RUN DATE 05/09/12 - SUP SUNNYSIDE CITYWIDE
SALES JRNL # 0280 LOC 001 SUNNYSIDE CITYWIDE REG NY NY

E REGNY NY SALES REGISTER

PAGE 1 - 1 SHP SENIOR HEALTH PARTNERS BILL WEEK ENDING 5/11/12

				2 11 2 2				2122 71221 211		3/ 11/ 12
INVOICE#	DATE	CUST NO	CUSTOMER NAME		REFERENCE	HOURS	TAX AMT	AMOUNT	TYP	SURPLUS
193415	5/04/12	000082	SENIOR HEALTH PA	ARTNERS	ALVAREZ, ANGELA	4.00		57.00	I	
193416	5/04/12	000082	SENIOR HEALTH PA	ARTNERS	ALVAREZ, ANGELA	4.00		57.00	I	
193417	4/20/12	000082	SENIOR HEALTH PA	ARTNERS	BROOKS, NATALIE	14.00		199.50	I	
193418	5/04/12	000082	SENIOR HEALTH PA	ARTNERS	BROOKS, NATALIE	17.50		249.38	I	
193419	5/04/12	000082	SENIOR HEALTH PA	ARTNERS	CARRILLO, MARIA	27.75		395.44	I	
193420	5/04/12	000082	SENIOR HEALTH PA	ARTNERS	COLON, RAYMUNDA	14.00		199.50	I	
193421	5/04/12	000082	SENIOR HEALTH PA	ARTNERS	COLON, RAYMUNDA	21.00		299.25	I	
193422	5/04/12	000082	SENIOR HEALTH PA	ARTNERS	DABU, JUANITA	4.00		57.00	I	
193423	5/04/12	000082	SENIOR HEALTH PA	ARTNERS	DABU, JUANITA	12.00		171.00	I	
193424	5/04/12	000082	SENIOR HEALTH PA	ARTNERS	DABU, JUANITA	4.00		57.00	I	
193425	5/04/12	000082	SENIOR HEALTH PA	ARTNERS	FENTON, JESSIE	3.75		53.44	I	
193426	5/04/12	000082	SENIOR HEALTH PA	ARTNERS	FENTON, JESSIE	4.00		57.00	I	
193427	5/04/12	000082	SENIOR HEALTH PA	ARTNERS	FENTON, JESSIE	4.00		57.00	I	
193428	5/04/12	000082	SENIOR HEALTH PA	ARTNERS	GHILIOTTY, FLOR	14.00		199.50	I	
193429	5/04/12	000082	SENIOR HEALTH PA	ARTNERS	GHILIOTTY, FLOR	18.00		256.50	I	
193430	5/04/12	000082	SENIOR HEALTH PA	ARTNERS	GRAFSTEIN, LILL	3.00		600.00	I	
193431	5/04/12	000082	SENIOR HEALTH PA	ARTNERS	GRAFSTEIN, LILL	4.00		800.00	I	
193432	5/04/12	000082	SENIOR HEALTH PA	ARTNERS	GUTIERREZ, LUCI	4.00		57.00	I	
193433	5/04/12	000082	SENIOR HEALTH PA	ARTNERS	HARIDIN, KHAMAT	13.00		185.25	I	
193434	5/04/12	000082	SENIOR HEALTH PA	ARTNERS	HARIDIN, KHAMAT	20.00		285.00	I	
193435	5/04/12	000082	SENIOR HEALTH PA	ARTNERS	HARIDIN, RAMDIA	59.00		840.75	I	
193436	5/04/12	000082	SENIOR HEALTH PA	ARTNERS	HARIDIN, RAMDIA	76.00		1,083.00	I	
193437	5/04/12	000082	SENIOR HEALTH PA	ARTNERS	HERNANDEZ, FRAN	11.00		156.75	I	
193438	5/04/12	000082	SENIOR HEALTH PA	ARTNERS	HERNANDEZ, FRAN	24.00		342.00	I	
193439	5/04/12	000082	SENIOR HEALTH PA	ARTNERS	LEPORE, CLAIRE	4.75		67.69	I	
193440	5/04/12	000082	SENIOR HEALTH PA	ARTNERS	MOROCHO, MANUEL	34.00		484.50	I	
193441	5/04/12	000082	SENIOR HEALTH PA	ARTNERS	MOROCHO, MANUEL	42.00		598.50	I	
193442	5/04/12	000082	SENIOR HEALTH PA	ARTNERS	RODRIGUEZ, MARI	4.00		57.00	I	
193443	5/04/12	000082	SENIOR HEALTH PA	ARTNERS	RODRIGUEZ, MARI	16.00		228.00	I	
193444	5/04/12	000082	SENIOR HEALTH PA	ARTNERS	SIERRA, MIRIAM	5.00		71.25	I	
193445	5/04/12	000082	SENIOR HEALTH PA	ARTNERS	SIERRA, MIRIAM	20.00		285.00	I	
193446	5/04/12	000082	SENIOR HEALTH PA	ARTNERS	SIMON, LUPE	4.00		57.00	I	
193447	5/04/12	000082	SENIOR HEALTH PA	ARTNERS	TORRESCAMPOS, J	8.00		114.00	I	
193448	5/04/12	000082	SENIOR HEALTH PA	ARTNERS	TORRESCAMPOS, J	24.00		342.00	I	
193449	5/04/12	000082	SENIOR HEALTH PA	ARTNERS	VIDOT-LINARES,	8.00		114.00	I	
193450	5/04/12	000082	SENIOR HEALTH PA	ARTNERS	VIDOT-LINARES,	24.00		342.00	I	
193451	5/04/12	000082	SENIOR HEALTH PA	ARTNERS	WOO, LUZ	4.00		57.00	I	
193452	5/04/12	000082	SENIOR HEALTH PA	ARTNERS	WOO, LUZ	8.00		114.00	I	
193453	5/04/12	000082	SENIOR HEALTH PA	ARTNERS	WOO, LUZ	4.00		57.00	Ι	
					REFERENCE ALVAREZ, ANGELA ALVAREZ, ANGELA BROOKS, NATALIE BROOKS, NATALIE BROOKS, NATALIE CARRILLO, MARIA COLON, RAYMUNDA COLON, RAYMUNDA COLON, RAYMUNDA DABU, JUANITA DABU, JUANITA DABU, JUANITA FENTON, JESSIE FENTON, JESSIE FENTON, JESSIE FENTON, JESSIE GHILIOTTY, FLOR GHILIOTTY, FLOR GRAFSTEIN, LILL GUTIERREZ, LUCI HARIDIN, KHAMAT HARIDIN, KHAMAT HARIDIN, RAMDIA HERNANDEZ, FRAN HERNANDEZ, FRAN HERNANDEZ, FRAN LEPORE, CLAIRE MOROCHO, MANUEL MOROCHO, MANUEL RODRIGUEZ, MARI RODRIGUEZ, MARI SIERRA, MIRIAM SIERR	589.75	0.00	9,704.20		· -
					CATEGORY	589.75	0.00	9,704.20		
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			YSIDE CITYWIDE				PAGE 1		2
SALES JRN	IL # 0280	LOC 001	SUNNYSIDE CITYWIDE	REGNY NY ALES REGISTER			VCP CHOICE LE	ICSA	
			S A	ALES REGISTER			BILL WEEK ENI	DING	5/11/12
INVOICE#	DATE	CUST NO	CUSTOMER NAME	REFERENCE	HOURS	TAX AMT	AMOUNT	TYP	SURPLUS
193454	5/04/12	800000	VISITING NURSE SERVICE	ABINANTI, IRENE	24.00		349.92	I	
193455	5/04/12	800000	VISITING NURSE SERVICE	ABINANTI, IRENE	30.75		448.34	I	
193456	5/04/12	000008	VISITING NURSE SERVICE	ABREU, ANA			58.32	I	
193457	5/04/12	000008	VISITING NURSE SERVICE	ABREU, ANA			116.64	T	
193458	4/20/12	000008	VISITING NURSE SERVICE	ADAMES, OLGA			72.90	T	
193459	5/04/12	000008	VISITING NURSE SERVICE	ADAMES, OLGA			72.90	T	
193460	5/04/12	000008	VISITING NURSE SERVICE	ADAMES, OLGA					
193461	5/04/12	000008	VISITING NURSE SERVICE VISITING NURSE SERVICE	ADAMES, OLGA ADAMES, RICARDO			218.70	I	
193462	5/04/12	000008	VISITING NURSE SERVICE	ADAMES, RICARDO	20.00		291.60	Τ	
193463	5/04/12	000008	VISITING NURSE SERVICE	ADAMS, MYRIAM			437.40	Τ_	
193464	5/04/12	000008	VISITING NURSE SERVICE	ADAMS, MYRIAM			583.20	I	
193465	5/04/12	000008	VISITING NURSE SERVICE	ADUN, JEANETTE	12.00		174.96	I	
				CUSTOMER	213.50	0.00	3,112.84		
				CATEGORY	213.50	0.00	3,112.84		

RUN DATE SALES JRN		- SUP SUNN LOC 001	YSIDE CITYWIDE SUNNYSIDE CITYWIDE	REG NY NY			PAGE 1 - AUR ADULT REHAB O	3 NLY
	2 0200	200 001		SALES REGISTER			BILL WEEK ENDING	5/11/12
INVOICE#	DATE	CUST NO	CUSTOMER NAME	REFERENCE	HOURS	TAX AMT	AMOUNT TYP	SURPLUS
193466 193467	5/04/12 5/04/12	000008 000008	VISITING NURSE SERVICE VISITING NURSE SERVICE	ADUN, JEANETTE	8.00 30.00		116.64 I 437.40 I	
193407	5/04/12	000008	VISITING NURSE SERVICE	ADUN, JEANETTE	30.00		437.40 1	
				CUSTOMER	38.00	0.00	554.04	
				CATEGORY	38.00	0.00	 554.04	

RUN DATE 0: SALES JRNL		SUP SUNN LOC 001	YSIDE CITYWIDE SUNNYSIDE CITYWIDE	REG NY NY SALES REGISTER			PAGE 1 - LTC NURSING HO BILL WEEK ENDI	OMEW/O WALLS (LT
INVOICE#	DATE	CUST NO	CUSTOMER NAME	REFERENCE	HOURS	TAX AMT	AMOUNT T	TYP SURPLUS
	5/04/12 5/04/12	800000 800000	VISITING NURSE SERVICE VISITING NURSE SERVICE	,	17.00 28.00		247.86 408.24	I I
				CUSTOMER	45.00	0.00	656.10	
				CATEGORY	45.00	0.00	656.10	

RUN DATE	05/09/12 -	- SUP SUNN	YSIDE CITYWIDE				PAGE 1 -	5
SALES JRN	L # 0280	LOC 001	SUNNYSIDE CITYWIDE	REG NY NY			VCP CHOICE LHCSA	
			S	SALES REGISTER			BILL WEEK ENDING	5/11/12
INVOICE#	DATE	CUST NO	CUSTOMER NAME	REFERENCE	HOURS	TAX AMT	AMOUNT TYP	SURPLUS
193470	5/04/12	000008	VISITING NURSE SERVICE	AGUILAR-PROCE,	18.00		262.44 I	
193471	5/04/12	000008	VISITING NURSE SERVICE	AGUILAR-PROCE,	24.00		349.92 I	
193472	5/04/12	800000	VISITING NURSE SERVICE	AKBAR, NASEEM	4.00		58.32 I	
193473	5/04/12	800000	VISITING NURSE SERVICE	AKBAR, NASEEM	16.00		233.28 I	
				CUSTOMER	62.00	0.00	903.96	
				CATEGORY	62.00	0.00	903.96	

