	000008	VISITING NURSE SERVICE	RAMOS, JENNIFER	5.00		72.90	I
189102	3/23/12	800000	VISITING NURSE SERVICE	RAMOS, JENNIFER	45.00		656.10	I
				CUSTOMER	50.00	0.00	729.00	
				COSTORER	50.00	0.00	723.00	
				CATEGORY	50.00	0.00	729.00	

RUN DATE SALES JRN		- SUP SUNN LOC 001	YSIDE CITYWIDE SUNNYSIDE CITYWIDE	REG NY NY			PAGE 1 VCP CHOICE LH	- 23 CSA	1
			S	SALES REGISTER			BILL WEEK END	ING	3/30/12
INVOICE#	DATE	CUST NO	CUSTOMER NAME	REFERENCE	HOURS	TAX AMT	AMOUNT	TYP	SURPLUS
189103 189104	3/23/12 3/23/12	000008 000008	VISITING NURSE SERVICE VISITING NURSE SERVICE	RAMPHAL, INDRIA RANDAZZO, ROSAL	12.00 20.00		174.96 291.60	I	
109104	3/23/12	000000	VISITING NORSE SERVICE	RANDAZZO, ROSAL	20.00		291.00		
				CUSTOMER	32.00	0.00	466.56		
				CATEGORY	32.00	0.00	466.56		

			YSIDE CITYWIDE				PAGE 1 -	
SALES JRN	L # 0274	LOC 001	SUNNYSIDE CITYWIDE	REGNY NY SALES REGISTER			AMH ADULT MENTA: BILL WEEK ENDING	
				ALES REGISTER			BILL WEEK ENDING	3/30/12
INVOICE#	DATE	CUST NO	CUSTOMER NAME	REFERENCE	HOURS	TAX AMT	AMOUNT TY	P SURPLUS
189105	3/23/12	800000	VISITING NURSE SERVICE	RASMUSSEN, GEOR	6.00		87.48 I	
				CATEGORY	6.00	0.00	87.48	

RUN DATE 03 SALES JRNL		SUP SUNN LOC 001	YSIDE CITYWIDE SUNNYSIDE CITYWIDE S	REG NY NY A L E S R E G I S T E R			PAGE 1 VCP CHOICE LH BILL WEEK END	CSA
INVOICE#	DATE	CUST NO	CUSTOMER NAME	REFERENCE	HOURS	TAX AMT	AMOUNT	TYP SURPLUS
189107 189108	3/23/12 3/23/12 3/16/12 3/23/12	000008 000008 000008 000008	VISITING NURSE SERVICE VISITING NURSE SERVICE VISITING NURSE SERVICE VISITING NURSE SERVICE	REINA, JOSE RICCA, MARIE RIVADENEIRA, OL RIVADENEIRA, OL	20.00 25.25 4.00 20.00		291.60 368.16 58.32 291.60	I I I
				CUSTOMER	69.25	0.00	1,009.68	
				CATEGORY	69.25	0.00	1,009.68	

RUN DATE	03/28/12 -	SUP SUNN	YSIDE CITYWIDE				PAGE 1 - 234	
SALES JRN	L # 0274	LOC 001	SUNNYSIDE CITYWIDE	REG NY NY			LTC NURSING HOMEW/O	WALLS (LT
				SALES REGISTER			BILL WEEK ENDING	3/30/12
INVOICE#	DATE	CUST NO	CUSTOMER NAME	REFERENCE	HOURS	TAX AMT	AMOUNT TYP S	SURPLUS
100110	2 / 22 / 12				40.00		500.04	
189110	3/23/12	000008	VISITING NURSE SERVICE	RIVADENEIRA, RO	48.00		699.84 I	
				GA EER GODY	40.00	0.00	600 04	
				CATEGORY	48.00	0.00	699.84	

RUN DATE	03/28/12 -	- SUP SUNN	YSIDE CITYWIDE				PAGE 1 - 2	35
SALES JRN	L # 0274	LOC 001	SUNNYSIDE CITYWIDE	REG NY NY			VCP CHOICE LHCSA	
			S	SALES REGISTER			BILL WEEK ENDING	3/30/12
INVOICE#	DATE	CUST NO	CUSTOMER NAME	REFERENCE	HOURS	TAX AMT	AMOUNT TYP	SURPLUS
189111	3/23/12	000008	VISITING NURSE SERVICE	RIVERA, CARMEN	20.75		302.54 I	
189112	3/23/12	800000	VISITING NURSE SERVICE	RIVERA, ERNESTO	16.00		233.28 I	
				CUSTOMER	36.75	0.00	535.82	
				CATEGORY	36.75	0.00	535.82	

RUN DA	TE 03/28/12 -	- SUP SUNN	YSIDE CITYWIDE				PAGE 1 - 2	236
SALES	JRNL # 0274	LOC 001	SUNNYSIDE CITYWIDE	REG NY NY			LTC NURSING HOME	W/O WALLS (LT
			5	SALES REGISTER			BILL WEEK ENDING	3/30/12
INVOIC	E# DATE	CUST NO	CUSTOMER NAME	REFERENCE	HOURS	TAX AMT	AMOUNT TYP	SURPLUS
100110	2 / 2 2 / 1 2				16.00		-	
189113	3/23/12	800000	VISITING NURSE SERVICE	RIVERA, GRACIEL	16.00		233.28 I	
					16.00			
				CATEGORY	16.00	0.00	233.28	

			YSIDE CITYWIDE SUNNYSIDE CITYWIDE	REGNY NY SALES REGISTER			PAGE 1 - : ADU ADULT BILL WEEK ENDING	3/30/12
INVOICE#	DATE	CUST NO	CUSTOMER NAME	REFERENCE	HOURS	TAX AMT	AMOUNT TYP	SURPLUS
189114	3/23/12	800000	VISITING NURSE SERVICE	RIVERA, RAQUEL	28.00		408.24 I	
				CATEGORY	28.00	0.00	408.24	

RUN DATE	03/28/12 -	- SUP SUNN	YSIDE CITYWIDE				PAGE 1 - 238	
SALES JRN	L # 0274	LOC 001	SUNNYSIDE CITYWIDE	REG NY NY			LTC NURSING HOMEW/O WA	ALLS (LT
			:	S A L E S R E G I S T E R			BILL WEEK ENDING 3/3	30/12
INVOICE#	DATE	CUST NO	CUSTOMER NAME	REFERENCE	HOURS	TAX AMT	AMOUNT TYP SUE	RPLUS
189115	3/16/12	000008	VISITING NURSE SERVICE	RIVERA, WANDA	7.00		102.06 I	
189116	3/23/12	800000	VISITING NURSE SERVICE	RIVERA, WANDA	36.00		524.89 I	
189117	3/23/12	800000	VISITING NURSE SERVICE	ROBERTS, SARAH	12.00		174.96 I	
				CUSTOMER	55.00	0.00	801.91	
				CATEGORY	55.00	0.00	801.91	

RUN DATE	03/28/12 -	- SUP SUNN	YSIDE CITYWIDE				PAGE 1 -	239	
SALES JRN	L # 0274	LOC 001	SUNNYSIDE CITYWIDE	REG NY NY			VCP CHOICE LHCS	A	
			5	SALES REGISTER			BILL WEEK ENDIN	G 3/30/12	
INVOICE#	DATE	CUST NO	CUSTOMER NAME	REFERENCE	HOURS	TAX AMT	AMOUNT TY	P SURPLUS	
189118	3/23/12	800000	VISITING NURSE SERVICE	ROBINSON, MARGA	48.25		703.49 I		
				CATEGORY	48.25	0.00	703.49		

RUN DATE	03/28/12 -	SUP SUNN	YSIDE CITYWIDE				PAGE 1 - 2	240
SALES JRN	L # 0274	LOC 001	SUNNYSIDE CITYWIDE	REG NY NY			LTC NURSING HOME	•
			S A	ALES REGISTER			BILL WEEK ENDING	3/30/12
INVOICE#	DATE	CUST NO	CUSTOMER NAME	REFERENCE	HOURS	TAX AMT	AMOUNT TYP	SURPLUS
189119	3/23/12	800000	VISITING NURSE SERVICE	ROCCISANO, LOUI	48.00		699.84 I	
				CATEGORY	48.00	0.00	699.84	

			YSIDE CITYWIDE				PAGE 1 -	241
SALES JRN	L # 0274	LOC 001	SUNNYSIDE CITYWIDE	REG NY NY			ADU ADULT	
			S	SALES REGISTER			BILL WEEK ENDING	3/30/12
INVOICE#	DATE	CUST NO	CUSTOMER NAME	REFERENCE	HOURS	TAX AMT	AMOUNT TYPE	SURPLUS
189120	3/23/12	800000	VISITING NURSE SERVICE	RODDA, ADILIA	3.00		43.74 I	
				CATEGORY	3.00	0.00	43.74	

RUN DATE SALES JRN		- SUP SUNN LOC 001	YSIDE CITYWIDE SUNNYSIDE CITYWIDE	REG NY NY	PAGE 1 - 242 VCP CHOICE LHCSA			
SALES OWN	1 # 02/4	100 001		SALES REGISTER			BILL WEEK ENDING	3/30/12
INVOICE#	DATE	CUST NO	CUSTOMER NAME	REFERENCE	HOURS	TAX AMT	AMOUNT TYP	SURPLUS
189121 189122	3/23/12 3/23/12	000008 000008	VISITING NURSE SERVICE VISITING NURSE SERVICE	·	20.00 35.75		291.60 I 521.24 I	
				CUSTOMER	55.75	0.00	812.84	
				CATEGORY	55.75	0.00	812.84	

RUN DATE	03/28/12 -	- SUP SUNN	YSIDE CITYWIDE				PAGE 1 - 24	13
SALES JRN	L # 0274	LOC 001	SUNNYSIDE CITYWIDE	REG NY NY			CCL CONGREGATE CAR	RE PROGRAM
			5	SALES REGISTER			BILL WEEK ENDING	3/30/12
T1770 T GT		GTTGT 370	GUGEOVED MANE		******		31/07775 5775	G11D D7 11G
INVOICE#	DATE	CUST NO	CUSTOMER NAME	REFERENCE	HOURS	TAX AMT	AMOUNT TYP	SURPLUS
189123	3/23/12	000008	VISITING NURSE SERVICE	RODRIGUEZ, MARC	83.00		1,210.14 I	
				CATEGORY	83.00	0.00	1,210.14	

RUN DATE 0 SALES JRNL		SUP SUNN LOC 001	YSIDE CITYWIDE SUNNYSIDE CITYWIDE	REG NY NY SALES REGISTER			PAGE 1 - 244 LTC NURSING HOMEW/O WALLS (LT BILL WEEK ENDING 3/30/12
INVOICE#	DATE	CUST NO	CUSTOMER NAME	REFERENCE	HOURS	TAX AMT	AMOUNT TYP SURPLUS
	3/16/12 3/23/12	800000 800000	VISITING NURSE SERVICE VISITING NURSE SERVICE	•	5.00 25.00		72.90 I 364.50 I
				CUSTOMER	30.00	0.00	437.40
				CATEGORY	30.00	0.00	437.40

RUN DATE	03/28/12 -	- SUP SUNN	YSIDE CITYWIDE				PAGE 1 -	245
SALES JRN	L # 0274	LOC 001	SUNNYSIDE CITYWIDE	REG NY NY			VCP CHOICE LHCSA	<u>.</u>
			5	SALES REGISTER			BILL WEEK ENDING	3/30/12
INVOICE#	DATE	CUST NO	CUSTOMER NAME	REFERENCE	HOURS	TAX AMT	AMOUNT TYP	SURPLUS
189126	3/23/12	000008	VISITING NURSE SERVICE	RODRIGUEZ, PORF	49.00		714.42 I	
				CATEGORY	49.00	0.00	714.42	

ı	RUN DATE	03/28/12 -	SUP SUNN	YSIDE CITYWIDE				PAGE 1 - 2	146
ı	SALES JRN	L # 0274	LOC 001	SUNNYSIDE CITYWIDE	REG NY NY			LTC NURSING HOMEW	I/O WALLS (LT
ı					SALES REGISTER			BILL WEEK ENDING	3/30/12
ı									
ı	INVOICE#	DATE	CUST NO	CUSTOMER NAME	REFERENCE	HOURS	TAX AMT	AMOUNT TYP	SURPLUS
ı	100105	2 / 2 2 / 1 2				20.00		427 40 -	
ı	189127	3/23/12	000008	VISITING NURSE SERVICE	RODRIGUEZ, ROQU	30.00		437.40 I	
ı									
ı					GARRIGODY	20.00	0.00	437.40	
ı					CATEGORY	30.00	0.00	437.40	