RUN DATE 05/09/13 SALES JRNL # 028	DATE 05/09/12 - SUP SUNNYSIDE CITYWIDE S JRNL # 0280 LOC 001 SUNNYSIDE CITYWIDE REG NY NY S A L E S R E G I S T E R					PAGE 1 - LTC NURSING HO BILL WEEK ENDI	MEW/O WALLS (LT
INVOICE# DATE	CUST NO	CUSTOMER NAME	REFERENCE	HOURS	TAX AMT	AMOUNT T	YP SURPLUS
193474 5/04/12 193475 5/04/12		VISITING NURSE SERVICE VISITING NURSE SERVICE	- , -	15.00 15.00		218.70 218.70	I I
			CUSTOMER	30.00	0.00	437.40	
			CATEGORY	30.00	0.00	437.40	

			YSIDE CITYWIDE				PAGE 1 -	•
SALES JRN	L # 0280	LOC 001	SUNNYSIDE CITYWIDE	REG NY NY SALES REGISTER			VCP CHOICE LHO	-
							DIDD WEDE DIVE	140 3/11/12
INVOICE#	DATE	CUST NO	CUSTOMER NAME	REFERENCE	HOURS	TAX AMT	AMOUNT 7	YP SURPLUS
193476	5/04/12	800000	VISITING NURSE SERVICE	ALFEREZ, GLORIA	6.00		87.48	I
193477	5/04/12	800000	VISITING NURSE SERVICE	ALFEREZ, GLORIA	26.50		386.37	I
193478	5/04/12	800000	VISITING NURSE SERVICE	ALMANZAR, REMIG	6.00		87.48	I
				CUSTOMER	38.50	0.00	561.33	
					20 50			
1				CATEGORY	38.50	0.00	561.33	

			YSIDE CITYWIDE				PAGE 1	-	8
SALES JRN	L # 0280	LOC 001	SUNNYSIDE CITYWIDE	REG NY NY			HOA HOSPICE A	-	E /11 /10
			\$	SALES REGISTER			BILL WEEK ENI	DING	5/11/12
INVOICE#	DATE	CUST NO	CUSTOMER NAME	REFERENCE	HOURS	TAX AMT	TRUOMA	TYP	SURPLUS
193479	5/04/12	000008	VISITING NURSE SERVICE	ALVAREZ, NAZARE	24.00		349.92	I	
193480	5/04/12	800000	VISITING NURSE SERVICE	ALVAREZ, NAZARE	32.00		466.56	I	
				CUSTOMER	56.00	0.00	816.48		
				CATEGORY	56.00	0.00	816.48		

			YSIDE CITYWIDE				PAGE 1	-	9
SALES JRN	ъ # 0280	LOC 001	SUNNYSIDE CITYWIDE	REG NY NY			ADU ADULT		
			\$	SALES REGISTER			BILL WEEK ENI	DING	5/11/12
INVOICE#	DATE	CUST NO	CUSTOMER NAME	REFERENCE	HOURS	TAX AMT	AMOUNT	TYP	SURPLUS
193481	4/27/12	000008	VISITING NURSE SERVICE	ANDREWS, JOHNNI	6.00		87.48	I	
193482	5/04/12	800000	VISITING NURSE SERVICE	ANDREWS, JOHNNI	24.00		349.92	I	
193483	5/04/12	800000	VISITING NURSE SERVICE	ANDREWS, JOHNNI	32.00		466.56	I	
193484	5/04/12	000008	VISITING NURSE SERVICE	ANGRISANO, RUTH	3.00		43.74	I	
193485	5/04/12	800000	VISITING NURSE SERVICE	ANGRISANO, RUTH	11.75		171.32	I	
				CUSTOMER	76.75	0.00	1,119.02		
				CATEGORY	76.75	0.00	1,119.02		

			YSIDE CITYWIDE				PAGE 1 -	10
SALES JRN	IL # 0280	LOC 001	SUNNYSIDE CITYWIDE	REG NY NY				MEW/O WALLS (LT
			\$	SALES REGISTER			BILL WEEK ENDI	NG 5/11/12
INVOICE#	DATE	CUST NO	CUSTOMER NAME	REFERENCE	HOURS	TAX AMT	AMOUNT T	YP SURPLUS
193486	5/04/12	800000	VISITING NURSE SERVICE	ANGULO, ELCY	4.00		58.32	I
193487	5/04/12	800000	VISITING NURSE SERVICE	ANGULO, ELCY	11.50		167.67	I
193488	4/27/12	800000	VISITING NURSE SERVICE	ANUT, ALICE	1.25		18.23	I
193489	5/04/12	800000	VISITING NURSE SERVICE	ANUT, ALICE	25.00		364.50	I
193490	5/04/12	800000	VISITING NURSE SERVICE	ANUT, ALICE	36.00		524.88	I
				CUSTOMER	77.75	0.00	1,133.60	
				CATEGORY	77.75	0.00	1,133.60	

RUN DATE SALES JRN		- SUP SUNN LOC 001	YSIDE CITYWIDE SUNNYSIDE CITYWIDE	REG NY	NY			PAGE 1 VCP CHOICE LE		11
SALES UKN	IL # 0200	TOC 001		-	EGIST	E R		BILL WEEK ENI		5/11/12
INVOICE#	DATE	CUST NO	CUSTOMER NAME	REFE	RENCE	HOURS	TAX AMT	AMOUNT	TYP	SURPLUS
193491 193492	5/04/12 5/04/12	000008 000008	VISITING NURSE SERVICE VISITING NURSE SERVICE	,	ODETTE ODETTE	4.00 15.75		58.32 229.64	I	
173472	3/04/12	000000	VISITING NORSE SERVICE	AOON,	CUSTOMER	 19.75	0.00	227.04		
					COSTOMER	19.75	0.00	287.96		
					CATEGORY	19.75	0.00	287.96		

RUN DATE SALES JRN		- SUP SUNN LOC 001	YSIDE CITYWIDE SUNNYSIDE CITYWIDE	REG NY NY			PAGE 1 - 12 ADU ADULT	
SALES URN	IL # 0260	LOC 001		SALES REGISTER			BILL WEEK ENDING 5/11/12	
INVOICE#	DATE	CUST NO	CUSTOMER NAME	REFERENCE	HOURS	TAX AMT	AMOUNT TYP SURPLUS	
193493 193494	5/04/12 5/04/12	000008 000008	VISITING NURSE SERVICE VISITING NURSE SERVICE	•	8.00 12.00		116.64 I 174.96 I	
	3, 01, 12		VIDITING NONDE DERVIOL	CUSTOMER	20.00	0.00	291.60	
				CATEGORY	20.00	0.00	291.60	

			YSIDE CITYWIDE				PAGE 1 -	- 13
SALES JRN	L # 0280	LOC 001	SUNNYSIDE CITYWIDE	REG NY NY			VCP CHOICE LHO	
			S	SALES REGISTER			BILL WEEK END	ING 5/11/12
INVOICE#	DATE	CUST NO	CUSTOMER NAME	REFERENCE	HOURS	TAX AMT	AMOUNT 7	TYP SURPLUS
193495	4/27/12	000008	VISITING NURSE SERVICE	ARIAS, LEOPOLDI	24.00		349.92	I
193496	5/04/12	800000	VISITING NURSE SERVICE	ARIAS, LEOPOLDI	18.00		262.44	I
193497	5/04/12	800000	VISITING NURSE SERVICE	ARIAS, LEOPOLDI	24.00		349.92	I
193498	5/04/12	000008	VISITING NURSE SERVICE	ARIAS, MAGDALEN	14.00		204.12	I
193499	5/04/12	800000	VISITING NURSE SERVICE	ARIAS, MAGDALEN	29.00		422.82	I
				CUSTOMER	109.00	0.00	1,589.22	
				CATEGORY	109.00	0.00	1,589.22	
				CHIEGORI	100.00	0.00	1,303.22	

			YSIDE CITYWIDE				11102	-	14
SALES JRN	L # 0280	LOC 001	SUNNYSIDE CITYWIDE	REG NY NY			ADU ADULT		
				SALES REGISTER			BILL WEEK EN	DING	5/11/12
INVOICE#	DATE	CUST NO	CUSTOMER NAME	REFERENCE	HOURS	TAX AMT	AMOUNT	TYP	SURPLUS
193500	5/04/12	000008	VISITING NURSE SERVICE	ASADOURIAN, COR	15.00		218.70	I	
193501	5/04/12	800000	VISITING NURSE SERVICE	ASADOURIAN, COR	8.00		116.64	I	
193502	5/04/12	800000	VISITING NURSE SERVICE	ASH, MARIE	4.00		58.32	I	
193503	5/04/12	800000	VISITING NURSE SERVICE	ASH, MARIE	8.00		116.64	I	
				CUSTOMER	35.00	0.00	510.30		
				CATEGORY	35.00	0.00	510.30		

RUN DATE	05/09/12 -	- SUP SUNN	YSIDE CITYWIDE				PAGE 1	- 1	L5
SALES JRN	rL # 0280	LOC 001	SUNNYSIDE CITYWIDE	REG NY NY			LTC NURSING	HOMEW/	O WALLS (LT
			5	SALES REGISTER			BILL WEEK EN	DING	5/11/12
INVOICE#	DATE	CUST NO	CUSTOMER NAME	REFERENCE	HOURS	TAX AMT	AMOUNT	TYP	SURPLUS
193504	5/04/12	000008	VISITING NURSE SERVICE	ASHLEY, CLYDE	21.00		306.18	I	
193505	5/04/12	800000	VISITING NURSE SERVICE	ASHLEY, CLYDE	28.00		408.24	I	
				CUSTOMER	49.00	0.00	714.42		
				CATEGORY	49.00	0.00	714.42		

	09/12 - SUP SUNN		DDG 3777			PAGE 1 -	
SALES JRNL #	0280 LOC 001		REGNY NY SALES REGISTER			VCP CHOICE LHO	
INVOICE# D	ATE CUST NO	CUSTOMER NAME	REFERENCE	HOURS	TAX AMT	AMOUNT 7	TYP SURPLUS
	04/12 000008 04/12 000008	VISITING NURSE SERVICE VISITING NURSE SERVICE	AVILA, ENIDIA AVILA, ENIDIA	4.00 12.00		58.32 174.96	I I
			CUSTOMER	16.00	0.00	233.28	
			CATEGORY	16.00	0.00	233.28	

RUN DATE	05/09/12 -	- SUP SUNN	YSIDE CITYWIDE				PAGE 1	- 1	L7
SALES JRN	IL # 0280	LOC 001	SUNNYSIDE CITYWIDE	REG NY NY			LTC NURSING	HOMEW/	O WALLS (LT
			S	SALES REGI	STER		BILL WEEK EN	DING	5/11/12
INVOICE#	DATE	CUST NO	CUSTOMER NAME	REFERENCE	HOURS	TAX AMT	AMOUNT	TYP	SURPLUS
193508	5/04/12	000008	VISITING NURSE SERVICE	AZAD, ABUL	4.00		58.32	I	
193509	5/04/12	800000	VISITING NURSE SERVICE	AZAD, ABUL	13.00		189.54	I	
				CUSTO	MER 17.00	0.00	247.86		
				CATEG	ORY 17.00	0.00	247.86		