RUN DATE SALES JRN			YSIDE CITYWIDE SUNNYSIDE CITYWIDE	REG NY NY SALES REGISTER			PAGE 1 ADU ADULT BILL WEEK END	- 24	3/30/12
INVOICE#	DATE	CUST NO	CUSTOMER NAME	REFERENCE	HOURS	TAX AMT		TYP	SURPLUS
189128 189129 189130	3/02/12 3/09/12 3/23/12	000008 000008 000008	VISITING NURSE SERVICE VISITING NURSE SERVICE VISITING NURSE SERVICE	RODRIGUEZ, YLMA	8.00 8.00 56.00		116.64 116.64 816.48	I I I	
				CUSTOMER	72.00	0.00	1,049.76		
				CATEGORY	72.00	0.00	1,049.76		

		SIDE CITYWIDE SUNNYSIDE CITYWIDE	REG NY NY SALES REGISTER			PAGE 1 - 248 LTC NURSING HOMEW/O WALLS (LT BILL WEEK ENDING 3/30/12			
			SALES REGISIER			DILL MEEK EN	DING 3/30/12	2	
DATE C	CUST NO	CUSTOMER NAME	REFERENCE	HOURS	TAX AMT	AMOUNT	TYP SURPLUS	S	
-, -,		VISITING NURSE SERVICE	,	8.00 48.00		116.64 699.84	I T		
3,23,12	,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,	VIDITING NORDE BERVIOL						_	
			CUSTOMER	56.00	0.00	816.48			
			CATEGORY	56.00	0.00	816.48		_	
3/16/12 00	800000		ROLON, JUANITA ROLON, JUANITA CUSTOMER	8.00 48.00 56.00	0.00	116.64 699.84 816.48	TYP SURPLUS	S -	

			YSIDE CITYWIDE SUNNYSIDE CITYWIDE	REG NY NY			PAGE 1 - 24 ADU ADULT	9
0111111	2 02/1	200 001		SALES REGISTER				3/30/12
INVOICE#	DATE	CUST NO	CUSTOMER NAME	REFERENCE	HOURS	TAX AMT	AMOUNT TYP	SURPLUS
189133	3/23/12	800000	VISITING NURSE SERVICE	ROMERO, HERNAN	33.50		488.43 I	
				CATEGORY	33.50	0.00	488.43	

RUN DATE	03/28/12 -	- SUP SUNN	YSIDE CITYWIDE				PAGE 1 - 25	50
SALES JRN	IL # 0274	LOC 001		REG NY NY			VCP CHOICE LHCSA	
			S	SALES REGISTER			BILL WEEK ENDING	3/30/12
INVOICE#	DATE	CUST NO	CUSTOMER NAME	REFERENCE	HOURS	TAX AMT	AMOUNT TYP	SURPLUS
189134	3/23/12	800000	VISITING NURSE SERVICE	ROMERO, SANTHY	33.00		481.14 I	
				CATEGORY	33.00	0.00	481.14	

			YSIDE CITYWIDE	DEG NE	3777				- 25	
SALES JRN	IL # UZ/4	LOC 001	SUNNYSIDE CITYWIDE	-	NY E G I S T	E R		LTC NURSING BILL WEEK EN		3/30/12
INVOICE#	DATE	CUST NO	CUSTOMER NAME	REFE	RENCE	HOURS	TAX AMT	AMOUNT	TYP	SURPLUS
189135 189136	3/23/12 3/23/12	800000 800000	VISITING NURSE SERVICE VISITING NURSE SERVICE	,	FLOR ANA	56.00 40.00		816.48 583.20	I	
					CUSTOMER	96.00	0.00	1,399.68		
					CATEGORY	96.00	0.00	1,399.68		

RUN DATE 03		SUP SUNN LOC 001	YSIDE CITYWIDE SUNNYSIDE CITYWIDE	REG NY	NY			PAGE 1 ADU ADULT	- 25	2
SALES UKNI	# 02/4	LOC UUI		-	EGISTE	R		BILL WEEK EN	DING	3/30/12
INVOICE#	DATE	CUST NO	CUSTOMER NAME	REFE	RENCE	HOURS	TAX AMT	AMOUNT	TYP	SURPLUS
	3/16/12 3/23/12	800000 800000	VISITING NURSE SERVICE VISITING NURSE SERVICE	•	LUZ E LUZ E	8.00 53.75		116.64 783.68	I I	
					CUSTOMER	61.75	0.00	900.32		
					 CATEGORY	61.75	0.00	900.32		

RUN DATE SALES JRN		- SUP SUNN LOC 001	YSIDE CITYWIDE SUNNYSIDE CITYWIDE	REG NY NY SALES REGISTER			PAGE 1 VCP CHOICE L BILL WEEK EN		3/30/12
INVOICE#	DATE	CUST NO	CUSTOMER NAME	REFERENCE	HOURS	TAX AMT	AMOUNT	TYP	SURPLUS
189139 189140 189141	3/23/12 3/23/12 3/23/12	000008 000008 000008	VISITING NURSE SERVICE VISITING NURSE SERVICE VISITING NURSE SERVICE	ROSA, MANOLO ROSARIO, ELSA ROSARIO, MARIA	16.00 36.00 20.75		233.28 524.88 302.54	I I I	
				CUSTOMER	72.75	0.00	1,060.70		
				CATEGORY	72.75	0.00	1,060.70		

RUN DATE	03/28/12 -	- SUP SUNN	YSIDE CITYWIDE				PAGE 1 -	- 254
SALES JRN	L # 0274	LOC 001	SUNNYSIDE CITYWIDE	REG NY NY			ADU ADULT	
			S	SALES REGISTER			BILL WEEK END	ING 3/30/12
INVOICE#	DATE	CUST NO	CUSTOMER NAME	REFERENCE	HOURS	TAX AMT	AMOUNT 7	TYP SURPLUS
189142	3/23/12	000008	VISITING NURSE SERVICE	ROSSI, RAYMOND	20.00		291.60	I
189143	3/23/12	000008	VISITING NURSE SERVICE	RUBIN, EVGENY	20.00		291.60	I
				CUSTOMER	40.00	0.00	583.20	
				CATEGORY	40.00	0.00	583.20	

RUN DATE	03/28/12 -	- SUP SUNN	YSIDE CITYWIDE				PAGE 1 - 2	255
SALES JRN	L # 0274	LOC 001		REG NY NY			VCP CHOICE LHCSA	
			i	SALES REGISTER			BILL WEEK ENDING	3/30/12
INVOICE#	DATE	CUST NO	CUSTOMER NAME	REFERENCE	HOURS	TAX AMT	AMOUNT TYP	SURPLUS
189144	3/23/12	800000	VISITING NURSE SERVICE	RUEDA, INES	47.00		685.26 I	
				CATEGORY	47.00	0.00		

RUN DATE (SALES JRNI		SUP SUNN LOC 001	YSIDE CITYWIDE SUNNYSIDE CITYWIDE	REG NY NY SALES REGISTER			PAGE 1 - 256 LTC NURSING HOMEW/O WALLS (LT BILL WEEK ENDING 3/30/12
INVOICE#	DATE	CUST NO	CUSTOMER NAME	REFERENCE	HOURS	TAX AMT	AMOUNT TYP SURPLUS
189145 189146	3/16/12 3/23/12	800000 800000	VISITING NURSE SERVICE VISITING NURSE SERVICE	•	6.50 6.00		94.77 I 87.48 I
				CUSTOMER	12.50	0.00	182.25
				CATEGORY	12.50	0.00	 182.25

- 1	RUN DATE (YSIDE CITYWIDE SUNNYSIDE CITYWIDE	REG NY NY			PAGE 1 - 2 ADU ADULT	157
				\$	SALES REGISTER			BILL WEEK ENDING	3/30/12
	INVOICE#	DATE	CUST NO	CUSTOMER NAME	REFERENCE	HOURS	TAX AMT	AMOUNT TYP	SURPLUS
	189147	3/23/12	000008	VISITING NURSE SERVICE	RUSSO, MONICA	70.00		1,020.60 I	
					CATEGORY	70.00	0.00	1,020.60	

	RUN DATE	03/28/12 -	SUP SUNN	YSIDE CITYWIDE				PAGE 1 -	258
	SALES JRN	L # 0274	LOC 001	SUNNYSIDE CITYWIDE	REG NY NY			LTC NURSING HOM	EW/O WALLS (LT
				5	SALES REGISTER			BILL WEEK ENDIN	IG 3/30/12
	INVOICE#	DATE	CUST NO	CUSTOMER NAME	REFERENCE	HOURS	TAX AMT	AMOUNT TY	P SURPLUS
	100140	2 / 2 2 / 1 2				22 50		100 10 -	
	189148	3/23/12	000008	VISITING NURSE SERVICE	SAAVEDRA, STELL	33.50		488.43 I	
					CAMPRODY	22 50	0.00	400 43	
ı					CATEGORY	33.50	0.00	488.43	

ı	RUN DATE	03/28/12 -	- SUP SUNN	YSIDE CITYWIDE				PAGE 1 - 259	
ı	SALES JRN	L # 0274	LOC 001	SUNNYSIDE CITYWIDE	REG NY NY			VCP CHOICE LHCSA	
ı				S	SALES REGISTER			BILL WEEK ENDING 3/30/12	
ı									
ı	INVOICE#	DATE	CUST NO	CUSTOMER NAME	REFERENCE	HOURS	TAX AMT	AMOUNT TYP SURPLUS	
ı	100140	0 / 0 0 / 1 0				44 00		641 50 -	
ı	189149	3/23/12	800000	VISITING NURSE SERVICE	SALADIN, MARIA	44.00		641.52 I	
ı									
					CATEGORY	44.00	0.00	641.52	
- 1					CHIEGORI	11.00	0.00	011.52	

RUN DATE	03/28/12 -	- SUP SUNN	YSIDE CITYWIDE				PAGE 1 - 260	
SALES JRN	ъ # 0274	LOC 001		REG NY NY			ADU ADULT	
			\$	SALES REGISTER			BILL WEEK ENDING 3/	30/12
INVOICE#	DATE	CUST NO	CUSTOMER NAME	REFERENCE	HOURS	TAX AMT	AMOUNT TYP SU	RPLUS
189150	1/20/12	800000	VISITING NURSE SERVICE	SALCEDO, JOSE	2.00		29.16 I	
				CATEGORY	2.00	0.00	29.16	

RUN	I DATE	03/28/12 -	- SUP SUNN	YSIDE CITYWIDE				PAGE 1 - 2	61
SAL	LES JRN	L # 0274	LOC 001	SUNNYSIDE CITYWIDE	REG NY NY			LTC NURSING HOMEW	//O WALLS (LT
				S	SALES REGISTER			BILL WEEK ENDING	3/30/12
INV	OICE#	DATE	CUST NO	CUSTOMER NAME	REFERENCE	HOURS	TAX AMT	AMOUNT TYP	SURPLUS
189	151	3/23/12	800000	VISITING NURSE SERVICE	SALVATIERRA, TE	36.00		524.88 I	
					CATEGORY	36.00	0.00	524.88	

RUN DATE (SALES JRNI		- SUP SUNN LOC 001	YSIDE CITYWIDE 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 TYP	SURPLUS
189152 189153 189154	3/23/12 3/23/12 3/23/12	000008 000008 000008	VISITING NURSE SERVICE VISITING NURSE SERVICE VISITING NURSE SERVICE	SALVUCCI, YOLAN SAMPOGNA, LUCY SANCHEZ, LIDIA	16.00 17.00 49.00		233.28 I 247.86 I 714.42 I	
				CUSTOMER	82.00	0.00	1,195.56	
				CATEGORY	82.00	0.00	1,195.56	

RUN DATE	03/28/12 -	- SUP SUNN	YSIDE CITYWIDE				PAGE 1 - 2	63
SALES JRN	L # 0274	LOC 001	SUNNYSIDE CITYWIDE	REG NY NY			CCL CONGREGATE CA	RE PROGRAM
			S	SALES REGISTER			BILL WEEK ENDING	3/30/12
INVOICE#	DATE	CUST NO	CUSTOMER NAME	REFERENCE	HOURS	TAX AMT	AMOUNT TYP	SURPLUS
189155	3/23/12	800000	VISITING NURSE SERVICE	SANCHEZ, MARIA	30.00		437.40 I	
				CATEGORY	30.00	0.00	437.40	

RUN DATE	03/28/12 -	- SUP SUNN	NYSIDE CITYWIDE				PAGE 1 -	264
SALES JRN	IL # 0274	LOC 001	SUNNYSIDE CITYWIDE	REG NY NY			ADU ADULT	
				SALES REGISTER			BILL WEEK ENDING	G 3/30/12
INVOICE#	DATE	CUST NO	CUSTOMER NAME	REFERENCE	HOURS	TAX AMT	AMOUNT TY	P SURPLUS
189156	3/23/12	800000	VISITING NURSE SERVICE	SANCHEZ, NILSA	28.00		408.24 I	
				CATEGORY	28.00	0.00	408.24	

RUN DATE SALES JRN		- SUP SUNN LOC 001	YSIDE CITYWIDE SUNNYSIDE CITYWIDE	REG NY NY			PAGE 1 VCP CHOICE LE	- 26	55
	_ "			SALES REGISTER			BILL WEEK ENI		3/30/12
INVOICE#	DATE	CUST NO	CUSTOMER NAME	REFERENCE	HOURS	TAX AMT	AMOUNT	TYP	SURPLUS
189157 189158	3/23/12 3/23/12	000008 000008	VISITING NURSE SERVICE VISITING NURSE SERVICE	SCOTT, CATHERIN SEGOVIA, BEATRI	56.00 35.50		816.48 517.59	I T	
109130	3/23/12	00000	VIDITING NORDE BERVICE	CUSTOMER	91.50	0.00	1,334.07		
				COSTOMER	J1.50	0.00	1,334.07		
				CATEGORY	91.50	0.00	1,334.07		

RUN DATE	03/28/12 -	- SUP SUNN	YSIDE CITYWIDE				PAGE 1 - 266	
SALES JRN	IL # 0274	LOC 001	SUNNYSIDE CITYWIDE	REG NY NY			LTC NURSING HOMEW/O WALLS (LT	
			S	SALES REGISTER			BILL WEEK ENDING 3/30/12	
INVOICE#	DATE	CUST NO	CUSTOMER NAME	REFERENCE	HOURS	TAX AMT	AMOUNT TYP SURPLUS	
189159	3/23/12	800000	VISITING NURSE SERVICE	SEO, INJA	30.00		437.40 I	
				CATEGORY	30.00	0.00	437.40	

			YSIDE CITYWIDE				PAGE 1 -	267
SALES JRN	L # 0274	LOC 001	SUNNYSIDE CITYWIDE	REG NY NY			VCP CHOICE LHCS	
			S	ALES REGISTER			BILL WEEK ENDIN	G 3/30/12
INVOICE#	DATE	CUST NO	CUSTOMER NAME	REFERENCE	HOURS	TAX AMT	AMOUNT TY	P SURPLUS
189160	3/16/12	800000	VISITING NURSE SERVICE	SERAFIN, WALTER	8.00		116.64 I	
189161	3/23/12	800000	VISITING NURSE SERVICE	SERAFIN, WALTER	56.00		816.48 I	
189162	3/23/12	800000	VISITING NURSE SERVICE	SERRANO, AGUEDA	55.25		805.55 I	
189163	3/23/12	800000	VISITING NURSE SERVICE	SHANNON, ELNORA	42.00		612.36 I	
189164	3/23/12	800000	VISITING NURSE SERVICE	SIFFETI, ROHAFZ	10.00		145.80 I	
				CUSTOMER	171.25	0.00	2,496.83	
				CATEGORY	171.25	0.00	2,496.83	

RUN DATE	03/28/12 -	- SUP SUNN	YSIDE CITYWIDE				PAGE 1 - 2	168
SALES JRN	L # 0274	LOC 001	SUNNYSIDE CITYWIDE	REG NY NY			LTC NURSING HOMEW	/O WALLS (LT
			:	SALES REGISTER			BILL WEEK ENDING	3/30/12
INVOICE#	DATE	CUST NO	CUSTOMER NAME	REFERENCE	HOURS	TAX AMT	AMOUNT TYP	SURPLUS
189165	3/23/12	800000	VISITING NURSE SERVICE	SILLS, JAMES	42.00		612.36 I	
				CATEGORY	42.00	0.00	612.36	

RUN DATE SALES JRN		- SUP SUNN LOC 001	YSIDE CITYWIDE SUNNYSIDE CITYWIDE	REG NY NY			PAGE 1 - VCP CHOICE LHCSA	
			S	SALES REGISTER			BILL WEEK ENDING	3/30/12
INVOICE#	DATE	CUST NO	CUSTOMER NAME	REFERENCE	HOURS	TAX AMT	AMOUNT TYP	SURPLUS
189166	3/23/12	800000	VISITING NURSE SERVICE	SINGH, BADREE	30.00		437.40 I	
189167	3/23/12	800000	VISITING NURSE SERVICE	SINGH, JAMOONIE	15.00		218.70 I	
				CUSTOMER	45.00	0.00	656.10	
				CATEGORY	45.00	0.00		

			YSIDE CITYWIDE SUNNYSIDE CITYWIDE	REG NY NY SALES REGISTER			PAGE 1 - 2 LTC NURSING HOMEV BILL WEEK ENDING	N/O WALLS (LT
INVOICE#	DATE	CUST NO	CUSTOMER NAME	REFERENCE	HOURS	TAX AMT	AMOUNT TYP	SURPLUS
189168	3/23/12	800000	VISITING NURSE SERVICE	SOLDATI, RONDA	15.00		218.70 I	
				CATEGORY	15.00	0.00	218.70	

RUN DATE	03/28/12 -	- SUP SUNN	YSIDE CITYWIDE				PAGE 1 - 27	1
SALES JRN	rL # 0274	LOC 001	SUNNYSIDE CITYWIDE	REG NY NY			CCL CONGREGATE CAR	E PROGRAM
			5	SALES REGISTER			BILL WEEK ENDING	3/30/12
INVOICE#	DATE	CUST NO	CUSTOMER NAME	REFERENCE	HOURS	TAX AMT	AMOUNT TYP	SURPLUS
189169	3/23/12	800000	VISITING NURSE SERVICE	SOPCHEK, SAMUEL	12.00		174.96 I	
				CATEGORY	12.00	0.00	174.96	

			YSIDE CITYWIDE SUNNYSIDE CITYWIDE	REGNY NY SALES REGISTER			PAGE 1 - LTC NURSING HO BILL WEEK ENDI	DMEW/O WALLS (LT
INVOICE#	DATE	CUST NO	CUSTOMER NAME	REFERENCE	HOURS	TAX AMT	AMOUNT T	YP SURPLUS
189170	3/23/12	800000	VISITING NURSE SERVICE	SORIA, ROLANDO	30.00		437.40	I
				CATEGORY	30.00	0.00	437.40	

			YSIDE CITYWIDE SUNNYSIDE CITYWIDE S	REG NY NY ALES REGISTER			PAGE 1 - : ADU ADULT BILL WEEK ENDING	
INVOICE#	DATE	CUST NO	CUSTOMER NAME	REFERENCE	HOURS	TAX AMT	AMOUNT TYP	SURPLUS
189171	3/23/12	800000	VISITING NURSE SERVICE	STALZER, STEPHA	20.00		291.60 I	
				CATEGORY	20.00	0.00	291.60	

RUN DATE	03/28/12 -	SUP SUNN	YSIDE CITYWIDE				PAGE 1 - 27	4
SALES JRN	ъ # 0274	LOC 001	SUNNYSIDE CITYWIDE	REG NY NY			VCP CHOICE LHCSA	
			S	SALES REGISTER			BILL WEEK ENDING	3/30/12
INVOICE#	DATE	CUST NO	CUSTOMER NAME	REFERENCE	HOURS	TAX AMT	AMOUNT TYP	SURPLUS
189172	3/23/12	800000	VISITING NURSE SERVICE	STAMBOULIDIS, V	56.00		816.48 I	
				CATEGORY	56.00	0.00	816.48	

RUN DATE	03/28/12 -	- SUP SUNN	YSIDE CITYWIDE				PAGE 1 - 2	75	
SALES JRN	L # 0274	LOC 001	SUNNYSIDE CITYWIDE	REG NY NY			HOA HOSPICE ADULT		
			5	SALES REGISTER			BILL WEEK ENDING	3/30/12	
INVOICE#	DATE	CUST NO	CUSTOMER NAME	REFERENCE	HOURS	TAX AMT	AMOUNT TYP	SURPLUS	
100172	2 / 0 2 / 1 0	000000		GERTIA GERRIANI	01 00		206 10 -		
189173	3/23/12	000008	VISITING NURSE SERVICE	STEIN, STEPHANI	21.00		306.18 I		
				GARRIGODY	21 00	0.00	206 10		
				CATEGORY	21.00	0.00	306.18		

	03/28/12 - NL # 0274			REGNY NY SALES REGISTER			PAGE 1 - 276 ADU ADULT BILL WEEK ENDING	3/30/12
INVOICE#	DATE	CUST NO	CUSTOMER NAME	REFERENCE	HOURS	TAX AMT	AMOUNT TYP	SURPLUS
189174	3/23/12	800000	VISITING NURSE SERVICE	STENOS, MOSHOUL	12.00		174.96 I	
				CATEGORY	12.00	0.00	 174.96	

RUN DA	ATE 03/28/12 -	- SUP SUNN	YSIDE CITYWIDE				PAGE 1 - 2	77
SALES	JRNL # 0274	LOC 001	SUNNYSIDE CITYWIDE	REG NY NY			VCP CHOICE LHCSA	
			:	SALES REGISTER			BILL WEEK ENDING	3/30/12
INVOI	CE# DATE	CUST NO	CUSTOMER NAME	REFERENCE	HOURS	TAX AMT	AMOUNT TYP	SURPLUS
189179	3/23/12	800000	VISITING NURSE SERVICE	STERGIOU, GLORI	15.00		218.70 I	
				CATEGORY	15.00	0.00	218.70	

	03/28/12 - L # 0274		YSIDE CITYWIDE SUNNYSIDE CITYWIDE S A	REG NY NY ALES REGISTER			PAGE 1 - ADU ADULT BILL WEEK ENDIN	
INVOICE#	DATE	CUST NO	CUSTOMER NAME	REFERENCE	HOURS	TAX AMT	AMOUNT TY	P SURPLUS
189176	3/23/12	800000	VISITING NURSE SERVICE	STERLING, MARGA	10.50		153.09	<u> </u>
				CATEGORY	10.50	0.00	153.09	

RUN DATE SALES JRN		- SUP SUNN LOC 001	YSIDE CITYWIDE SUNNYSIDE CITYWIDE	REG NY NY			PAGE 1 VCP CHOICE LH	- 27	9
	_ "			SALES REGISTER			BILL WEEK END		3/30/12
INVOICE#	DATE	CUST NO	CUSTOMER NAME	REFERENCE	HOURS	TAX AMT	AMOUNT	TYP	SURPLUS
189177 189178	3/23/12 3/23/12	000008 000008	VISITING NURSE SERVICE VISITING NURSE SERVICE	STICKELL, BLANC STROBL, ALFRED	29.50 36.00		430.12 524.88	I T	
10,170	3, 23, 12		VIBILING NONDE BENVIOL	CUSTOMER	65.50	0.00	955.00		
				CATEGORY	65.50	0.00	955.00		

RUN DATE	03/28/12 -	SUP SUNN	YSIDE CITYWIDE				PAGE 1 - 280	
SALES JRN	ъ # 0274	LOC 001	SUNNYSIDE CITYWIDE	REG NY NY			LTC NURSING HOMEW/O WALLS (LT	
			S	ALES REGISTER			BILL WEEK ENDING 3/30/12	
INVOICE#	DATE	CUST NO	CUSTOMER NAME	REFERENCE	HOURS	TAX AMT	AMOUNT TYP SURPLUS	
189179	3/23/12	800000	VISITING NURSE SERVICE	SUAREZ, TULIA	28.00		408.24 I	
				CATEGORY	28.00	0.00	408.24	

RUN DATE (YSIDE CITYWIDE SUNNYSIDE CITYWIDE	REG NY NY			PAGE 1 - ADU ADULT	281
SALES UKNI	J # UZ/4	100 001		SALES REGISTER			BILL WEEK ENDING	3/30/12
INVOICE#	DATE	CUST NO	CUSTOMER NAME	REFERENCE	HOURS	TAX AMT	AMOUNT TYP	SURPLUS
189180	3/23/12	800000	VISITING NURSE SERVICE	SULLIVAN, MADAL	6.00		87.48 I	
				CATEGORY	6.00	0.00	87.48	