RUN DATE O		SUP SUNN LOC 001	YSIDE CITYWIDE SUNNYSIDE CITYWIDE	REG NY 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
193511 193512	5/04/12 5/04/12 5/04/12 5/04/12	000008 000008 000008 000008	VISITING NURSE SERVICE VISITING NURSE SERVICE VISITING NURSE SERVICE VISITING NURSE SERVICE	BADILLO, JOVITA BAEZ, JUAN	4.00 4.00 5.00 28.00		58.32 I 58.32 I 72.90 I 408.24 I	
				CUSTOMER	41.00	0.00	597.78	
				CATEGORY	41.00	0.00	597.78	

			YSIDE CITYWIDE				11102		19
SALES JRN	L # 0280	LOC 001	SUNNYSIDE CITYWIDE	REG NY NY			LTC NURSING		•
			S	A L E S R E G I S T E R			BILL WEEK EN	DING	5/11/12
INVOICE#	DATE	CUST NO	CUSTOMER NAME	REFERENCE	HOURS	TAX AMT	AMOUNT	TYP	SURPLUS
193514	5/04/12	000008	VISITING NURSE SERVICE	BALLAS, VIOLA	10.00		145.80	I	
193515	5/04/12	800000	VISITING NURSE SERVICE	BALLAS, VIOLA	20.00		291.60	I	
193516	5/04/12	800000	VISITING NURSE SERVICE	BAQUERIZO, ANNA	23.50		342.63	I	
193517	5/04/12	800000	VISITING NURSE SERVICE	BAQUERIZO, ANNA	31.50		459.28	I	
193518	5/04/12	800000	VISITING NURSE SERVICE	BARDEANU, VICTO	17.00		247.86	I	
193519	5/04/12	800000	VISITING NURSE SERVICE	BARDEANU, VICTO	22.50		328.06	I	
193520	5/04/12	800000	VISITING NURSE SERVICE	BATTLE, JEANETT	21.00		306.18	I	
193521	5/04/12	800000	VISITING NURSE SERVICE	BATTLE, JEANETT	28.00		408.24	I	
				CUSTOMER	173.50	0.00	2,529.65		
				 CATEGORY	 173.50	0.00	2,529.65		

RUN DATE SALES JRN		- SUP SUNN LOC 001	YSIDE CITYWIDE SUNNYSIDE CITYWIDE S	REG NY NY ALES REGISTER			PAGE 1 - HOA HOSPICE ADU BILL WEEK ENDIN	
INVOICE#	DATE	CUST NO	CUSTOMER NAME	REFERENCE	HOURS	TAX AMT	AMOUNT TY	P SURPLUS
193522 193523	5/04/12 5/04/12	800000 800000	VISITING NURSE SERVICE VISITING NURSE SERVICE	BECERRA, FELIPE BECERRA, FELIPE	3.00 6.00		43.74 I 87.48 I	
				CUSTOMER	9.00	0.00	131.22	
				CATEGORY	9.00	0.00	131.22	

RUN DATE	05/09/12 -	- SUP SUNN	YSIDE CITYWIDE				PAGE 1	-	21
SALES JRN	L # 0280	LOC 001	SUNNYSIDE CITYWIDE	REG NY NY			VCP CHOICE LE		
				SALES REGISTER			BILL WEEK END	ING	5/11/12
INVOICE#	DATE	CUST NO	CUSTOMER NAME	REFERENCE	HOURS	TAX AMT	AMOUNT	TYP	SURPLUS
193524	5/04/12	000008	VISITING NURSE SERVICE	BELLOROFONTE, M	63.00		918.54	I	
193525	5/04/12	000008	VISITING NURSE SERVICE	,	88.00		1,283.04	I	
193526	5/04/12	800000	VISITING NURSE SERVICE	BERENBLIT, SARA	3.00		43.74	I	
				CUSTOMER	154.00	0.00	2,245.32		
				CATEGORY	154.00	0.00	2,245.32		·

			YSIDE CITYWIDE				PAGE 1 -	- 22
SALES JRN	L # 0280	LOC 001	SUNNYSIDE CITYWIDE	REG NY NY				OMEW/O WALLS (LT
			2	SALES REGISTER			BILL WEEK END	ING 5/11/12
INVOICE#	DATE	CUST NO	CUSTOMER NAME	REFERENCE	HOURS	TAX AMT	AMOUNT 7	TYP SURPLUS
193527	5/04/12	000008	VISITING NURSE SERVICE	BETHUNE, HARRYD	19.00		277.02	I
193528	5/04/12	800000	VISITING NURSE SERVICE	BHAWNANI, BISHU	6.00		87.48	I
193529	5/04/12	800000	VISITING NURSE SERVICE	BHAWNANI, BISHU	25.75		375.44	I
				CUSTOMER	50.75	0.00	739.94	
				COSTOMER	50.75	0.00	139.94	
				CATEGORY	50.75	0.00	739.94	

RUN DATE	05/09/12 -	- SUP SUNN	YSIDE CITYWIDE				PAGE 1 - 2	3
SALES JRN	L # 0280	LOC 001	SUNNYSIDE CITYWIDE	REG NY NY			ADU ADULT	
			\$	SALES REGISTER			BILL WEEK ENDING	5/11/12
INVOICE#	DATE	CUST NO	CUSTOMER NAME	REFERENCE	HOURS	TAX AMT	AMOUNT TYP	SURPLUS
193530	5/04/12	000008	VISITING NURSE SERVICE	BHULLA, JIWAN	8.00		116.64 I	
193531	5/04/12	800000	VISITING NURSE SERVICE	BHULLA, JIWAN	31.75		462.92 I	
193532	5/04/12	800000	VISITING NURSE SERVICE	BIANCO HOPKINS,	4.00		58.32 I	
193533	5/04/12	800000	VISITING NURSE SERVICE	BIANCO HOPKINS,	16.00		233.28 I	
				CUSTOMER	59.75	0.00	871.16	
				CATEGORY	59.75	0.00	871.16	

RUN DATE	05/09/12 -	- SUP SUNN	YSIDE CITYWIDE				PAGE 1 -	24
SALES JRN	L # 0280	LOC 001	SUNNYSIDE CITYWIDE	REG NY NY			LTC NURSING HOME	EW/O WALLS (LT
			;	SALES REGISTER			BILL WEEK ENDING	5/11/12
INVOICE#	DATE	CUST NO	CUSTOMER NAME	REFERENCE	HOURS	TAX AMT	AMOUNT TYPE	SURPLUS
193534	5/04/12	000008	VISITING NURSE SERVICE	BLANCAFLOR, PUR	8.00		116.64 I	
193535	5/04/12	000008	VISITING NURSE SERVICE	BLANCAFLOR, PUR	32.00		466.56 I	
				CUSTOMER	40.00	0.00	583.20	
				GA WILGODY	40.00			
1				CATEGORY	40.00	0.00	583.20	

			YSIDE CITYWIDE				PAGE 1	_	15
SALES JRN	IL # 0280	LOC 001	SUNNYSIDE CITYWIDE	REG NY NY			VCP CHOICE LH		E /11 /10
			i	SALES REGISTER			BILL WEEK END	DING	5/11/12
INVOICE#	DATE	CUST NO	CUSTOMER NAME	REFERENCE	HOURS	TAX AMT	AMOUNT	TYP	SURPLUS
193536	5/04/12	000008	VISITING NURSE SERVICE	BLUNNIE, ELIZAB	4.00		58.32	I	
193537	5/04/12	800000	VISITING NURSE SERVICE	BLUNNIE, ELIZAB	18.00		262.44	I	
				CUSTOMER	22.00	0.00	320.76		
				0021011210		0.00	320.70		
				CATEGORY	22.00	0.00	320.76		

RUN DATE 09 SALES JRNL		SUP SUNN LOC 001	YSIDE CITYWIDE SUNNYSIDE CITYWIDE	REG NY NY SALES REGISTER			PAGE 1 - ADU ADULT BILL WEEK ENDING	26 5/11/12
INVOICE#	DATE	CUST NO	CUSTOMER NAME	REFERENCE	HOURS	TAX AMT	AMOUNT TYP	SURPLUS
193539 193540	5/04/12 5/04/12 5/04/12 5/04/12	000008 000008 000008 000008	VISITING NURSE SERVICE VISITING NURSE SERVICE VISITING NURSE SERVICE VISITING NURSE SERVICE	BOCANEGRA, GLAD BONILLA, ESPERA	4.00 8.00 21.00 28.00		58.32 I 116.64 I 306.18 I 408.24 I	
				CUSTOMER	61.00	0.00	889.38	
				CATEGORY	61.00	0.00	889.38	

			YSIDE CITYWIDE				PAGE 1 -	27
SALES JRN	IL # 0280	LOC 001	SUNNYSIDE CITYWIDE	REG NY NY			VCP CHOICE LHCSA	
				SALES REGISTER			BILL WEEK ENDING	5/11/12
INVOICE#	DATE	CUST NO	CUSTOMER NAME	REFERENCE	HOURS	TAX AMT	AMOUNT TYP	SURPLUS
193542	5/04/12	000008	VISITING NURSE SERVICE	BONILLA, LYDIA	4.00		58.32 I	
193543	5/04/12	800000	VISITING NURSE SERVICE	BONILLA, LYDIA	16.00		233.28 I	
				CUSTOMER	20.00	0.00	291.60	
				CARRICODY	20.00	0.00	201 60	
1				CATEGORY	20.00	0.00	291.60	

RUN DATE 05/	09/12 - SUP SUNN	YSIDE CITYWIDE				PAGE 1	- 28
SALES JRNL #	0280 LOC 001	SUNNYSIDE CITYWIDE	REG NY NY			LTC NURSING H	OMEW/O WALLS (LT
		\$	SALES REGISTER			BILL WEEK END	ING 5/11/12
INVOICE# D	DATE CUST NO	CUSTOMER NAME	REFERENCE	HOURS	TAX AMT	AMOUNT	TYP SURPLUS
193544 5/	04/12 000008	VISITING NURSE SERVICE	BONSIGNORE, GAE	3.25		47.39	I
193545 5/	04/12 000008	VISITING NURSE SERVICE	BONSIGNORE, GAE	20.00		291.60	I
			CUSTOMER	23.25	0.00	338.99	
			COSTOMER	23.25	0.00	330.99	
			CATEGORY	23.25	0.00	338.99	

RUN DATE	05/09/12 -	- SUP SUNN	YSIDE CITYWIDE				PAGE 1 -	29
SALES JRN	L # 0280	LOC 001	SUNNYSIDE CITYWIDE	REG NY NY			AUR ADULT REHAB	ONLY
			5	SALES REGISTER			BILL WEEK ENDING	5/11/12
INVOICE#	DATE	CUST NO	CUSTOMER NAME	REFERENCE	HOURS	TAX AMT	AMOUNT TYP	SURPLUS
193546	5/04/12	800000	VISITING NURSE SERVICE	BORSARI, ANTOIN	2.00		29.16 I	
				 CATEGORY	2.00	0.00		
				CATEGORI	2.00	0.00	29.10	

			YSIDE CITYWIDE					30
SALES JRN	L # 0280	LOC 001	SUNNYSIDE CITYWIDE	REG NY NY			VCP CHOICE LHCSA	E /11 /10
				SALES REGISTER			BILL WEEK ENDING	5/11/12
INVOICE#	DATE	CUST NO	CUSTOMER NAME	REFERENCE	HOURS	TAX AMT	AMOUNT TYP	SURPLUS
193547	5/04/12	000008	VISITING NURSE SERVICE	BORYSEWICZ, MAR	4.00		58.32 I	
193548	5/04/12	800000	VISITING NURSE SERVICE	BORYSEWICZ, MAR	8.00		116.64 I	
				CUSTOMER	12.00	0.00	174.96	
				COSTOMER	12.00	0.00	1/4.90	
				CATEGORY	12.00	0.00	174.96	

RUN DATE	05/09/12 -	- SUP SUNN	YSIDE CITYWIDE				PAGE 1	- 31
SALES JRN	L # 0280	LOC 001	SUNNYSIDE CITYWIDE	REG NY NY			LTC NURSING H	OMEW/O WALLS (LT
			i	SALES REGISTER			BILL WEEK END	ING 5/11/12
INVOICE#	DATE	CUST NO	CUSTOMER NAME	REFERENCE	HOURS	TAX AMT	AMOUNT	TYP SURPLUS
193549	5/04/12	000008	VISITING NURSE SERVICE	BOYADJIAN, ZARO	10.75		156.74	I
193550	5/04/12	800000	VISITING NURSE SERVICE	BOYADJIAN, ZARO	24.00		349.92	I
				CUSTOMER	34.75	0.00	506.66	
				CATEGORY	34.75	0.00	506.66	

RUN DATE SALES JRN			YSIDE CITYWIDE SUNNYSIDE CITYWIDE	REG NY NY SALES REGISTER			PAGE 1 - CCL CONGREGATE BILL WEEK ENDII	
INVOICE#	DATE	CUST NO	CUSTOMER NAME	REFERENCE	HOURS	TAX AMT	AMOUNT T	YP SURPLUS
193551 193552	5/04/12 5/04/12	800000 800000	VISITING NURSE SERVICE VISITING NURSE SERVICE		3.00 12.00		43.74 174.96	I I
				CUSTOMER	15.00	0.00	218.70	
				CATEGORY	15.00	0.00	218.70	

RUN DATE SALES JRN	, ,		YSIDE CITYWIDE SUNNYSIDE CITYWIDE	REG NY NY			PAGE 1 - 33 VCP CHOICE LHCSA	•
				SALES REGISTER			BILL WEEK ENDING 5/11/1	.2
INVOICE#	DATE	CUST NO	CUSTOMER NAME	REFERENCE	HOURS	TAX AMT	AMOUNT TYP SURPLU	S
193553	5/04/12	000008	VISITING NURSE SERVICE	BURGOS, RAFAELA	3.00		43.74 I	
193554	5/04/12	000008	VISITING NURSE SERVICE	BURGOS, RAFAELA	6.00		87.48 I	
193555	5/04/12	800000	VISITING NURSE SERVICE	BURNS, MARGARET	24.00		349.92 I	
193556	5/04/12	800000	VISITING NURSE SERVICE	BURNS, MARGARET	32.00		466.56 I	
				CUSTOMER	65.00	0.00	947.70	
				CATEGORY	65.00	0.00	947.70	_

RUN DATE SALES JRN		- SUP SUNN LOC 001	YSIDE CITYWIDE SUNNYSIDE CITYWIDE	REG NY NY SALES REGISTER			PAGE 1 - LAD NURSING H BILL WEEK END	OME W/O WALLS LT
INVOICE#	DATE	CUST NO	CUSTOMER NAME	REFERENCE	HOURS	TAX AMT	AMOUNT '	TYP SURPLUS
193557 193558	5/04/12 5/04/12	000008 000008	VISITING NURSE SERVICE VISITING NURSE SERVICE		30.00 40.00		437.40 583.20	I I
				CUSTOMER	70.00	0.00	1,020.60	
				CATEGORY	70.00	0.00	1,020.60	

RUN DATE	05/09/12 -	- SUP SUNN	YSIDE CITYWIDE					PAGE 1	_	35	
SALES JRN	L # 0280	LOC 001	SUNNYSIDE CITYWIDE		NY			VCP CHOICE L	HCSA		
			:	SALES R	EGISTE	R		BILL WEEK EN	DING	5/11/12	
INVOICE#	DATE	CUST NO	CUSTOMER NAME	REFE	RENCE	HOURS	TAX AMT	AMOUNT	TYP	SURPLUS	
193559	5/04/12	000008	VISITING NURSE SERVICE	CABA,	PURA	2.00		29.16	I		
193560	5/04/12	800000	VISITING NURSE SERVICE	CABA,	PURA	6.00		87.48	I		
					CUSTOMER	8.00	0.00	116.64			
					- CATEGORY	8.00	0.00	116.64			

RUN DATE SALES JRN		- SUP SUNN LOC 001	NYSIDE CITYWIDE SUNNYSIDE CITYWIDE	REG NY NY			PAGE 1 - ADU ADULT	36
SALES UKN	H 0200	HOC 001		SALES REGISTER			BILL WEEK ENDING	5/11/12
INVOICE#	DATE	CUST NO	CUSTOMER NAME	REFERENCE	HOURS	TAX AMT	AMOUNT TYPE	SURPLUS
193561 193562	5/04/12 5/04/12	800000 800000	VISITING NURSE SERVICE VISITING NURSE SERVICE	-,	30.00 39.50		437.40 I 575.91 I	
				CUSTOMER	69.50	0.00	1,013.31	
				CATEGORY	69.50	0.00	1,013.31	

			YSIDE CITYWIDE				PAGE 1 -	- ·
SALES JRN	L # 0280	LOC 001	SUNNYSIDE CITYWIDE	REG NY NY			VCP CHOICE LHO	
			S	ALES REGISTER			BILL WEEK ENDI	NG 5/11/12
INVOICE#	DATE	CUST NO	CUSTOMER NAME	REFERENCE	HOURS	TAX AMT	T TRUOMA	YP SURPLUS
193563	5/04/12	000008	VISITING NURSE SERVICE	CALDERON, FRANC	19.75		287.96	I
193564	5/04/12	000008	VISITING NURSE SERVICE	CALDERON, FRANC	23.25		338.99	I
193565	5/04/12	800000	VISITING NURSE SERVICE	CALDERON, VIRGI	18.00		262.44	I
193566	5/04/12	800000	VISITING NURSE SERVICE	CALDERON, VIRGI	24.00		349.92	I
				CUSTOMER	85.00	0.00	1,239.31	
				CATEGORY	85.00	0.00	1,239.31	

RUN DATE SALES JRN			YSIDE CITYWIDE SUNNYSIDE CITYWIDE S	REG NY NY SALES REGISTER			PAGE 1 - HOA HOSPICE ADUL BILL WEEK ENDING	
INVOICE#	DATE	CUST NO	CUSTOMER NAME	REFERENCE	HOURS	TAX AMT	AMOUNT TYP	-, ,
193567 193568	5/04/12 5/04/12	000008	VISITING NURSE SERVICE VISITING NURSE SERVICE	CALKOSZ, JOSEFI CALKOSZ, JOSEFI	27.00 36.00		393.66 I 524.88 I	
				CUSTOMER	63.00	0.00	918.54	
				CATEGORY	63.00	0.00	918.54	

			YSIDE CITYWIDE				PAGE 1	- 3	39
SALES JRN	L # 0280	LOC 001	SUNNYSIDE CITYWIDE	REG NY NY			VCP CHOICE LE		_ ,_ ,_ ,
			·	SALES REGISTER			BILL WEEK ENI	DING	5/11/12
INVOICE#	DATE	CUST NO	CUSTOMER NAME	REFERENCE	HOURS	TAX AMT	AMOUNT	TYP	SURPLUS
193569	5/04/12	000008	VISITING NURSE SERVICE	CAMBARA, JOSEFA	16.00		233.28	I	
193570	5/04/12	800000	VISITING NURSE SERVICE	CAMBARA, JOSEFA	32.00		466.56	I	
				CUSTOMER	48.00	0.00	699.84		
				CATEGORY	48.00	0.00	699.84		

RUN DATE	05/09/12 -	- SUP SUNN	YSIDE CITYWIDE				PAGE 1	- 4	:0
SALES JRN	L # 0280	LOC 001		REG NY NY			LTC NURSING H		
			S	SALES REGISTER			BILL WEEK ENI	DING	5/11/12
INVOICE#	DATE	CUST NO	CUSTOMER NAME	REFERENCE	HOURS	TAX AMT	AMOUNT	TYP	SURPLUS
193571	5/04/12	000008	VISITING NURSE SERVICE	CANO, ADELINA	18.00		262.44	I	
193572	5/04/12	800000	VISITING NURSE SERVICE	CANO, ADELINA	24.00		349.92	I	
				CUSTOMER	42.00	0.00	612.36		
				CATEGORY	42.00	0.00	612.36		

RUN DATE 05/09 SALES JRNL # 0		NYSIDE CITYWIDE SUNNYSIDE CITYWIDE	REG NY	NY			PAGE 1 ADU ADULT		41
SALES ORNE # 0	200 LOC 001		-	EGISTE	R		BILL WEEK EN	DING	5/11/12
INVOICE# DAT	E CUST NO	CUSTOMER NAME	REFE	RENCE	HOURS	TAX AMT	AMOUNT	TYP	SURPLUS
193573 5/04 193574 5/04	,	VISITING NURSE SERVICE VISITING NURSE SERVICE	,	GLORIA GLORIA	3.00 12.00		43.74 174.96	I I	
				CUSTOMER	15.00	0.00	218.70		
				CATEGORY	15.00	0.00	218.70		

			YSIDE CITYWIDE				11102		42
SALES JRN	L # 0280	LOC 001		REG NY NY			VCP CHOICE L		F /11 /10
				SALES REGISTER			BILL WEEK EN	DING	5/11/12
INVOICE#	DATE	CUST NO	CUSTOMER NAME	REFERENCE	HOURS	TAX AMT	AMOUNT	TYP	SURPLUS
193575	5/04/12	000008	VISITING NURSE SERVICE		36.00		524.88	_	
193575	5/04/12	000008	VISITING NURSE SERVICE VISITING NURSE SERVICE		48.00		699.84	T T	
133373	3, 31, 12		VIBILING HOUSE SERVIOR						
				CUSTOMER	84.00	0.00	1,224.72		
				CATEGORY	84.00	0.00	1,224.72		