RUN DATE SALES JRN			YSIDE CITYWIDE SUNNYSIDE CITYWIDE	REG NY NY			PAGE 1 VCP CHOICE L	- 28	32
	02/1	200 001		SALES REGISTER			BILL WEEK EN		3/30/12
INVOICE#	DATE	CUST NO	CUSTOMER NAME	REFERENCE	HOURS	TAX AMT	AMOUNT	TYP	SURPLUS
189181 189182	3/16/12	800000	VISITING NURSE SERVICE	TABOADA, ELIZAB	8.00		116.64	I	
189182	3/23/12	800000	VISITING NURSE SERVICE	TABOADA, ELIZAB	74.50		1,086.23	Τ	
				CUSTOMER	82.50	0.00	1,202.87		
				CATEGORY	82.50	0.00	1,202.87		

RUN DATE	03/28/12 -	SUP SUNN	YSIDE CITYWIDE				PAGE 1 - 2	83
SALES JRN	L # 0274	LOC 001	SUNNYSIDE CITYWIDE	REG NY NY			LTC NURSING HOMEW	/O WALLS (LT
			S	SALES REGISTER			BILL WEEK ENDING	3/30/12
INVOICE#	DATE	CUST NO	CUSTOMER NAME	REFERENCE	HOURS	TAX AMT	AMOUNT TYP	SURPLUS
189183	3/23/12	000008	VISITING NURSE SERVICE	TADDEO, LENA	55.75		812.84 I	
				CATEGORY	55.75	0.00	812.84	

ı	RUN DATE	03/28/12 -	- SUP SUNN	YSIDE CITYWIDE				PAGE 1 -	284	
ı	SALES JRN	L # 0274	LOC 001	SUNNYSIDE CITYWIDE	REG NY NY			VCP CHOICE LHCSA		
ı				5	SALES REGISTER			BILL WEEK ENDING	3/30/12	
ı										
ı	INVOICE#	DATE	CUST NO	CUSTOMER NAME	REFERENCE	HOURS	TAX AMT	AMOUNT TYP	SURPLUS	
ı										
ı	189184	3/02/12	800000	VISITING NURSE SERVICE	TAVANO, SILVIA	3.50		51.03 I		
ı										
ı										
ı					CATEGORY	3.50	0.00	51.03		

RUN DATE	03/28/12 -	- SUP SUNN	YSIDE CITYWIDE				PAGE 1 - 2	185
SALES JRN	IL # 0274	LOC 001	SUNNYSIDE CITYWIDE	REG NY NY			LTC NURSING HOMEW	·
			S	SALES REGISTER			BILL WEEK ENDING	3/30/12
INVOICE#	DATE	CUST NO	CUSTOMER NAME	REFERENCE	HOURS	TAX AMT	AMOUNT TYP	SURPLUS
189185	3/23/12	800000	VISITING NURSE SERVICE	TAVERAS ARIAS,	20.00		291.60 I	
				CATEGORY	20.00	0.00	 291.60	

RUN DATE SALES JRN		- SUP SUNN LOC 001	YSIDE CITYWIDE SUNNYSIDE CITYWIDE	REG NY NY			PAGE 1 ADU ADULT	- 28	36
511225 5141	_ 02/1	200 001		SALES REGISTER			BILL WEEK END	OING	3/30/12
INVOICE#	DATE	CUST NO	CUSTOMER NAME	REFERENCE	HOURS	TAX AMT	AMOUNT	TYP	SURPLUS
189186	3/23/12	800000	VISITING NURSE SERVICE	TAWADROUS, ANWA	6.00		87.48	I	
189187 189188	3/23/12 3/23/12	800000 000008	VISITING NURSE SERVICE VISITING NURSE SERVICE	TAWADROUS, ANWA TEJADA, BALDOME	3.00 20.00		43.74 291.60	I	
				CUSTOMER	29.00	0.00	422.82		
				CATEGORY	29.00	0.00	422.82		

			YSIDE CITYWIDE				PAGE 1 - 2	
SALES	JRNL # 0274	LOC 001	SUNNYSIDE CITYWIDE	REG NY NY			HOA HOSPICE ADULT	
			•	SALES REGISTER			BILL WEEK ENDING	3/30/12
INVOI	CE# DATE	CUST NO	CUSTOMER NAME	REFERENCE	HOURS	TAX AMT	AMOUNT TYP	SURPLUS
18918	9 3/23/12	800000	VISITING NURSE SERVICE	TEMBELIS, DAPHN	10.00		145.80 I	
				CATEGORY	10.00	0.00	145.80	

RUN DATE SALES JRN			YSIDE CITYWIDE SUNNYSIDE CITYWIDE	REG NY NY SALES REGISTER			PAGE 1 - 288 ADU ADULT BILL WEEK ENDING 3/30/12	
INVOICE#	DATE	CUST NO	CUSTOMER NAME	REFERENCE	HOURS	TAX AMT	AMOUNT TYP SURPLUS	
189190	3/23/12	800000	VISITING NURSE SERVICE	TERRERO, RAMONI	12.00		174.96 I	
				CATEGORY	12.00	0.00	 174.96	

RUN DATE	03/28/12 -	- SUP SUNN	NYSIDE CITYWIDE				PAGE 1 - 28	89
SALES JRN	JL # 0274	LOC 001	SUNNYSIDE CITYWIDE	REG NY NY			VCP CHOICE LHCSA	
				SALES REGISTER			BILL WEEK ENDING	3/30/12
INVOICE#	DATE	CUST NO	CUSTOMER NAME	REFERENCE	HOURS	TAX AMT	AMOUNT TYP	SURPLUS
189191	3/23/12	800000	VISITING NURSE SERVICE	TERZIAN, ASDGHI	57.00		831.06 I	
				CATEGORY	57.00	0.00	831.06	

			YSIDE CITYWIDE				PAGE 1 - 290)
SALES JRN	L # 0274	LOC 001	SUNNYSIDE CITYWIDE	REG NY NY SALES REGISTER			ADU ADULT BILL WEEK ENDING	3/30/12
INVOICE#	DATE	CUST NO	CUSTOMER NAME	REFERENCE	HOURS	TAX AMT	AMOUNT TYP	SURPLUS
INVOICE#	DATE	COSI NO	COSTOMER NAME	REF ERENCE	СЛООП	TAX AMI	AMOUNT TIP	SURPLUS
189192	3/23/12	000008	VISITING NURSE SERVICE	THOMPSON, WILLI	3.00		43.74 I	
				CATEGORY	3.00	0.00	43.74	

-	, - ,		YSIDE CITYWIDE SUNNYSIDE CITYWIDE S	REGNY NY SALES REGISTER			PAGE 1 - 291 VCP CHOICE LHCSA BILL WEEK ENDING 3/	30/12
INVOICE#	DATE	CUST NO	CUSTOMER NAME	REFERENCE	HOURS	TAX AMT	AMOUNT TYP SU	RPLUS
189193	3/23/12	800000	VISITING NURSE SERVICE	TINOCO, INES	42.00		612.36 I	
				CATEGORY	42.00	0.00	612.36	

			YSIDE CITYWIDE				PAGE 1 - 292	
SALES JRN	ь # 0274	LOC 001	SUNNYSIDE CITYWIDE	REGNY NY SALES REGISTER			ADU ADULT BILL WEEK ENDING 3/30/	12
INVOICE#	DATE	CUST NO	CUSTOMER NAME	REFERENCE	HOURS	TAX AMT	AMOUNT TYP SURPL	US
189194	3/23/12	800000	VISITING NURSE SERVICE	TORO VEGA, LUZV	22.00		320.76 I	
				CATEGORY	22.00	0.00	320.76	

			YSIDE CITYWIDE SUNNYSIDE CITYWIDE	REGNY NY SALES REGISTER			PAGE 1 - VCP CHOICE LHC BILL WEEK ENDI	-
INVOICE#	DATE	CUST NO	CUSTOMER NAME	REFERENCE	HOURS	TAX AMT	AMOUNT T	YP SURPLUS
189195	3/23/12	800000	VISITING NURSE SERVICE	TORO, PURA	84.00		1,224.72	I
				CATEGORY	84.00	0.00	1,224.72	

			YSIDE CITYWIDE SUNNYSIDE CITYWIDE S A	REG NY NY LES REGISTER			PAGE 1 - 294 ADU ADULT BILL WEEK ENDING 3/30/12
INVOICE#	DATE	CUST NO	CUSTOMER NAME	REFERENCE	HOURS	TAX AMT	AMOUNT TYP SURPLUS
189196	3/23/12	800000	VISITING NURSE SERVICE	TORRES, EMELINA	40.00		583.20 I
				CATEGORY	40.00	0.00	 583.20

RUN DATE	03/28/12 -	- SUP SUNN	YSIDE CITYWIDE				PAGE 1 - 2	95
SALES JRN	L # 0274	LOC 001		REG NY NY			VCP CHOICE LHCSA	
			\$	SALES REGISTER			BILL WEEK ENDING	3/30/12
INVOICE#	DATE	CUST NO	CUSTOMER NAME	REFERENCE	HOURS	TAX AMT	AMOUNT TYP	SURPLUS
189197	3/23/12	800000	VISITING NURSE SERVICE	TORRES, LUZ M	70.00		1,020.60 I	
				CATEGORY	70.00	0.00	1,020.60	

RUN DATE	03/28/12 -	- SUP SUNN	YSIDE CITYWIDE				PAGE 1 -	296
SALES JRN	L # 0274	LOC 001	SUNNYSIDE CITYWIDE	REG NY NY			LTC NURSING HOM	EW/O WALLS (LT
			2	SALES REGISTER	3		BILL WEEK ENDIN	G 3/30/12
INVOICE#	DATE	CUST NO	CUSTOMER NAME	REFERENCE	HOURS	TAX AMT	AMOUNT TY	P SURPLUS
189198	3/16/12	800000	VISITING NURSE SERVICE	TORRES, MARGOT	6.00		87.48 I	
189199	3/23/12	800000	VISITING NURSE SERVICE	TORRES, MARGOT	6.00		87.48 I	
189200	3/23/12	800000	VISITING NURSE SERVICE	TORRES, MARGOT	30.00		437.40 I	
				CUSTOMER	42.00	0.00	612.36	
				CATEGORY	42.00	0.00	612.36	

			YSIDE CITYWIDE				PAGE 1 - 297	
SALES JRI	NL # 0274	TOC 001	SUNNYSIDE CITYWIDE	REGNY NY SALES REGISTER			ADU ADULT BILL WEEK ENDING 3/30/	12
INVOICE#	DATE	CUST NO	CUSTOMER NAME	REFERENCE	HOURS	TAX AMT	AMOUNT TYP SURPL	US
189201	3/23/12	800000	VISITING NURSE SERVICE	TOUMA, MATTA	4.00		58.32 I	
				CATEGORY	4.00	0.00	58.32	

	RUN DATE 03/28/12 - SUP SUNNYSIDE CITYWIDE REG NY NY PAGE 1 - 298 SALES JRNL # 0274 LOC 001 SUNNYSIDE CITYWIDE REG NY NY VCP CHOICE LHCSA										
SALES JRN	L # 0274	LOC 001	SUNNYSIDE CITYWIDE	REGNY NY ALES REGISTER			VCP CHOICE LHO		3/30/12		
			5	ALES REGISIER			BILL WEEK END	ING	3/30/12		
INVOICE#	DATE	CUST NO	CUSTOMER NAME	REFERENCE	HOURS	TAX AMT	AMOUNT	ΓΥΡ	SURPLUS		
189202	3/23/12	800000	VISITING NURSE SERVICE	TRUJILLO, AMPAR	8.00		116.64	I			
189203	3/23/12	000008	VISITING NURSE SERVICE	TSOLISOS, FOTIN	49.00		714.42	I			
189204	3/09/12	800000	VISITING NURSE SERVICE	TZOUMAS, EFFIE	8.00		116.64	I			
189205	3/23/12	800000	VISITING NURSE SERVICE	TZOUMAS, EFFIE	56.00		816.48	I			
189206	3/23/12	800000	VISITING NURSE SERVICE	UGURLUYAN, KARA	7.00		1,224.72	I			
				CUSTOMER	128.00	0.00	2,988.90				
				CATEGORY	128.00	0.00	2,988.90				

RUN DATE	03/28/12 -	- SUP SUNN	YSIDE CITYWIDE				PAGE 1 - 2	299
SALES JR	NL # 0274	LOC 001	SUNNYSIDE CITYWIDE	REG NY NY			LTC NURSING HOME	N/O WALLS (LT
			5	SALES REGISTER			BILL WEEK ENDING	3/30/12
INVOICE#	DATE	CUST NO	CUSTOMER NAME	REFERENCE	HOURS	TAX AMT	AMOUNT TYP	SURPLUS
189207	3/23/12	000008	VISITING NURSE SERVICE	URBINA, ANA	35.00		510.30 I	
				CATEGORY	35.00	0.00	510.30	