PAGE 1 - 43 LTC NURSING HOMEW/O WALLS (LT
BILL WEEK ENDING 5/11/12
AMOUNT TYP SURPLUS
171.32 I
349.92 I
521.24
521.24

RUN DATE SALES JRN		- SUP SUNN	YSIDE CITYWIDE SUNNYSIDE CITYWIDE	REG NY NY			PAGE 1 VCP CHOICE LE		14
0111111	.2 0200	200 001		LES REGISTER			BILL WEEK ENI		5/11/12
INVOICE#	DATE	CUST NO	CUSTOMER NAME	REFERENCE	HOURS	TAX AMT	AMOUNT	TYP	SURPLUS
193579	5/04/12	000008	VISITING NURSE SERVICE	CARDONA, MARIA	30.00		437.40	I	
193580	5/04/12	800000	VISITING NURSE SERVICE	CARDONA, MARIA	30.00		437.40	I	
193581	5/04/12	800000	VISITING NURSE SERVICE	CARDOSO, ORLAND	24.00		349.92	I	
193582	5/04/12	800000	VISITING NURSE SERVICE	CARDOSO, ORLAND	32.00		466.56	I	
193583	5/04/12	800000	VISITING NURSE SERVICE	CARDOZA, ANAIDA	11.50		167.67	I	
193584	5/04/12	800000	VISITING NURSE SERVICE	CARDOZA, ANAIDA	6.75		98.42	I	
193585	5/04/12	800000	VISITING NURSE SERVICE	CARELA-REYES, M	5.00		72.90	I	
193586	5/04/12	800000	VISITING NURSE SERVICE	CARELA-REYES, M	13.00		189.54	I	
				CUSTOMER	152.25	0.00	2,219.81		
				CATEGORY	152.25	0.00	2,219.81		

RUN DATE SALES JRN		- SUP SUNN LOC 001	YSIDE CITYWIDE SUNNYSIDE CITYWIDE	REG NY NY			PAGE 1 - HOA HOSPICE AI	- 45 DULT	
			S	BALES REGISTER			BILL WEEK END	ING 5/11/12	
INVOICE#	DATE	CUST NO	CUSTOMER NAME	REFERENCE	HOURS	TAX AMT	AMOUNT :	TYP SURPLUS	
193587 193588	5/04/12 5/04/12	000008 000008	VISITING NURSE SERVICE VISITING NURSE SERVICE	CARRALERO, ROSA CARRALERO, ROSA	18.00 24.00		262.44 349.92	I	
193300	3/01/12	00000	VIDITING NORDE BERVIOL	CUSTOMER	42.00	0.00	612.36		
				COSTOMER	42.00	0.00	012.30		
				CATEGORY	42.00	0.00	612.36		

RUN DATE SALES JRN		SUP SUNN	YSIDE CITYWIDE SUNNYSIDE CITYWIDE	REG NY NY SALES REGISTER			PAGE 1 - 46 LTC NURSING HOMEW/O WALLS (LT BILL WEEK ENDING 5/11/12	Г
INVOICE#	DATE	CUST NO	CUSTOMER NAME	REFERENCE	HOURS	TAX AMT	AMOUNT TYP SURPLUS	
193589 193590	5/04/12 5/04/12	800000 800000	VISITING NURSE SERVICE VISITING NURSE SERVICE	·	24.00 31.50		349.92 I 459.27 I	
				CUSTOMER	55.50	0.00	809.19	
				CATEGORY	55.50	0.00	809.19	

RUN DATE SALES JRN		- SUP SUNN LOC 001	YSIDE CITYWIDE SUNNYSIDE CITYWIDE	REG NY NY			PAGE 1 -	47
DILLEG GIGN	1 11 0200	100 001		SALES REGISTER			BILL WEEK ENDING	5/11/12
INVOICE#	DATE	CUST NO	CUSTOMER NAME	REFERENCE	HOURS	TAX AMT	AMOUNT TYPE	SURPLUS
193591	5/04/12	000008	VISITING NURSE SERVICE	CARUSO, GIUSEPP	3.00		43.74 I	
193592	5/04/12	000008	VISITING NURSE SERVICE		2.00		29.16 I	
193593	5/04/12	000008	VISITING NURSE SERVICE	CASTANO, MARIA	3.00		43.74 I	
				CUSTOMER	8.00	0.00	116.64	
				CATEGORY	8.00	0.00	116.64	

			YSIDE CITYWIDE					18
SALES JRN	IL # 0280	LOC 001	SUNNYSIDE CITYWIDE	REG NY NY SALES REGISTER			VCP CHOICE LHCSA BILL WEEK ENDING	5/11/12
INVOICE#	DATE	CUST NO	CUSTOMER NAME	REFERENCE	HOURS	TAX AMT	AMOUNT TYP	SURPLUS
193594 193595	5/04/12 5/04/12	800000 800000	VISITING NURSE SERVICE VISITING NURSE SERVICE		4.00 12.00		58.32 I 174.96 I	
				CUSTOMER	16.00	0.00	233.28	
				CATEGORY	16.00	0.00	233.28	

PAGE 1 - 49
ADU ADULT BILL WEEK ENDING 5/11/12
TAX AMT AMOUNT TYP SURPLUS
43.74 I
87.48 I
0.00 131.22
101.22
0.00 131.22
_

			YSIDE CITYWIDE				PAGE 1 - 50	
SALES JRN	r∟ # 0280	LOC 001	SUNNYSIDE CITYWIDE	REG NY NY			VCP CHOICE LHCSA	
			S	SALES REGISTER			BILL WEEK ENDING 5	5/11/12
INVOICE#	DATE	CUST NO	CUSTOMER NAME	REFERENCE	HOURS	TAX AMT	AMOUNT TYP S	SURPLUS
193598	5/04/12	000008	VISITING NURSE SERVICE	CERNILLI, MARIA	7.00		102.06 I	
193599	5/04/12	800000	VISITING NURSE SERVICE	CERNILLI, MARIA	14.00		204.12 I	
				CUSTOMER	21.00	0.00	306.18	
				CATEGORY	21.00	0.00	306.18	

RUN DATE 05/09 SALES JRNL # 0			REG NY NY SALES REGISTER			PAGE 1 - 51 LTC NURSING HOMEW/C BILL WEEK ENDING	
INVOICE# DATE	CUST NO	CUSTOMER NAME	REFERENCE	HOURS	TAX AMT	AMOUNT TYP	SURPLUS
193600 5/04 193601 5/04		VISITING NURSE SERVICE VISITING NURSE SERVICE	*	4.00 16.00		58.32 I 233.28 I	
			CUSTOMER	20.00	0.00	291.60	
			CATEGORY	20.00	0.00		

			YSIDE CITYWIDE					52
SALES JRN	L # 0280	LOC 001	SUNNYSIDE CITYWIDE	REGNY NY SALES REGISTER			VCP CHOICE LHCSA BILL WEEK ENDING	
INVOICE#	DATE	CUST NO	CUSTOMER NAME	REFERENCE	HOURS	TAX AMT	AMOUNT TYP	SURPLUS
193602 193603	5/04/12 5/04/12	800000 800000	VISITING NURSE SERVICE VISITING NURSE SERVICE		6.00 24.00		87.48 I 349.92 I	
				CUSTOMER	30.00	0.00	437.40	
				CATEGORY	30.00	0.00	437.40	

RUN DATE	05/09/12 -	- SUP SUNN	YSIDE CITYWIDE				PAGE 1 -	53
SALES JRN	1L # 0280	LOC 001	SUNNYSIDE CITYWIDE	REG NY NY			LAD NURSING HOME	E W/O WALLS LT
			5	SALES REGISTER			BILL WEEK ENDING	G 5/11/12
INVOICE#	DATE	CUST NO	CUSTOMER NAME	REFERENCE	HOURS	TAX AMT	AMOUNT TY	P SURPLUS
INVOICE	DIII	CODI NO	CODIONER WINE	KEI EKEIVEE	1100115	11111 11111	11100111 111	Soft Lob
193604	5/04/12	800000	VISITING NURSE SERVICE	CHARLES, JOSE	15.00		218.70 I	
				CATEGORY	15.00	0.00	218.70	

RUN DATE SALES JRN			YYSIDE CITYWIDE SUNNYSIDE CITYWIDE S #	REG NY NY A L E S R E G I S T E R			PAGE 1 - VCP CHOICE LHCS: BILL WEEK ENDING	A
INVOICE#	DATE	CUST NO	CUSTOMER NAME	REFERENCE	HOURS	TAX AMT	AMOUNT TY	P SURPLUS
193605	5/04/12	800000	VISITING NURSE SERVICE	CHAUCA, PEDRO	26.00		379.08 I	
				CATEGORY	26.00	0.00	379.08	

RUN DATE	05/09/12 -	- SUP SUNN	YSIDE CITYWIDE				PAGE 1	- 5	55
SALES JRN	IL # 0280	LOC 001	SUNNYSIDE CITYWIDE	REG NY NY			LTC NURSING	HOMEW/	O WALLS (LT
			S	SALES REGISTER			BILL WEEK EN	DING	5/11/12
INVOICE#	DATE	CUST NO	CUSTOMER NAME	REFERENCE	HOURS	TAX AMT	AMOUNT	TYP	SURPLUS
193606	5/04/12	000008	VISITING NURSE SERVICE	CHIANETTA, JOSE	5.00		72.90	I	
193607	5/04/12	800000	VISITING NURSE SERVICE	CHIANETTA, JOSE	28.00		408.24	I	
				CUSTOMER	33.00	0.00	481.14		
				CATEGORY	33.00	0.00	481.14		

			YSIDE CITYWIDE				PAGE 1 -	56
SALES JRN	L # 0280	LOC 001	SUNNYSIDE CITYWIDE	REG NY NY			VCP CHOICE LHCS	
				SALES REGISTER			BILL WEEK ENDI	NG 5/11/12
INVOICE#	DATE	CUST NO	CUSTOMER NAME	REFERENCE	HOURS	TAX AMT	TYUOMA	YP SURPLUS
193608	5/04/12	800000	VISITING NURSE SERVICE	CHINGA, ALBA	6.00		87.48	Ι
193609	5/04/12	800000	VISITING NURSE SERVICE	CHINGA, ALBA	24.00		349.92	Ι
				CUSTOMER	30.00	0.00	437.40	
				CATEGORY	30.00	0.00	437.40	

RUN DATE	05/09/12 -	- SUP SUNN	YSIDE CITYWIDE				PAGE 1	- 5	57
SALES JRN	L # 0280	LOC 001	SUNNYSIDE CITYWIDE	REG NY NY			LTC NURSING	HOMEW/	O WALLS (LT
			S	SALES REGISTER			BILL WEEK EN	DING	5/11/12
INVOICE#	DATE	CUST NO	CUSTOMER NAME	REFERENCE	HOURS	TAX AMT	AMOUNT	TYP	SURPLUS
193610	5/04/12	000008	VISITING NURSE SERVICE	CHO, MOGEE	6.00		87.48	I	
193611	5/04/12	800000	VISITING NURSE SERVICE	CHO, MOGEE	24.00		349.92	I	
				CUSTOMER	30.00	0.00	437.40		
				CATEGORY	30.00	0.00	437.40		