RUN DATE SALES JRN			YSIDE CITYWIDE SUNNYSIDE CITYWIDE	REG NY NY			PAGE 1 - VCP CHOICE LHCSA	
				SALES REGISTER			BILL WEEK ENDING	3/30/12
INVOICE#	DATE	CUST NO	CUSTOMER NAME	REFERENCE	HOURS	TAX AMT	AMOUNT TYP	SURPLUS
189208	3/23/12	000008	VISITING NURSE SERVICE	VALENCIANO-ROJ,	40.00		583.20 I	
				CATEGORY	40.00	0.00	583.20	

RUN DATE	03/28/12 -	- SUP SUNN	YSIDE CITYWIDE				PAGE 1 - 301	
SALES JRN	rL # 0274	LOC 001	SUNNYSIDE CITYWIDE	REG NY NY			CCL CONGREGATE CARE PR	ROGRAM
			5	SALES REGISTER			BILL WEEK ENDING 3/3	30/12
INVOICE#	DATE	CUST NO	CUSTOMER NAME	REFERENCE	HOURS	TAX AMT	AMOUNT TYP SUF	RPLUS
189209	3/23/12	800000	VISITING NURSE SERVICE	VALENTI, HELEN	8.00		116.64 I	
				CATEGORY	8.00	0.00	116.64	

			YSIDE CITYWIDE				PAGE 1 -	302
SALES JRN	L # 0274	LOC 001	SUNNYSIDE CITYWIDE	REG NY NY				MEW/O WALLS (LT
			i	SALES REGISTER			BILL WEEK ENDI	NG 3/30/12
INVOICE#	DATE	CUST NO	CUSTOMER NAME	REFERENCE	HOURS	TAX AMT	AMOUNT T	YP SURPLUS
189210	3/23/12	000008	VISITING NURSE SERVICE	VAROL, ELMAS	6.00		87.48	I
189211	3/23/12	800000	VISITING NURSE SERVICE	VAROL, MUSTAFA	5.75		83.84	I
189212	3/23/12	800000	VISITING NURSE SERVICE	VASQUEZ, EUSTAG	33.00		481.14	I
189213	3/23/12	800000	VISITING NURSE SERVICE	VASQUEZ, RAPHAE	18.00		262.44	I
189214	3/23/12	800000	VISITING NURSE SERVICE	VAZQUEZ, ESTHER	40.00		583.20	I
				CUSTOMER	102.75	0.00	1,498.10	
				CATEGORY	102.75	0.00	1,498.10	

ı	RUN DATE	03/28/12 -	- SUP SUNN	YSIDE CITYWIDE				PAGE 1 -	303	
ı	SALES JRN	ъ # 0274	LOC 001	SUNNYSIDE CITYWIDE	REG NY NY			VCP CHOICE LHCSA		
ı				5	SALES REGISTER			BILL WEEK ENDING	3/30/12	
	INVOICE#	DATE	CUST NO	CUSTOMER NAME	REFERENCE	HOURS	TAX AMT	AMOUNT TYP	SURPLUS	
ı	189215	3/23/12	000008	VISITING NURSE SERVICE	VELASOUEZ, NELL	20.50		298.89 I		
	109213	3/23/12	000008	VISITING NORSE SERVICE	VELASQUEZ, NELL	20.50		290.09 1		
ı					CATEGORY	20.50	0.00	298.89		

RUN DATE	03/28/12 -	- SUP SUNN	YSIDE CITYWIDE				PAGE 1 - 3	304
SALES JRN	IL # 0274	LOC 001	SUNNYSIDE CITYWIDE	REG NY NY			LTC NURSING HOME	V/O WALLS (LT
			:	SALES REGISTER			BILL WEEK ENDING	3/30/12
TATTOTOTI	DAME	GIIGE NO	CHOMOMED NAME	DEFEDENCE	HOHDG	max anm	AMOUNTE EUR	GIIDDI HG
INVOICE#	DATE	CUST NO	CUSTOMER NAME	REFERENCE	HOURS	TAX AMT	AMOUNT TYP	SURPLUS
189216	3/23/12	000008	VISITING NURSE SERVICE	VENTURA, ROSA	49.00		714.42 I	
10,210	3,23,12	00000	VIDITING NONDE BERVIOE	V 22/10/21/ 1000/1	13.00		, 11, 12 1	
				CATEGORY	49.00	0.00	714.42	

			YSIDE CITYWIDE				PAGE 1 - 30	5
SALES JRNI	L # 0274	LOC 001	SUNNYSIDE CITYWIDE	REG NY NY			VCP CHOICE LHCSA	2 / 2 0 / 1 0
			:	SALES REGISTER			BILL WEEK ENDING	3/30/12
INVOICE#	DATE	CUST NO	CUSTOMER NAME	REFERENCE	HOURS	TAX AMT	AMOUNT TYP	SURPLUS
189217	3/23/12	800000	VISITING NURSE SERVICE	VERAS, JUANA	40.75		594.14 I	
				CATEGORY	40.75	0.00	594.14	

RUN DATE (YSIDE CITYWIDE SUNNYSIDE CITYWIDE	REG NY NY			PAGE 1 - 30 ADU ADULT	06
			5	SALES REGISTER			BILL WEEK ENDING	3/30/12
INVOICE#	DATE	CUST NO	CUSTOMER NAME	REFERENCE	HOURS	TAX AMT	AMOUNT TYP	SURPLUS
189218	3/23/12	800000	VISITING NURSE SERVICE	VICEDO, FREDELI	16.00		233.28 I	
				CATEGORY	16.00	0.00	233.28	

			YSIDE CITYWIDE						- 30)7	
SALES JRNI	L # 0274	LOC 001	SUNNYSIDE CITYWIDE	REG NY	NY			HOA HOSPICE	-		
			\$	SALES F	REGISTER			BILL WEEK EN	DING	3/30/12	
INVOICE#	DATE	CUST NO	CUSTOMER NAME	REF	FERENCE	HOURS	TAX AMT	AMOUNT	TYP	SURPLUS	
189219	3/23/12	800000	VISITING NURSE SERVICE	VIGO	DRITO, ANN	20.00		291.60	I		
					 CATEGORY	20.00	0.00	291.60			

RUN DATE	03/28/12 -	- SUP SUNN	YSIDE CITYWIDE				PAGE 1 -	308
SALES JRN	IL # 0274	LOC 001	SUNNYSIDE CITYWIDE	REG NY NY			VCP CHOICE LHCS	
			S	SALES REGISTER			BILL WEEK ENDIN	IG 3/30/12
INVOICE#	DATE	CUST NO	CUSTOMER NAME	REFERENCE	HOURS	TAX AMT	AMOUNT TY	P SURPLUS
189220	3/23/12	800000	VISITING NURSE SERVICE	VILLAPOL, ANNA	30.00		437.40 I	
				CATEGORY	30.00	0.00	437.40	

RUN DATE	03/28/12 -	- SUP SUNN	YSIDE CITYWIDE				PAGE 1 - 3	09
SALES JRN	L # 0274	LOC 001	SUNNYSIDE CITYWIDE	REG NY NY			CCL CONGREGATE CA	RE PROGRAM
			S	SALES REGISTER			BILL WEEK ENDING	3/30/12
INVOICE#	DATE	CUST NO	CUSTOMER NAME	REFERENCE	HOURS	TAX AMT	AMOUNT TYP	SURPLUS
189221	3/23/12	000008	VISITING NURSE SERVICE	VISCONTI, JASON	4.00		58.32 I	
				CATEGORY	4.00	0.00	58.32	

- 1				YSIDE CITYWIDE	DEC MY MY				10
	SALES JRNI	L # U2/4	LOC 001		REGNY NY SALES REGISTER			LTC NURSING HOMEW BILL WEEK ENDING	
	INVOICE#	DATE	CUST NO	CUSTOMER NAME	REFERENCE	HOURS	TAX AMT	AMOUNT TYP	SURPLUS
	189222	3/23/12	800000	VISITING NURSE SERVICE	VITO, CARMEN	24.00		349.92 I	
					CATEGORY	24.00	0.00	349.92	

RUN DATE SALES JRN		- SUP SUNN LOC 001	YSIDE CITYWIDE SUNNYSIDE CITYWIDE	REG NY NY			PAGE 1 VCP CHOICE LH		.1
			\$	SALES REGISTER			BILL WEEK END	ING	3/30/12
INVOICE#	DATE	CUST NO	CUSTOMER NAME	REFERENCE	HOURS	TAX AMT	AMOUNT	TYP	SURPLUS
189223	3/09/12	000008	VISITING NURSE SERVICE	~ ~ ,	20.00		291.60	I	
189224 189225	3/16/12 3/23/12	000008 000008	VISITING NURSE SERVICE VISITING NURSE SERVICE	VIVACQUA, EMMA VIVACOUA, EMMA	10.00 69.25		145.80 1,009.67	I	
107223	3/23/12	000000	VISITING NORSE SERVICE	VIVACQUA, EMMA					
				CUSTOMER	99.25	0.00	1,447.07		
				CATEGORY	99.25	0.00	1,447.07		

RUN DATE SALES JRN			YSIDE CITYWIDE SUNNYSIDE CITYWIDE	REG NY NY SALES REGISTER			PAGE 1 - 312 ADU ADULT BILL WEEK ENDING 3/30/12	
INVOICE#	DATE	CUST NO	CUSTOMER NAME	REFERENCE	HOURS	TAX AMT	AMOUNT TYP SURPLUS	
189226	3/23/12	800000	VISITING NURSE SERVICE	WALD, LENORE B	8.00		116.64 I	
				CATEGORY	8.00	0.00	116.64	

RUN DATE	03/28/12 -	- SUP SUNN	YSIDE CITYWIDE				PAGE 1 - 3	313
SALES JRN	IL # 0274	LOC 001	SUNNYSIDE CITYWIDE	REG NY NY			VCP CHOICE LHCSA	
			S	SALES REGISTER			BILL WEEK ENDING	3/30/12
INVOICE#	DATE	CUST NO	CUSTOMER NAME	REFERENCE	HOURS	TAX AMT	AMOUNT TYP	SURPLUS
189227	3/23/12	000008	VISITING NURSE SERVICE	WALLE, ILEANA	17.00		247.86 I	
189228	3/23/12	800000	VISITING NURSE SERVICE	YAGHDJIAN, SIRA	16.00		233.28 I	
				CUSTOMER	33.00	0.00	481.14	
				CATEGORY	33.00	0.00	481.14	

RUN DATE	03/28/12 -	- SUP SUNN	YSIDE CITYWIDE				PAGE 1 - 314	<u>l</u>
SALES JRN	L # 0274	LOC 001	SUNNYSIDE CITYWIDE	REG NY NY			CCL CONGREGATE CARE	PROGRAM
			\$	SALES REGISTER			BILL WEEK ENDING	3/30/12
INVOICE#	DATE	CUST NO	CUSTOMER NAME	REFERENCE	HOURS	TAX AMT	AMOUNT TYP	SURPLUS
189229	3/23/12	800000	VISITING NURSE SERVICE	YELLAPAH, DOLLI	12.00		174.96 I	
				CATEGORY	12.00	0.00	 174.96	

RUN DATE SALES JRN		- SUP SUNN LOC 001	YSIDE CITYWIDE SUNNYSIDE CITYWIDE	REG NY NY			PAGE 1 - 315 ADU ADULT	5
SALES URN	L # 02/4	LOC UUI		SALES REGISTER				3/30/12
INVOICE#	DATE	CUST NO	CUSTOMER NAME	REFERENCE	HOURS	TAX AMT	AMOUNT TYP	SURPLUS
189230 189231	3/23/12 3/23/12	000008 000008	VISITING NURSE SERVICE VISITING NURSE SERVICE	ZAMBRANO, CRUZM ZAMBRANO, VICTO	28.00 21.00		408.24 I 306.18 I	
				CUSTOMER	49.00	0.00	714.42	
				CATEGORY	49.00	0.00	 714.42	