RUN DATE SALES JRN		- SUP SUNN	NYSIDE CITYWIDE SUNNYSIDE CITYWIDE	REG NY NY			PAGE 1 - VCP CHOICE LHC	58 SA
			S	ALES REGISTER			BILL WEEK ENDI	NG 5/11/12
INVOICE#	DATE	CUST NO	CUSTOMER NAME	REFERENCE	HOURS	TAX AMT	AMOUNT T	YP SURPLUS
193612	5/04/12	000008	VISITING NURSE SERVICE	CHOUDHURY, SHAM	24.00		349.92	I
193613	5/04/12	800000	VISITING NURSE SERVICE	CHOUDHURY, SHAM	32.00		466.56	I
193614	5/04/12	800000	VISITING NURSE SERVICE	CHU, MOLLY	8.00		116.64	I
193615	5/04/12	800000	VISITING NURSE SERVICE	CHU, MOLLY	31.75		462.92	I
193616	5/04/12	800000	VISITING NURSE SERVICE	CHUCK, ENA	14.50		211.41	I
193617	5/04/12	800000	VISITING NURSE SERVICE	CHUCK, ENA	16.00		233.28	I
				CUSTOMER	126.25	0.00	1,840.73	
				CATEGORY	 126.25	0.00	1,840.73	

RUN DATE	05/09/12 -	- SUP SUNN	YSIDE CITYWIDE				PAGE 1	- 5	59
SALES JRN	L # 0280	LOC 001	SUNNYSIDE CITYWIDE	REG NY NY			LTC NURSING	HOMEW/	O WALLS (LT
			5	SALES REGISTER			BILL WEEK EN	DING	5/11/12
INVOICE#	DATE	CUST NO	CUSTOMER NAME	REFERENCE	HOURS	TAX AMT	AMOUNT	TYP	SURPLUS
193618	5/04/12	000008	VISITING NURSE SERVICE	CIPRIAN, FREDEV	24.00		349.92	I	
193619	5/04/12	800000	VISITING NURSE SERVICE	CIPRIAN, FREDEV	32.00		466.56	I	
				CHICEOMED	56.00	0.00	016 40		
				CUSTOMER	56.00	0.00	816.48		
				CATEGORY	56.00	0.00	816.48		

RUN DATE SALES JRN		- SUP SUNN LOC 001	YSIDE CITYWIDE SUNNYSIDE CITYWIDE	REG NY NY			PAGE 1 ADU ADULT	-	60
DALLS OWN	1 # 0200	100 001		SALES REGISTER			BILL WEEK END	ING	5/11/12
INVOICE#	DATE	CUST NO	CUSTOMER NAME	REFERENCE	HOURS	TAX AMT	AMOUNT	TYP	SURPLUS
193620	4/27/12	000008	VISITING NURSE SERVICE	COLEMAN, JAMES	2.00		29.16	I	
193621	5/04/12	000008	VISITING NURSE SERVICE	COLEMAN, JAMES	2.00		29.16	I	
193622	5/04/12	800000	VISITING NURSE SERVICE	COLEMAN, JAMES	4.00		58.32	1	
				CUSTOMER	8.00	0.00	116.64		
				CATEGORY	8.00	0.00	116.64		

RUN DATE	05/09/12 -	- SUP SUNN	YSIDE CITYWIDE				PAGE 1	_ (61
SALES JRN	L # 0280	LOC 001	SUNNYSIDE CITYWIDE	REG NY NY			LTC NURSING	HOMEW.	/O WALLS (LT
			S	ALES REGISTER			BILL WEEK EN	DING	5/11/12
INVOICE#	DATE	CUST NO	CUSTOMER NAME	REFERENCE	HOURS	TAX AMT	AMOUNT	TYP	SURPLUS
193623	4/27/12	800000	VISITING NURSE SERVICE	COLLER, FELISA	8.00		116.64	I	
193624	5/04/12	800000	VISITING NURSE SERVICE	COLLER, FELISA	4.00		58.32	I	
193625	5/04/12	800000	VISITING NURSE SERVICE	COLLER, FELISA	16.00		233.28	I	
193626	4/27/12	800000	VISITING NURSE SERVICE	COLLER, JOSE	6.00		87.48	I	
193627	5/04/12	800000	VISITING NURSE SERVICE	COLLER, JOSE	3.00		43.74	I	
193628	5/04/12	800000	VISITING NURSE SERVICE	COLLER, JOSE	11.50		167.67	I	
193629	5/04/12	800000	VISITING NURSE SERVICE	COLON, ANTONIA	18.00		262.44	I	
193630	5/04/12	000008	VISITING NURSE SERVICE	COLON, ANTONIA	18.00		262.44	I	
193631	5/04/12	800000	VISITING NURSE SERVICE	COLON, ISABEL	6.00		87.48	I	
193632	5/04/12	800000	VISITING NURSE SERVICE	COLON, ISABEL	18.00		262.44	I	
				·					
				CUSTOMER	108.50	0.00	1,581.93		
							,		
				CATEGORY	108.50	0.00	1,581.93		

RUN DATE	05/09/12 -	- SUP SUNN	YSIDE CITYWIDE				PAGE 1	- 6	52
SALES JRN	L # 0280	LOC 001	SUNNYSIDE CITYWIDE	REG NY NY			CCL CONGREGA'	TE CAF	RE PROGRAM
				SALES REGISTER			BILL WEEK EN	DING	5/11/12
INVOICE#	DATE	CUST NO	CUSTOMER NAME	REFERENCE	HOURS	TAX AMT	AMOUNT	TYP	SURPLUS
193633	5/04/12	000008	VISITING NURSE SERVICE	CORDERO, NELLY	72.00		1,049.76	I	
193634	5/04/12	800000	VISITING NURSE SERVICE	CORDERO, NELLY	96.00		1,399.68	I	
				CUSTOMER	168.00	0.00	2,449.44		
				CODIONEIC	100.00	0.00	2,115.11		
				CATEGORY	168.00	0.00	2,449.44		

				YSIDE CITYWIDE				PAGE 1 -	63
1	SALES JRN	L # 0280	LOC 001		REGNY NY SALES REGISTER			LTC NURSING HOM BILL WEEK ENDIN	· ·
					SALES REGISIER			PILL MEEK ENDIN	G 5/11/12
-	INVOICE#	DATE	CUST NO	CUSTOMER NAME	REFERENCE	HOURS	TAX AMT	AMOUNT TY	P SURPLUS
	193635	5/04/12	000008	VISITING NURSE SERVICE	CORREA, MARGARI	24.00		349.92 I	
					CATEGORY	24.00	0.00	349.92	

			YSIDE CITYWIDE	DEC MY MY			PAGE 1 -	64
SALES JRNI	L # U28U	LOC 001	SUNNYSIDE CITYWIDE	REGNY NY SALES REGISTER			VCP CHOICE LHCSA BILL WEEK ENDING	
INVOICE#	DATE	CUST NO	CUSTOMER NAME	REFERENCE	HOURS	TAX AMT	AMOUNT TYP	SURPLUS
	5/04/12 5/04/12	000008 000008	VISITING NURSE SERVICE VISITING NURSE SERVICE	•	4.00 16.00		58.32 I 233.28 I	
				CUSTOMER	20.00	0.00	291.60	
				CATEGORY	20.00	0.00	291.60	

RUN DATE	05/09/12 -	- SUP SUNN	YSIDE CITYWIDE				PAGE 1	- 6	55
SALES JRN	L # 0280	LOC 001	SUNNYSIDE CITYWIDE	REG NY NY			LTC NURSING	HOMEW/	O WALLS (LT
			S	SALES REGISTER			BILL WEEK EN	DING	5/11/12
INVOICE#	DATE	CUST NO	CUSTOMER NAME	REFERENCE	HOURS	TAX AMT	AMOUNT	TYP	SURPLUS
193638	5/04/12	000008	VISITING NURSE SERVICE	COSTA, ARSENE	6.00		87.48	I	
193639	5/04/12	800000	VISITING NURSE SERVICE	COSTA, ARSENE	24.00		349.92	I	
				CUSTOMER	30.00	0.00	437.40		
				CATEGORY	30.00	0.00	437.40		

RUN DATE 05/09/12 -	- SUP SUNNYSIDE CITYWIDE				PAGE 1 - 66	
SALES JRNL # 0280	LOC 001 SUNNYSIDE CITYWIDE	REG NY NY			ADU ADULT	
		SALES REGISTER			BILL WEEK ENDING	5/11/12
INVOICE# DATE	CUST NO CUSTOMER NAME	REFERENCE	HOURS	TAX AMT	AMOUNT TYP	SURPLUS
193640 5/04/12	000008 VISITING NURSE SERVICE	E COVALIU, SIMION	6.00		87.48 I	
193641 5/04/12	000008 VISITING NURSE SERVICE	E COVALIU, SIMION	23.50		342.63 I	
		CUSTOMER	29.50	0.00	430.11	
		CATEGORY	29.50	0.00	430.11	

RUN DATE SALES JRN		- SUP SUNN LOC 001	YSIDE CITYWIDE SUNNYSIDE CITYWIDE	REG NY NY			PAGE 1 HOA HOSPICE A		67
			S	SALES REGIST	E R		BILL WEEK ENI	DING	5/11/12
INVOICE#	DATE	CUST NO	CUSTOMER NAME	REFERENCE	HOURS	TAX AMT	AMOUNT	TYP	SURPLUS
193642	5/04/12	800000	VISITING NURSE SERVICE	COX, PETRA	12.00		174.96	I	
193643	5/04/12	000008	VISITING NURSE SERVICE	COX, PETRA	6.75		98.42		
				CUSTOMER	18.75	0.00	273.38		
				CATEGORY	18.75	0.00	273.38		

RUN DATE	05/09/12 -	- SUP SUNN	YSIDE CITYWIDE				PAGE 1	- (58
SALES JRN	L # 0280	LOC 001	SUNNYSIDE CITYWIDE	REG NY NY			LAD NURSING	HOME V	W/O WALLS LT
			Ş	SALES REGISTER			BILL WEEK EN	DING	5/11/12
INVOICE#	DATE	CUST NO	CUSTOMER NAME	REFERENCE	HOURS	TAX AMT	AMOUNT	TYP	SURPLUS
193644	5/04/12	000008	VISITING NURSE SERVICE	CRUZ, HECTOR	18.75		273.38	I	
193645	5/04/12	800000	VISITING NURSE SERVICE	•	20.00		291.60	I	
				CUSTOMER	38.75	0.00	564.98		
				CATEGORY	38.75	0.00	564.98		

RUN DATE 05/09/			DEG NE	NT3.7			PAGE 1		69
SALES JRNL # 02	80 LOC 001	SUNNYSIDE CITYWIDE	-	NY EGIST	E R		VCP CHOICE L BILL WEEK EN		5/11/12
INVOICE# DATE	CUST NO	CUSTOMER NAME	REFE	RENCE	HOURS	TAX AMT	AMOUNT	TYP	SURPLUS
193646 5/04/2 193647 5/04/2		VISITING NURSE SERVICE VISITING NURSE SERVICE	,	JUANA JUANA	3.75 16.00		54.68 233.28	I	
				CUSTOMER	19.75	0.00	287.96		
				CATEGORY		0.00	287.96		