RUN DATE 03/28/12 - SUP SUNNYSIDE CITYWIDE PAGE 1 - 316 SALES JRNL # 0274 LOC 001 SUNNYSIDE CITYWIDE REG NY NY GUI GUILDNET SALES REGISTER BILL WEEK ENDING 3/30/12 REFERENCE HOURS TAX AMT INVOICE# DATE CUST NO CUSTOMER NAME AMOUNT TYP SURPLUS 189232 332.00 I 3/23/12 000010 189233 265.60 I 3/23/12 000010 189234 3/23/12 000010 189235 3/23/12 000010 189236 3/23/12 000010 189237 3/23/12 000010 189238 3/23/12 000010 189239 3/23/12 000010 189240 2/17/12 000010 189241 3/23/12 000010 189242 3/23/12 000010 189243 3/23/12 000010 189244 3/23/12 000010 189245 3/23/12 000010 189246 3/16/12 000010 189247 3/23/12 000010 189248 3/23/12 000010 189249 3/23/12 000010 189250 3/09/12 000010 189251 3/23/12 000010 189252 3/23/12 000010 189253 3/23/12 000010 189254 3/23/12 000010 189255 1/13/12 000010 189256 3/23/12 000010 GUILDNET 189257 3/23/12 000010 189258 3/23/12 000010 189259 3/23/12 000010 189260 3/23/12 000010 189261 3/23/12 000010 189262 3/23/12 000010 189263 3/09/12 000010 189264 3/23/12 000010 189265 3/23/12 000010 189266 3/23/12 000010 189267 3/23/12 000010 189268 3/23/12 000010 189269 3/23/12 000010 189270 3/23/12 000010 GUILDNET 189271 3/23/12 000010 GUILDNET 189272 3/23/12 000010 GUILDNET 189273 000010 GUILDNET 3/23/12 189274 000010 GUILDNET 3/23/12 189275 3/23/12 000010 189276 3/23/12 000010 189277 3/23/12 000010 189278 3/23/12 000010 189279 3/23/12 000010 GUILDNET 3/23/12 000010 GUILDNET 189280

DIIM DAME	02/20/12	CIID CIININ	YSIDE CITYWIDE				PAGE 2	- 317
	03/28/12 · JL # 0274			DEG MY MY			GUI GUILDNET	- 311
SALES URN	11 # 02/4	TOC 001	SUNNYSIDE CITYWIDE	REGINI NI			GOT GOTTDNET	TMG 2/20/10
				SALES REGISTER	_		BILL WEEK END	ING 3/30/12
INVOICE#	DATE	CIICT NO	CUSTOMER NAME	REFERENCE	HOURS	TAX AMT	AMOUNT	TYP SURPLUS
INVOICE#	DAIL	COSI NO			CAUUN	IAA AMI	AMOUNT	TIP SURPLUS
189281	3/23/12	000010	GUILDNET	PRYCE, CLYDIA	16.00		212.48	I
189282	3/23/12	000010	GUILDNET	RESTULA, VINCEN	20.00		265.60	I
189283	3/23/12	000010	GUILDNET	RIVAS, GERTRUDI	16.00		212.48	I
189284	3/23/12	000010	GUILDNET	RODRIGUEZ, HOLG	63.00		836.64	I
189285	3/23/12	000010	GUILDNET	ROJAS, ANGEL	15.00		199.20	I
189286	3/23/12	000010	GUILDNET	ROJAS, HAYDEE	20.00		265.60	I
189287	3/23/12	000010	GUILDNET	RUBIANO, MARIA	20.00		265.60	I
189288	3/23/12	000010	GUILDNET	SALJANIN, DILJA	36.00		478.08	I
189289	3/23/12	000010	GUILDNET	SALJANIN, DILJA SANCHEZ, ELIZAB	43.00		571.04	I
189290	3/23/12	000010	GUILDNET	SHELTON, AGUEDA	35.00		464.80	I
189291	3/16/12	000010	GUILDNET	SOMRAJ, UMILLA	16.00		212.48	I
189292	3/23/12	000010	GUILDNET	TOROSSIAN, PARI	27.25		361.88	I
189293	3/23/12	000010	GUILDNET	VLAHOS, MARIE			929.60	I
189294	3/23/12	000010	GUILDNET	WEISZ, KLARA	9 00		106.24	I
189295	3/23/12	000010	GUILDNET	WEST, BALDWIN	20.00		265.60	I
189296	3/16/12	000010	GUILDNET	WHITE, GLORIA	8.00		106.24	I
189297	3/23/12	000010	GUILDNET	WHITLEY, MYRNA	20.00		265.60	I
189298	3/23/12	000010	GUILDNET	YI, CARLOS	20.00		265.60	I
189299	3/23/12	000010	GUILDNET	YIANTSELIS, VIR	7.00		1,260.00	I
189300	3/23/12	000010	GUILDNET	ZARE, GLORIA	84.00		1,115.52	I
189301	3/09/12	000010	GUILDNET	PRYCE, CLYDIA RESTULA, VINCEN RIVAS, GERTRUDI RODRIGUEZ, HOLG ROJAS, ANGEL ROJAS, HAYDEE RUBIANO, MARIA SALJANIN, DILJA SANCHEZ, ELIZAB SHELTON, AGUEDA SOMRAJ, UMILLA TOROSSIAN, PARI VLAHOS, MARIE WEISZ, KLARA WEST, BALDWIN WHITE, GLORIA WHITLEY, MYRNA YI, CARLOS YIANTSELIS, VIR ZARE, GLORIA	74.00		982.72	I
							36,565.96	
							36,565.96	

RUN DATE	03/28/12 -	- SUP SUNN	YSIDE CITYWIDE SUNNYSIDE CITYWIDE					PAGE 1	- 31	.8
SALES JRN	IL # 0274	LOC 001	SUNNYSIDE CITYWIDE	REG NY NY				HFS HEALTH F	IRST	
				SALES REG	ISTER			BILL WEEK EN	DING	3/30/12
		GIIGE NO	CUSTOMER NAME		7.0	HOHD	max ave	AMOUNT	mar.	GIID DI IIG
INVOICE#	DATE	CUST NO	CUSTOMER NAME	REFERENC	TE:	HOURS	TAX AMT	AMOUNT	TAB	SURPLUS
189302	3/23/12	000122	HEALTH FIRST	BEGUM. MA	ANWARA	12.00		202.56	Т	
189303	3/23/12	000122	HEALTH FIRST	BHATRO. K	COWSTLT	47.00		793.36	T	
189304	3/23/12	000122	HEALTH FIRST	BOCHENEC.	TOLAN	42.00		708.96	T	
189305	3/23/12	000122	HEALTH FIRST	CARMONA.	LIIZ	40.00		675.20	T	
189306	3/23/12	000122	HEALTH FIRST	CARRION.	MARTA	39.00		658.32	T	
189307	3/23/12	000122	HEALTH FIRST	CHARITAR.	RAMKA	5.00		84.40	T	
189308	3/23/12	000122	HEALTH FIRST	CHARTTAR	RAMKA	5 50		92 84	T	
189309	3/23/12	000122	HEALTH FIRST	CORTES DE	GALIN	30.00		506.40	Ť	
189310	3/23/12	000122	HEALTH FIRST	DORNELLAS	S. STEL	24.00		405.12	T	
189311	3/23/12	000122	HEALTH FIRST	ESPATIJAT	r. AMPA	24.00		405.12	T	
189312	3/23/12	000122	HEALTH FIRST	ESTEVES.	JOSE	63.00		1.063.44	T	
189313	3/23/12	000122	HEALTH FIRST	FERGERSON	J. TINA	35.00		590.80	T	
189314	3/23/12	000122	HEALTH FIRST	FERRERA.	FRANCT	9.00		151.92	T	
189315	3/23/12	000122	HEALTH FIRST	FONTANES.	PEDRO	39.00		658.32	T	
189316	3/23/12	000122	HEALTH FIRST	FRANCISCO). RICH	56.00		945.28	Ī	
189317	3/23/12	000122	HEALTH FIRST	FRIAS. BA	ARBARA	12.00		202.56	Ī	
189318	3/16/12	000122	HEALTH FIRST	HENRY, BE	RENDA	8.00		135.04	Ī	
189319	3/23/12	000122	HEALTH FIRST	KAUR, HAR	RBANS	49.00		827.12	Ī	
189320	3/23/12	000122	HEALTH FIRST	LARA, TOM	IASA	24.00		405.12	I	
189321	3/23/12	000122	HEALTH FIRST	LAZALA, G	GLADYS	7.00		1,417.92	I	
189322	3/23/12	000122	HEALTH FIRST	LOPEZ-RAM	MIREZ,	77.00		1,299.76	I	
189323	3/23/12	000122	HEALTH FIRST	MACARENA,	SAHAR	63.00		1,063.44	I	
189324	3/23/12	000122	HEALTH FIRST	MARTIN, A	ARIANA	12.00		202.56	I	
189325	3/23/12	000122	HEALTH FIRST	ORTIZ, TU	JLA	25.00		422.00	I	
189326	3/23/12	000122	HEALTH FIRST	RIVERA, C	CHRISTO	21.00		354.48	I	
189327	3/23/12	000122	HEALTH FIRST	RIVERA, E	EDDIE	21.00		354.48	I	
189328	3/23/12	000122	HEALTH FIRST	RODRIGUEZ	Z, MARG	20.00		337.60	I	
189329	3/23/12	000122	HEALTH FIRST	RUIZ JR,	SAMUEL	13.00		219.44	I	
189330	3/23/12	000122	HEALTH FIRST	SALAZAR,	LUZ MA	56.00		945.28	I	
189331	3/23/12	000122	HEALTH FIRST	SALHUANA,	YOLAN	39.00		658.32	I	
189332	3/23/12	000122	HEALTH FIRST	SPIVEY, F	PATRICI	25.00		422.00	I	
189333	3/23/12	000122	HEALTH FIRST	ST ROMAIN	NE, CLA	8.00		135.04	I	
189334	3/23/12	000122	HEALTH FIRST	ST ROMAIN	NE, CLA	50.00		844.00	I	
189335	3/23/12	000122	HEALTH FIRST	SURIEL, G	SERTRUD	28.00		472.64	I	
189336	3/23/12	000122	HEALTH FIRST	TEJADA, F	PAULA	40.00		675.20	I	
189337	3/23/12	000122	HEALTH FIRST	VEGA, GLO	ORIA	39.00		658.32	I	
189338	3/23/12	000122	HEALTH FIRST	WILLIAMS,	RODNE	18.00		303.84	I	
			HEALTH FIRST	CUS	 STOMER 1,1	125.50	0.00	20,298.20		
								20,298.20		

RUN DATE SALES JRN	03/28/12 - IL # 0274	- SUP SUNN LOC 001	YSIDE CITYWIDE SUNNYSIDE CITYWIDE	REG :	NY NY			PAGE 1 NHP NEIGHBORE	- 31 HOOD H	19 HEALTH
				SALE	S REGISTER			BILL WEEK END	DING	3/30/12
INVOICE#	DATE	CUST NO	CUSTOMER NAME		REFERENCE	HOURS	TAX AMT	AMOUNT	TYP	SURPLUS
189339	3/23/12	000120	NEIGHBORHOOD HEALTH	PROVIDERS	AKHTER, SELINA	45.00		759.60	I	
189340	3/23/12	000120	NEIGHBORHOOD HEALTH	PROVIDERS	ARDITTO, PATRIC	30.00		506.40	I	
189341	3/23/12	000120	NEIGHBORHOOD HEALTH	PROVIDERS	BRATHWAITE, DON	15.00		253.20	I	
189342	3/16/12	000120	NEIGHBORHOOD HEALTH	PROVIDERS	CHUKWUJIORAH, T	58.00		979.04	I	
189343	3/23/12	000120	NEIGHBORHOOD HEALTH E	PROVIDERS	DIAZ, CARMEN	20.00		337.60	I	
189344	3/23/12	000120	NEIGHBORHOOD HEALTH E	PROVIDERS	FERNANDEZ, MARI	12.00		202.56	I	
189345	1/06/12	000120	NEIGHBORHOOD HEALTH E	PROVIDERS	FLORES, MARITZA	90.00		1,519.20	I	
189346	3/23/12	000120	NEIGHBORHOOD HEALTH	PROVIDERS	JONES, CYNTHIA	45.00		759.60	I	
189347	3/23/12	000120	NEIGHBORHOOD HEALTH E	PROVIDERS	KHALIL, RASHAN	36.00		607.68	I	
189348	3/23/12	000120	NEIGHBORHOOD HEALTH E	PROVIDERS	KHAN, FARUQUE	30.00		506.40	I	
189349	3/23/12	000120	NEIGHBORHOOD HEALTH E	PROVIDERS	KROLL, KATHERIN	35.00		590.80	I	
189350	3/23/12	000120	NEIGHBORHOOD HEALTH E	PROVIDERS	MORALES, EDWIN	42.00		708.96	I	
189351	3/23/12	000120	NEIGHBORHOOD HEALTH E	PROVIDERS	MOSKOWITZ, RONA	35.75		603.46	I	
189352	3/23/12	000120	NEIGHBORHOOD HEALTH E	PROVIDERS	OCASIO, VIRGINI	21.00		354.48	I	
189353	3/23/12	000120	NEIGHBORHOOD HEALTH E	PROVIDERS	RODRIGUEZ, MARI	12.00		202.56	I	
189354	3/23/12	000120	NEIGHBORHOOD HEALTH I	PROVIDERS	SALVATO, MARY	56.00		945.28	I	
189355	3/23/12	000120	NEIGHBORHOOD HEALTH E	PROVIDERS	SCOTT, MICHAEL	40.00		675.20	I	
189356	3/16/12	000120	NEIGHBORHOOD HEALTH	PROVIDERS	SHEPPARD, ERMA	77.75		1,312.42	I	
189357	3/23/12	000120	NEIGHBORHOOD HEALTH	PROVIDERS	WELLS, WYNORIA	11.75		198.34	I	
189358	3/16/12	000120	NEIGHBORHOOD HEALTH INEIGHBORHOOD HEALTH INEIGHBORH	PROVIDERS	WILSON, SHERYL	44.00		742.72	I	
					CUSTOMER	756.25	0.00	12,765.50		
					CATEGORY		0.00			