RUN DATE	05/09/12 -	- SUP SUNN	YSIDE CITYWIDE				PAGE 1	- 7	0
SALES JRN	rL # 0280	LOC 001	SUNNYSIDE CITYWIDE	REG NY NY			LTC NURSING H	OMEW/	
				SALES REGISTER			BILL WEEK END	ING	5/11/12
INVOICE#	DATE	CUST NO	CUSTOMER NAME	REFERENCE	HOURS	TAX AMT	AMOUNT	TYP	SURPLUS
193648	5/04/12	000008	VISITING NURSE SERVICE	DAMICO, ANGELA	5.00		72.90	I	
193649	5/04/12	800000	VISITING NURSE SERVICE	DAMICO, ANGELA	20.00		291.60	I	
193650	4/20/12	800000	VISITING NURSE SERVICE	DANNY, RAMDULAR	8.00		116.64	I	
193651	5/04/12	800000	VISITING NURSE SERVICE	DANNY, RAMDULAR	24.00		349.92	I	
193652	5/04/12	800000	VISITING NURSE SERVICE	DANNY, RAMDULAR	32.00		466.56	I	
				CUSTOMER	89.00	0.00	1,297.62		
				CATEGORY	89.00	0.00	1,297.62		

RUN DATE 05/09/12 SALES JRNL # 0280		SUNNYSIDE CITYWIDE	REGNY NY SALES REGISTER			PAGE 1 - VCP CHOICE LHCSA BILL WEEK ENDING	
INVOICE# DATE	CUST NO	CUSTOMER NAME	REFERENCE	HOURS	TAX AMT	AMOUNT TYP	SURPLUS
193653 5/04/12 193654 5/04/12		VISITING NURSE SERVICE VISITING NURSE SERVICE		12.00 24.00		174.96 I 349.92 I	
			CUSTOMER	36.00	0.00	524.88	
			CATEGORY	36.00	0.00	524.88	

			YSIDE CITYWIDE				-	72
SALES JRN	IL # 0280	LOC 001	SUNNYSIDE CITYWIDE	REGNY NY SALES REGISTER			ADU ADULT BILL WEEK ENDING	5/11/12
INVOICE#	DATE	CUST NO	CUSTOMER NAME	REFERENCE	HOURS	TAX AMT	AMOUNT TYP	SURPLUS
193655	5/04/12	800000	VISITING NURSE SERVICE	DEJESUS, FELIX	5.00		72.90 I	
193656	5/04/12	800000	VISITING NURSE SERVICE	DEJESUS, FELIX	10.00		145.80 I	
				CUSTOMER	15.00	0.00	218.70	
				CATEGORY	15.00	0.00	218.70	

RUN DATE SALES JRN		- SUP SUNN	YSIDE CITYWIDE SUNNYSIDE CITYWIDE	REG NY NY			PAGE 1 LTC NURSING	- 7	
			S	SALES REGISTER			BILL WEEK EN		5/11/12
INVOICE#	DATE	CUST NO	CUSTOMER NAME	REFERENCE	HOURS	TAX AMT	AMOUNT	TYP	SURPLUS
193657	5/04/12	000008	VISITING NURSE SERVICE	DEL CARPIO, FEL	8.00		116.64	I	
193658	5/04/12	800000	VISITING NURSE SERVICE	DEL CARPIO, FEL	24.00		349.92	I	
193659	5/04/12	800000	VISITING NURSE SERVICE	DELACRUZ, SEFER	8.00		116.64	I	
193660	5/04/12	000008	VISITING NURSE SERVICE	DELACRUZ, SEFER	24.00		349.92	I	
193661	5/04/12	800000	VISITING NURSE SERVICE	DELAROSA, CORAL	15.00		218.70	I	
193662	5/04/12	800000	VISITING NURSE SERVICE	DELAROSA, CORAL	2.00		29.16	I	
				CUSTOMER	81.00	0.00	1,180.98		
				CATEGORY	81.00	0.00	1,180.98		

			YSIDE CITYWIDE				PAGE 1	-	74
SALES JRN	L # 0280	LOC 001	SUNNYSIDE CITYWIDE	REG NY NY			VCP CHOICE LE	ICSA	
				S A L E S R E G I S T E R			BILL WEEK END	DING	5/11/12
INVOICE#	DATE	CUST NO	CUSTOMER NAME	REFERENCE	HOURS	TAX AMT	AMOUNT	TYP	SURPLUS
193663	5/04/12	000008	VISITING NURSE SERVICE	DELOSSANTOS, MA	6.00		87.48	I	
193664	5/04/12	800000	VISITING NURSE SERVICE	DELOSSANTOS, MA	23.50		342.64	I	
193665	4/27/12	000008	VISITING NURSE SERVICE	DELPOZO, MIGUEL	4.00		58.32	I	
193666	5/04/12	000008	VISITING NURSE SERVICE	DELPOZO, MIGUEL	4.00		58.32	I	
193667	5/04/12	800000	VISITING NURSE SERVICE	DELPOZO, MIGUEL	16.00		233.28	I	
				CUSTOMER	53.50	0.00	780.04		
				CATEGORY	53.50	0.00	780.04		

RUN DATE SALES JRN			NYSIDE CITYWIDE SUNNYSIDE CITYWIDE S A	REGNY NY ALES REGISTER			PAGE 1 - ADU ADULT BILL WEEK ENDING	75 5 5/11/12
INVOICE#	DATE	CUST NO	CUSTOMER NAME	REFERENCE	HOURS	TAX AMT	AMOUNT TYP	SURPLUS
193668	5/04/12	800000	VISITING NURSE SERVICE	DELUCA, ANTIONE	12.00		174.96 I	
				CATEGORY	12.00	0.00		

ı	RUN DATE	05/09/12 -	- SUP SUNN	YSIDE CITYWIDE				PAGE 1 -	76
	SALES JRN	L # 0280	LOC 001	SUNNYSIDE CITYWIDE	REG NY NY			VCP CHOICE LHCSA	
				S	SALES REGISTER			BILL WEEK ENDING	5/11/12
	INVOICE#	DATE	CUST NO	CUSTOMER NAME	REFERENCE	HOURS	TAX AMT	AMOUNT TYP	SURPLUS
	193669	5/04/12	000008	VISITING NURSE SERVICE	DELUCA, ANTIONE	12.00		174.96 I	
					CATEGORY	12.00	0.00	174.96	

RUN DATE 05/09 SALES JRNL # 0			REGNY NY SALES REGISTER			PAGE 1 - LTC NURSING HOME BILL WEEK ENDING	
INVOICE# DAT	E CUST NO	CUSTOMER NAME	REFERENCE	HOURS	TAX AMT	AMOUNT TYPE	SURPLUS
193670 5/04 193671 5/04	,	VISITING NURSE SERVICE VISITING NURSE SERVICE	,	11.00 24.00		160.38 I 349.92 I	
			CUSTOMER	35.00	0.00	510.30	
			CATEGORY	35.00	0.00	510.30	

CALLEG TONI 0000 TOG 001 GIBBRIGIDE GIEWITEE DEG AN AND NO GIBBRIGIDE FIGGE	
SALES JRNL # 0280 LOC 001 SUNNYSIDE CITYWIDE REG NY NY VCP CHOICE LHCSA	
SALES REGISTER BILL WEEK ENDING	5/11/12
INVOICE# DATE CUST NO CUSTOMER NAME REFERENCE HOURS TAX AMT AMOUNT TYPE	SURPLUS
193672	
193673	
193674 5/04/12 000008 VISITING NURSE SERVICE DEZUMARAN, REBE 35.25 513.96 I	
193675 5/04/12 000008 VISITING NURSE SERVICE DIAZ, MARIA 28.00 408.24 I	
193676 5/04/12 000008 VISITING NURSE SERVICE DIAZ, OLGA 18.00 262.44 I	
193677 5/04/12 000008 VISITING NURSE SERVICE DIAZ, OLGA 24.00 349.92 I	
193678 5/04/12 000008 VISITING NURSE SERVICE DIAZ, ROSA 12.00 174.96 I	
193679 5/04/12 000008 VISITING NURSE SERVICE DIAZ, ROSA 24.00 349.92 I	
193680 5/04/12 000008 VISITING NURSE SERVICE DILLUVIO, MATTI 30.00 437.40 I	
193681 5/04/12 000008 VISITING NURSE SERVICE DILLUVIO, MATTI 22.00 641.52 I	
193682 5/04/12 000008 VISITING NURSE SERVICE DOMINGUEZ, MARI 18.00 262.44 I	
193683 5/04/12 000008 VISITING NURSE SERVICE DOMINGUEZ, MARI 23.50 342.63 I	
193684 5/04/12 000008 VISITING NURSE SERVICE DOMINGUEZ-REIN, 4.00 58.32 I	
193685 5/04/12 000008 VISITING NURSE SERVICE DOMINGUEZ-REIN, 16.00 233.28 I	
CUSTOMER 266.75 0.00 4,209.99	
CATEGORY 266.75 0.00 4,209.99	

			YSIDE CITYWIDE				PAGE 1	- 7	'9
SALES JRN	L # 0280	LOC 001	SUNNYSIDE CITYWIDE	REG NY NY			LTC NURSING H		,
				SALES REGISTE	R		BILL WEEK END	ING	5/11/12
INVOICE#	DATE	CUST NO	CUSTOMER NAME	REFERENCE	HOURS	TAX AMT	AMOUNT	TYP	SURPLUS
193686	4/27/12	000008	VISITING NURSE SERVICE	DOMINICK, GINA	8.00		116.64	I	
193687	5/04/12	800000	VISITING NURSE SERVICE	DOMINICK, GINA	8.00		116.64	I	
193688	5/04/12	800000	VISITING NURSE SERVICE	DOMINICK, GINA	32.00		466.56	I	
193689	5/04/12	800000	VISITING NURSE SERVICE	DUTAN, SELINDA	12.00		174.96	I	
193690	5/04/12	800000	VISITING NURSE SERVICE	DUTAN, SELINDA	29.00		422.82	I	
				CUSTOMER	89.00	0.00	1,297.62		
				CATEGORY	89.00	0.00	1,297.62		

RUN DATE SALES JRN		- SUP SUNN LOC 001	YSIDE CITYWIDE SUNNYSIDE CITYWIDE	REG NY NY SALES REGISTER			PAGE 1 - CCL CONGREGATE BILL WEEK ENDIN	
								, ,
INVOICE#	DATE	CUST NO	CUSTOMER NAME	REFERENCE	HOURS	TAX AMT	AMOUNT TY	P SURPLUS
193691	5/04/12	000008	VISITING NURSE SERVICE	DUVERGE, MARIA	1.00		14.58 I	
193692	5/04/12	800000	VISITING NURSE SERVICE	DUVERGE, MARIA	9.50		138.51 I	
				CUSTOMER	10.50	0.00	153.09	
				CATEGORY	10.50	0.00	153.09	

RUN DATE	05/09/12 -	- SUP SUNN	YSIDE CITYWIDE				PAGE 1	- 81
SALES JRN	L # 0280	LOC 001	SUNNYSIDE CITYWIDE	REG NY NY			ADU ADULT	
			S	ALES REGISTER			BILL WEEK END	ING 5/11/12
INVOICE#	DATE	CUST NO	CUSTOMER NAME	REFERENCE	HOURS	TAX AMT	AMOUNT	TYP SURPLUS
193693	5/04/12	000008	VISITING NURSE SERVICE	ECHEGARAY, MARI	15.00		218.70	I
193694	5/04/12	800000	VISITING NURSE SERVICE	ECHEGARAY, MARI	28.00		408.24	I
193695	5/04/12	800000	VISITING NURSE SERVICE	EDELMAN, MILDRE	3.00		43.74	I
193696	5/04/12	800000	VISITING NURSE SERVICE	EDELMAN, MILDRE	12.00		174.96	I
				CUSTOMER	58.00	0.00	845.64	
				CATEGORY	58.00	0.00	845.64	