			YSIDE CITYWIDE				PAGE 1 -		
SALES JRN	ъ # 0274	LOC 001	SUNNYSIDE CITYWIDE	REG NY NY			FID NY CATHOL:	IC/FIDEL	IS
				SALES REGISTER			BILL WEEK END	ING 3/	30/12
INVOICE#	DATE	CUST NO	CUSTOMER NAME	REFERENCE	HOURS	TAX AMT	AMOUNT :	TYP SU	RPLUS
189359	3/09/12	000126	NYS CATHOLIC/FIDELIS	BATISTA, JOSE	72.00		1,214.64	I	
189360	3/23/12	000126	NYS CATHOLIC/FIDELIS	BERGES, MARITZA	40.00		674.80	I	
189361	3/23/12	000126	NYS CATHOLIC/FIDELIS	LITMAN, GAIL	25.00		421.75	I	
189362	3/23/12	000126	NYS CATHOLIC/FIDELIS	MARTINEZ, LUISA	84.00		1,417.08	I	
189363	3/23/12	000126	NYS CATHOLIC/FIDELIS	MULLOKONDOVA, S	14.00		236.18	T	
189364	3/16/12	000126	NYS CATHOLIC/FIDELIS	PANOS, DESPINA	9.00		151.83	T	
189365	3/23/12	000126	NYS CATHOLIC/FIDELIS	PANOS, DESPINA	63.00		1,062.81	Ť	
189366	3/23/12	000126	NYS CATHOLIC/FIDELIS	PURNELL, ROSE	28.00		472.36	Ť	
189367	3/23/12	000126	NYS CATHOLIC/FIDELIS	ROMERO AYALA, A	40.00		674.80	± T	
189368	3/23/12	000126	NYS CATHOLIC/FIDELIS	SAMOJEDNY, MICH	40.00		674.80	± +	
								±	
189369	3/23/12	000126	NYS CATHOLIC/FIDELIS	SZE, BECKY	28.00		472.36		
189370	3/16/12	000126	NYS CATHOLIC/FIDELIS	VARGAS, RAQUEL	72.00		1,214.64	Т	
				CUSTOMER	515.00	0.00	8,688.05		
				CATEGORY	515.00	0.00	8,688.05		

RUN DATE SALES JRN		- SUP SUNN	YSIDE CITYWIDE SUNNYSIDE CITYWIDE	REG NY NY			PAGE 1 UHC UNITED HE		
				S A L E S R E G I S T E R			BILL WEEK END	ING 3/30/1	2
INVOICE#	DATE	CUST NO	CUSTOMER NAME	REFERENCE	HOURS	TAX AMT	AMOUNT	TYP SURPLU	S
189371	3/23/12	000128	UNITED HEALTH CARE	AHMED, UMARA	48.00		823.68	I	
189372	3/23/12	000128	UNITED HEALTH CARE	CALDERON, MIGDA	49.00		840.84	I	
189373	3/23/12	000128	UNITED HEALTH CARE	MILLAN, ARMIDA	38.00		652.08	I	
189374	3/23/12	000128	UNITED HEALTH CARE	MUSHAYEV, BORIS	56.00		960.96	I	
189375	3/23/12	000128	UNITED HEALTH CARE	SAFOS, PATRA	56.00		960.96	I	
189376	3/23/12	000128	UNITED HEALTH CARE	SANTOS, MILAGRO	20.00		343.20	I	
189377	3/23/12	000128	UNITED HEALTH CARE	YUSUPOV, PULAT	28.00		480.48	I	
189378	3/23/12	000128	UNITED HEALTH CARE	ZANE, GEORGE	11.00		188.76	I	_
				CUSTOMER	306.00	0.00	5,250.96		
				CATEGORY	306.00	0.00	5,250.96		-

RUN DATE SALES JRN		- SUP SUNN	YSIDE CITYWIDE SUNNYSIDE CITYWIDE	REG NY NY			PAGE 1 EHP EMBLEM H	- 32 EALTH	22
				SALES REGISTER			BILL WEEK EN	DING	3/30/12
INVOICE#	DATE	CUST NO	CUSTOMER NAME	REFERENCE	HOURS	TAX AMT	AMOUNT	TYP	SURPLUS
189379	3/23/12	000114	EMBLEM HEALTH	COPE, WILLIE	84.00		1,176.00	I	
189380	3/16/12	000114	EMBLEM HEALTH	COPELAND, ELISE	30.00		427.50	I	
189381	3/23/12	000114	EMBLEM HEALTH	GAFFNEY, FREDER	20.00		280.00	I	
189382	3/23/12	000114	EMBLEM HEALTH	JACKSON, FRANCE	35.00		490.00	I	
189383	3/23/12	000114	EMBLEM HEALTH	KEATON, CATHERI	84.00		1,176.00	I	
189384	3/23/12	000114	EMBLEM HEALTH	REYNOLDS, HARRI	12.00		168.00	I	
189385	3/23/12	000114	EMBLEM HEALTH	WESTFIELD, BREN	56.00		784.00	I	
				CUSTOMER	321.00	0.00	4,501.50		
				CATEGORY	321.00	0.00	4,501.50		

			YSIDE CITYWIDE					- 32	
SALES JRN	L # 0274	LOC 001					HIP HEALTH II		
			S A L	ES REGISTE	3		BILL WEEK EN	DING	3/30/12
INVOICE#	DATE	CUST NO	CUSTOMER NAME	REFERENCE	HOURS	TAX AMT	AMOUNT	TYP	SURPLUS
189386	3/23/12	000136	HEALTH INSURANCE PLAN OF NY	AHMAD, AMATUL	11.00		185.68	I	
189387	3/23/12	000136	HEALTH INSURANCE PLAN OF NY	AHMAD, AMATUL BORLAZA, FRANCI	168.00		2,835.84	I	
189388	3/23/12	000136	HEALTH INSURANCE PLAN OF NY		8.00		135.04	I	
189389	3/23/12	000136	HEALTH INSURANCE PLAN OF NY	DE JESUS, TIBUR	63.00		1,063.44	I	
189390	3/23/12	000136	HEALTH INSURANCE PLAN OF NY	GOMES, AGUSTINA	54.00		911.52	I	
189391	3/23/12	000136	HEALTH INSURANCE PLAN OF NY	LOYOLA, MARIA	40.00		675.20	I	
189392	3/16/12	000136	HEALTH INSURANCE PLAN OF NY	ORR, LOUISE	39.50		666.76	I	
189393	3/23/12	000136	HEALTH INSURANCE PLAN OF NY	PARADISE, ANITA	8.00		135.04	I	
189394	3/23/12	000136	HEALTH INSURANCE PLAN OF NY	SHAH, HANSIKABE	5.00		84.40	I	
189395	3/23/12	000136	HEALTH INSURANCE PLAN OF NY	TOWLES, ADA	16.00		270.08	I	
189396	3/23/12	000136	HEALTH INSURANCE PLAN OF NY	WILLIAMS, DIANE	20.00		337.60	I	
189397	3/23/12	000136	HEALTH INSURANCE PLAN OF NY	ZAMBRANO, ZOILA	16.00		270.08	I	
				CUSTOMER	448.50	0.00	7,570.68		
				CATEGORY	448.50	0.00	7,570.68		

RUN DATE SALES JRN		SUP SUNN	YSIDE CITYWIDE SUNNYSIDE CITYWIDE	REG NY NY			PAGE 1 HPS HEALTH P	- 32 LUS	24
				SALES REGISTER			BILL WEEK EN	DING	3/30/12
INVOICE#	DATE	CUST NO	CUSTOMER NAME	REFERENCE	HOURS	TAX AMT	AMOUNT	TYP	SURPLUS
189398	2/03/12	000138	HEALTH PLUS PHSP, INC	DENNISON, KELVI	116.00		1,972.00	I	
189399	3/09/12	000138	HEALTH PLUS PHSP, INC	HARDING, EDNA	32.00		544.00	I	
189400	3/23/12	000138	HEALTH PLUS PHSP, INC	WALTERS, BYRON	25.00		425.00	I	
189401	3/23/12	000138	HEALTH PLUS PHSP, INC	YOUNG, KALEILE	18.00		306.00	I	
				CUSTOMER	191.00	0.00	3,247.00		
				CATEGORY	191.00	0.00	3,247.00		

RUN DATE	03/28/12 -	- SUP SUNN	YSIDE CITYWIDE				PAGE 1 -	325
SALES JRN	IL # 0274	LOC 001	SUNNYSIDE CITYWIDE	REG NY NY S A L E S R E G I S T E R			MPH METROPLUS I	HEALTH
				SALES REGISTER			BILL WEEK ENDI	NG 3/30/12
T1770 T GT	53.00	GTTGT 370	GUGEOVED VIVE		*******		3.40TPTE E	
INVOICE#	DATE	CUST NO	CUSTOMER NAME	REFERENCE	HOURS	TAX AMT	AMOUNT T	YP SURPLUS
189402	3/23/12	000130	METROPLUS HEALTH	ABBAS, SENOWARA ANDERSON, BETH ARIAS, NORA BEDOYA, MONICA BRACERO, HELEN	84.00		1,440.60	I
189403	3/23/12	000130	METROPLUS HEALTH	ANDERSON, BETH	41.00		703.15	Ι
189404	3/23/12	000130	METROPLUS HEALTH	ARIAS, NORA	68.00		1,166.20	Ι
189405	3/23/12	000130	METROPLUS HEALTH	BEDOYA, MONICA	28.00		480.20	Ι
189406	3/23/12	000130	METROPLUS HEALTH METROPLUS HEALTH	BRACERO, HELEN	56.00		960.40	I
189407	3/09/12	000130	METROPLUS HEALTH		106.00		1,817.90	I
189408	3/23/12	000130	METROPLUS HEALTH METROPLUS HEALTH	CHAPMAN, ESTREL	15.00		257.25	I
189409	3/23/12	000130	METROPLUS HEALTH	CORDERO, ROSEND	57.50		986.13	I
189410	3/23/12	000130	METROPLUS HEALTH	DAVIS, ANGIE	133.00		2,280.95	I
189411	3/23/12	000130	METROPLUS HEALTH	DEWANJEE, MIRA	20.00		343.00	I
189412	3/23/12	000130	METROPLUS HEALTH	DURHAM, CYNTHIA	12.00		205.80	I
189413	3/23/12	000130	METROPLUS HEALTH METROPLUS HEALTH	GALAS, TERESA	35.00		600.25	I
189414	3/23/12	000130	METROPLUS HEALTH	MURDOCK, GERTRU	32.00		548.80	I
189415	3/23/12	000130	METROPLUS HEALTH	PERSAD, USHA	71.00		1,217.65	I
189416	3/23/12	000130	METROPLUS HEALTH METROPLUS HEALTH METROPLUS HEALTH METROPLUS HEALTH	PUCHUELA, MARIA	56.00		960.40	I
189417	3/16/12	000130	METROPLUS HEALTH	RAMPERSAID, ALI	27.00		463.05	I
189418	3/23/12	000130	METROPLUS HEALTH	RYALS, CHARLES	12.00		205.80	I
189419	3/23/12	000130	METROPLUS HEALTH	SANTORO, MATTHE	12.00		205.80	I
189420	3/23/12	000130	METROPLUS HEALTH	PERSAD, USHA PUCHUELA, MARIA RAMPERSAID, ALI RYALS, CHARLES SANTORO, MATTHE SHUMON, NUK-FNU	28.00		480.20	I
				CUSTOMER		0.00		
				CATEGORY	893.50	0.00	15,323.53	

RUN DATE	03/28/12 -		YSIDE CITYWIDE					PAGE 1 -	32	6
SALES JRN	ъ # 0274	LOC 001	SUNNYSIDE CITYWIDE	REG	NY NY			WEL WELCARE OF	' NY	
				SALE	S REGISTER	-		BILL WEEK ENDI	NG	3/30/12
INVOICE#	DATE	CUST NO	CUSTOMER NAME		REFERENCE	HOURS	TAX AMT	I TRUOMA	'YP	SURPLUS
189421	3/23/12	000124	WELCARE OF NEW YORK,	INC.	GENAO, DANIELA	55.00		946.00	I	
189422	3/16/12	000124	WELCARE OF NEW YORK,	INC.	MARTINEZ, MARIA	47.00		808.40	I	
189423	3/23/12	000124	WELCARE OF NEW YORK,	INC.	PEREZ, MAURA	19.00		326.80	I	
189424	3/23/12	000124	WELCARE OF NEW YORK,	INC.	RAMIREZ, ALIDA	62.75		1,079.30	I	
					CUSTOMER	183.75	0.00	3,160.50		
					CATEGORY	183.75	0.00	3,160.50		

RUN DATE	03/28/12 -	- SUP SUNN	YSIDE CITYWIDE					PAGE 1 -	327
SALES JRN	IL # 0274	LOC 001	SUNNYSIDE CITYWIDE	REG N				NPS NY PRESBYTE	
				SALES	S REGISTER			BILL WEEK ENDIN	G 3/30/12
INVOICE#	DATE	CUST NO	CUSTOMER NAME		REFERENCE	HOURS	TAX AMT	AMOUNT TY	P SURPLUS
189425	3/23/12	000134	NY-PRESBYTERIAN SYSTEM	1 SELECT	KARASSAVIDIS, A	35.00		600.60 I	
					CATEGORY	35.00	0.00	600.60	

RUN DATE SALES JRN		- SUP SUNN LOC 001	YSIDE CITYWIDE SUNNYSIDE CITYWIDE	REG NY NY			PAGE 1 - AMG AMERIGROUE	- 328
SALES UKN	L # UZ/4	TOC 001	SUNNISIDE CITIWIDE	SALES REGISTER			BILL WEEK ENDI	
INVOICE#	DATE	CUST NO	CUSTOMER NAME	REFERENCE	HOURS	TAX AMT	AMOUNT T	YP SURPLUS
189426	3/23/12	000132	AMERIGROUP	FERNANDEZ, NORK	42.00		708.54	I
189427	3/23/12	000132	AMERIGROUP	GUERRA, LORRAIN	70.00		1,180.90	I
189428	3/23/12	000132	AMERIGROUP	HAWKINS S, MA	70.00		1,180.90	I
189429	3/23/12	000132	AMERIGROUP	PRUITT, JOHNNY	8.00		135.04	I
				CUSTOMER	190.00	0.00	3,205.38	
				CATEGORY	190.00	0.00	3,205.38	

			YSIDE CITYWIDE	NT1/ NT1/				- 32	29
SALES JRN	L # UZ/4	LOC 001	SUNNYSIDE CITYWIDE REG S A L E				PAR PRIVATE BILL WEEK EN	DING	3/30/12
			-						-,,
INVOICE#	DATE	CUST NO	CUSTOMER NAME	REFERENCE	HOURS	TAX AMT	AMOUNT	TYP	SURPLUS
189430	3/23/12	000002	SUNNYSIDE COMMUNITY SERVICES	BURY, GLADYS	4.00		58.00	I	
189431	3/23/12	000002	SUNNYSIDE COMMUNITY SERVICES	GRECH, JANE	6.00		87.00	I	
189432	3/23/12	000002	SUNNYSIDE COMMUNITY SERVICES	MAZZA, ROLAND	4.00		58.00	I	
189433	3/23/12	000002	SUNNYSIDE COMMUNITY SERVICES	ROJO, MANUEL	8.00		116.00	I	
				CUSTOMER	22.00	0.00	319.00		
189434	3/23/12	000040	DUISIN, CHRISTINE	DUISIN, XENIA	20.00		310.00	I	
189435	3/23/12	000049	ELIZABETH SETON PEDIATRIC CTR	DIOP, SERIGNE	25.00		344.75	I	
189436	3/23/12	000049	ELIZABETH SETON PEDIATRIC CTR	MORSHELINA, NAS	15.00		206.85	I	
				CUSTOMER	40.00	0.00	551.60		
189437	3/16/12	000069	AMY L. WELTMAN	LUSKIND, FRANCE	2.00		390.00	I	
189438	3/23/12	000069	AMY L. WELTMAN	LUSKIND, FRANCE	7.00		1,338.00	Ī	
				CUSTOMER	9.00	0.00	1,728.00		
189439	3/23/12	000078	MCDERMOTT, LOUISE	MCDERMOTT, LOUI	8.00		124.00	I	
102432	3/43/14	000078	MCDERMOII, LOUISE	MCDERMOII, LOUI	0.00		124.00	Т	
				CATEGORY	99.00	0.00	3,032.60		
I				CAIEGORI	22.00	0.00	3,032.00		

RUN DATE SALES JRN		- SUP SUNN LOC 001	YSIDE CITYWIDE SUNNYSIDE CITYWIDE S	REG NY NY A L E S R E G I S T E R			PAGE 1 CAS CHILDREN BILL WEEK EN		
INVOICE#	DATE	CUST NO	CUSTOMER NAME	REFERENCE	HOURS	TAX AMT	AMOUNT	TYP	SURPLUS
189440 189441 189442 189443 189444 189445 189446	3/23/12 3/23/12 3/23/12 3/23/12 3/23/12 3/23/12 3/23/12	000088 000088 000088 000088 000088 000088	CHILDREN'S AID SOCIETY	DUNNE, MYEISHA GIL, GENEVIEVE GIL, MARANGELI JOHNSON, CAMRYN REDDICK, LORENZ REDDICK, TRINIT SALAS, HELENA	25.00 4.00 2.00 19.00 23.00 17.00 28.00		387.50 62.00 31.00 294.51 356.50 263.50 434.00	I I I I I	
				CUSTOMER	118.00	0.00	1,829.01		
				CATEGORY	118.00	0.00	1,829.01		

RUN DATE SALES JRN			NYSIDE CITYWIDE SUNNYSIDE CITYWIDE	REG NY NY SALES REGISTER			PAGE 1 - 331 PAR PRIVATE BILL WEEK ENDING 3/30/12	
INVOICE#	DATE	CUST NO	CUSTOMER NAME	REFERENCE	HOURS	TAX AMT	AMOUNT TYP SURPLUS	
189447	3/23/12	000098	MILDRED PANSE	PANSE, MILDRED	20.00		310.00 I	
				CATEGORY	20.00	0.00	310.00	

RUN DATE	03/28/12 -	- SUP SUNN	YSIDE CITYWIDE				PAGE 1	- 332	
SALES JRN	L # 0274	LOC 001	SUNNYSIDE CITYWIDE	REG NY NY			ELD ELDERSERV	EHEALTH	
				SALES REGI	STER		BILL WEEK END	ING 3/3	30/12
INVOICE#	DATE	CUST NO	CUSTOMER NAME	REFERENCE	HOURS	TAX AMT	AMOUNT	TYP SUF	RPLUS
189448	3/23/12	000101	ELDERSERVEHEALTH	BEAN, ELMIR	A 25.00		356.25	I	
				CATEG	ORY 25.00	0.00	356.25		

RUN DATE SALES JRN			YSIDE CITYWIDE SUNNYSIDE CITYWIDE	REG NY NY SALES REGISTE	R		PAGE 1 PAR PRIVATE BILL WEEK ENI	- 33	3/30/12	
INVOICE#	DATE	CUST NO	CUSTOMER NAME	REFERENCE	HOURS	TAX AMT	AMOUNT	TYP	SURPLUS	
189449	3/23/12	000143	ETTORE COPPOLA	COPPOLA, ETTORE	20.00		317.50	I		
189450	3/23/12	000145	LARRY EISENBERG	BERGER, TESS	53.00		848.50	I		
				 CATEGORY	73.00	0.00	1,166.00			

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SALES JRNL	# 0274	LOC 001	SUNNYSIDE CITYWIDE	REG I	NY NY			CCM COMPREHE	NSIVE	CARE MGMT
			S	SALE	S REGISTER			BILL WEEK EN	DING	3/30/12
INVOICE#	DATE	CUST NO	CUSTOMER NAME		REFERENCE	HOURS	TAX AMT	AMOUNT	TYP	SURPLUS
189451	3/23/12	000150	COMPREHENSIVE CARE MANA	AGEMENT	BONES, ANA	16.00		225.60	I	
189452	3/23/12	000150	COMPREHENSIVE CARE MANA	AGEMENT	ROSARIO, CELEST	30.00		423.00	I	
					CUSTOMER	46.00	0.00	648.60		
					CATEGORY	46.00	0.00	648.60		

	03/28/12 - NL # 0274	- SUP SUNN LOC 001		REG NY L E S	NY REGISTE	C R		PAGE 1 PAR PRIVATE BILL WEEK ENI	- 33	3/30/12
INVOICE#	DATE	CUST NO	CUSTOMER NAME	RI	EFERENCE	HOURS	TAX AMT	AMOUNT	TYP	SURPLUS
189453	3/23/12	000151	MICHAEL SIANO	SIA	ANO, ANDREW	20.00		270.00	I	
189454	3/23/12	000153	PATRICIA RUECKHER	RUI	ECKHER, PATRI	12.00		186.00	I	
189455	3/23/12	000155	ROSEMARY JIBAJA	JII	BAJA, ROSEMAR	168.00		2,676.00	I	
189456	3/23/12	002215	KEITH SALMON	LAV	WRANCE, LILLA	20.00		322.00	I	
189457	3/23/12	003108	NIGRO, CATHERINE	NIC	GRO, CATHERIN	20.00		310.00	I	
189458	3/23/12	003743	VICTOR NICASSIO	NIC	CASSIO, VICTO	9.00		139.50	I	
189459	3/23/12	004784	CAMILLERI, JOSEPH	CAN	MILLERI, JOSE	20.00		270.00	I	
189460	3/23/12	006337	STEPHEN EDEL	EDI	EL, CANDACE	81.00		1,279.50	I	
189461	3/23/12	007521	DOROTHY GILBERT	GII	LBERT, DOROTH	35.00		550.00	I	
189462	3/23/12	007630	MAUREEN MAIORANA	MAI	IORANA, MAURE	8.00		130.00	I	
189463	3/23/12	007631	MICHAEL MAIRANO	MAI	IORANA, MICHE	13.00		211.25	I	
189464	3/23/12	007883	ABBAMONTE, RUTH	ABI	BAMONTE, RUTH	6.00		99.00	I	
189465	3/23/12	009498	LOUIS LE NOACH	LE1	NOACH, LOUIS	9.00		148.50	I	
189466	3/23/12	009566	ELIZABETH CERNY	CEF	RNY, ELIZABET	9.00		139.50	I	
189467	3/23/12	009605	OLGA OBYMAKO	OB?	YMAKO, OLGA	6.00		93.00	I	
189468	3/23/12	009752	PETER CAPORASO	CAI	PORASO, VINCE	12.00		204.00	I	
189469	3/23/12	009788	ARIADNI GLYPTIS	GL?	YPTIS, ARIADN	3.00		46.50	I	
189470	3/23/12	009854	HELEN TAYLOR	HEF	RNANDEZ, FRAN	4.00		62.00	I	
189471	3/23/12	009857	ALZHEIMER'S ASSOCIATION, NY	YC MAI	RTIN, RUTH	8.00		124.00	I	
189472	3/23/12	009932	JOSEPH SCANDARIATO	SCI	ANDARIATOR, J	6.00		93.00	I	
189473	3/23/12	010007	DOROTHY TUCCI	TUC	CCI, DOROTHY	4.00		65.00	I	
189474	3/23/12	010008	LOUIS TUCCI	TUC	CCI, LOUIS	4.00		65.00	I	
					CATEGORY	477.00	0.00	7,483.75		
						22,440.01	0.00	345,739.95		
					COMPANY	22,440.01		345,739.95		

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SALES REGISTER BILL WEEK ENDING 3/30/12

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

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