RUN DATE	05/09/12 -	- SUP SUNN	YSIDE CITYWIDE				PAGE 1 -	82
SALES JRN	IL # 0280	LOC 001	SUNNYSIDE CITYWIDE	REG NY NY			VCP CHOICE LHCS	A
			5	SALES REGISTER			BILL WEEK ENDING	G 5/11/12
INVOICE#	DATE	CUST NO	CUSTOMER NAME	REFERENCE	HOURS	TAX AMT	AMOUNT TY	P SURPLUS
193697	5/04/12	800000	VISITING NURSE SERVICE	EMILIAN, SIRPOO	4.00		58.32 I	
				CATEGORY	4.00	0.00	58.32	

RUN DATE	05/09/12 -	- SUP SUNN	YSIDE CITYWIDE				PAGE 1 - 8	33
SALES JRN	IL # 0280	LOC 001	SUNNYSIDE CITYWIDE	REG NY NY			CCL CONGREGATE CAR	RE PROGRAM
			i	SALES REGISTER			BILL WEEK ENDING	5/11/12
INVOICE#	DATE	CUST NO	CUSTOMER NAME	REFERENCE	HOURS	TAX AMT	AMOUNT TYP	SURPLUS
193698	5/04/12	000008	VISITING NURSE SERVICE	EPSTEIN, GEORGE	4.00		58.32 I	
193699	5/04/12	000008	VISITING NURSE SERVICE	·	16.00		233.28 I	
				CUSTOMER	20.00	0.00	291.60	
				CATEGORY	20.00	0.00	291.60	

RUN DATE 05,	/09/12 - SUP	SUNNYS	IDE CITYWIDE						PAGE	1 -	84
SALES JRNL	# 0280 LOC	001	SUNNYSIDE CITYWIDE	REG 1	1A 1.	1A			ADU ADULT		
				SALES	S RE	EGISTER			BILL WEEK E	NDING	5/11/12
INVOICE# I	DATE CUS	ST NO C	USTOMER NAME		REFER	RENCE	HOURS	TAX AMT	TRUOMA	TYP	SURPLUS
193700 5,	/04/12 000	0008 V	ISITING NURSE SERVIC	G	ESPIN,	CESAR	27.00		393.66	I	
193701 5,	/04/12 000	0008 V	ISITING NURSE SERVIC	C	ESPIN,	CESAR	36.00		524.88	I	
						CUSTOMER	63.00	0.00	918.54		
						CATEGORY	63.00	0.00	918.54		

			YSIDE CITYWIDE				PAGE 1	-	5
SALES JRN	L # 0280	LOC 001	SUNNYSIDE CITYWIDE	REGNY NY ALES REGISTER			VCP CHOICE LE		5/11/12
			٥	ALES KEGISIEK			PILL MEEK END	ING	3/11/12
INVOICE#	DATE	CUST NO	CUSTOMER NAME	REFERENCE	HOURS	TAX AMT	AMOUNT	TYP	SURPLUS
102702	F /04 /10	000000	MICHELING MIDGE GERMING	EGDINAL TOGE	2 00		42.74	-	
193702 193703	5/04/12 5/04/12	000008 000008	VISITING NURSE SERVICE	ESPINAL, JOSE	3.00 3.00		43.74 43.74		
	- , - ,		VISITING NURSE SERVICE	ESPINAL, JOSE					
193704	5/04/12	800000	VISITING NURSE SERVICE	EVERETT, SHIRLE	7.00		102.06	Τ	
193705	5/04/12	800000	VISITING NURSE SERVICE	EVERETT, SHIRLE	15.25		222.35	I	
				CUSTOMER	28.25	0.00	411.89		
				CODIONER	20.23	0.00	111.05		
				CATEGORY	28.25	0.00	411.89		

RUN DATE (SALES JRNI	, ,	SUP SUNN LOC 001	YSIDE CITYWIDE SUNNYSIDE CITYWIDE	REG NY NY SALES REGI	STER		PAGE 1 ADU ADULT BILL WEEK EN	- 86	6 5/11/12
INVOICE#	DATE	CUST NO	CUSTOMER NAME	REFERENCE	-	TAX AMT	AMOUNT	TYP	SURPLUS
193706 193707 193708 193709	5/04/12 5/04/12 5/04/12 5/04/12	000008 000008 000008	VISITING NURSE SERVI VISITING NURSE SERVI VISITING NURSE SERVI VISITING NURSE SERVI	CE FADEN, ROB CE FAMBIATOU,	IN 37.50 PARA 3.00		437.40 546.75 43.74 131.22	I I I	
				CUST	OMER 79.50	0.00	1,159.11		
				CATE	GORY 79.50	0.00	1,159.11		

RUN DATE SALES JRN		- SUP SUNN LOC 001	YSIDE CITYWIDE SUNNYSIDE CITYWIDE		NY E G I S T E	E R		PAGE 1 HOA HOSPICE A BILL WEEK ENI	ADULT	5/11/12
INVOICE#	DATE	CUST NO	CUSTOMER NAME	REFE	RENCE	HOURS	TAX AMT	AMOUNT	TYP	SURPLUS
193710 193711	5/04/12 5/04/12	800000 800000	VISITING NURSE SERVICE VISITING NURSE SERVICE	- ,	JOSEPH JOSEPH	6.00 12.00		87.48 174.96	I	
					CUSTOMER	18.00	0.00	262.44		
					CATEGORY	18.00	0.00	262.44		

			YSIDE CITYWIDE				PAGE 1 - 88	
SALES JRN	L # 0280	LOC 001	SUNNYSIDE CITYWIDE	REG NY NY			VCP CHOICE LHCSA	
			S	SALES REGISTER			BILL WEEK ENDING 5/1	1/12
INVOICE#	DATE	CUST NO	CUSTOMER NAME	REFERENCE	HOURS	TAX AMT	AMOUNT TYP SUR	PLUS
193712	5/04/12	000008	VISITING NURSE SERVICE	FERMIN, ORQUIDI	24.00		349.92 I	
193713	5/04/12	000008	VISITING NURSE SERVICE	FERMIN, ORQUIDI	32.00		466.56 I	
				CUSTOMER	56.00	0.00	816.48	
				CATEGORY	56.00	0.00	816.48	

RUN DATE SALES JRN		- SUP SUNN LOC 001	YSIDE CITYWIDE SUNNYSIDE CITYWIDE	REG NY NY SALES REGISTER			PAGE 1 CCL CONGREGAT BILL WEEK ENI	re caf	39 RE PROGRAM 5/11/12
INVOICE#	DATE	CUST NO	CUSTOMER NAME	REFERENCE	HOURS	TAX AMT	AMOUNT	TYP	SURPLUS
193714 193715	5/04/12 5/04/12	800000 800000	VISITING NURSE SERVICE VISITING NURSE SERVICE	,	3.00 9.00		43.74 131.22	I I	
				CUSTOMER	12.00	0.00	174.96		
				CATEGORY	12.00	0.00	174.96		

			YSIDE CITYWIDE						90
SALES JRN	IL # 0280	LOC 001	SUNNYSIDE CITYWIDE	REG NY NY			VCP CHOICE LI		E /44 /40
				SALES REGISTER			BILL WEEK EN	DING	5/11/12
INVOICE#	DATE	CUST NO	CUSTOMER NAME	REFERENCE	HOURS	TAX AMT	AMOUNT	TYP	SURPLUS
193716	5/04/12	000008	VISITING NURSE SERVICE	FERREIRO, JOSEP	3.00		43.74	I	
193717	5/04/12	800000	VISITING NURSE SERVICE	FERREIRO, JOSEP	12.00		174.96	I	
				CUSTOMER	15.00	0.00	218.70		
				CODIONEIC	13.00	0.00	210.70		
				CATEGORY	15.00	0.00	218.70		

RUN DATE SALES JRN		- SUP SUNN LOC 001	YSIDE CITYWIDE SUNNYSIDE CITYWIDE	REG NY NY SALES REGISTER			PAGE 1 - CCL CONGREGATE C BILL WEEK ENDING	
INVOICE#	DATE	CUST NO	CUSTOMER NAME	REFERENCE	HOURS	TAX AMT	AMOUNT TYP	SURPLUS
193718 193719	5/04/12 5/04/12	800000 800000	VISITING NURSE SERVICE VISITING NURSE SERVICE	•	3.00 9.00		43.74 I 131.22 I	
				CUSTOMER	12.00	0.00	174.96	
				CATEGORY	12.00	0.00	174.96	

RUN DATE	05/09/12 -	- SUP SUNN	YSIDE CITYWIDE				PAGE 1 -	92
SALES JRN	L # 0280	LOC 001	SUNNYSIDE CITYWIDE	REG NY NY			LTC NURSING HOME	7/O WALLS (LT
			:	SALES REGISTER			BILL WEEK ENDING	5/11/12
INVOICE#	DATE	CUST NO	CUSTOMER NAME	REFERENCE	HOURS	TAX AMT	AMOUNT TYP	SURPLUS
193720	4/20/12	800000	VISITING NURSE SERVICE	FIUMARA, ROSE	6.00		87.48 I	
193721	5/04/12	800000	VISITING NURSE SERVICE	FIUMARA, ROSE	22.00		320.77 I	
193722	5/04/12	800000	VISITING NURSE SERVICE	FIUMARA, ROSE	32.50		473.85 I	
				CUSTOMER	60.50	0.00	882.10	
				CATEGORY	60.50	0.00	882.10	

RUN DATE SALES JRN		- SUP SUNN LOC 001	YSIDE CITYWIDE SUNNYSIDE CITYWIDE	REG NY NY SALES REGISTER			PAGE 1 CCL CONGREGA BILL WEEK EN		
INVOICE#	DATE	CUST NO	CUSTOMER NAME	REFERENCE	HOURS	TAX AMT	AMOUNT	TYP	SURPLUS
193723 193724	5/04/12 5/04/12	800000 800000	VISITING NURSE SERVICE VISITING NURSE SERVICE	•	2.00		29.16 58.32	I	
				CUSTOMER	6.00	0.00	87.48		
				CATEGORY	6.00	0.00	87.48		

RUN DATE SALES JRN		- SUP SUNN	YSIDE CITYWIDE SUNNYSIDE CITYWIDE	REG NY NY			PAGE 1 - ! VCP CHOICE LHCSA	94
			S	SALES REGISTER			BILL WEEK ENDING	5/11/12
INVOICE#	DATE	CUST NO	CUSTOMER NAME	REFERENCE	HOURS	TAX AMT	AMOUNT TYP	SURPLUS
193725	5/04/12	000008	VISITING NURSE SERVICE	FOLLETTO, ROSIN	7.00		102.06 I	
193726 193727	5/04/12 5/04/12	000008 000008	VISITING NURSE SERVICE VISITING NURSE SERVICE	FOLLETTO, ROSIN FONG, ALEFINA	28.00 4.00		408.24 I 58.32 I	
193728	5/04/12	000008	VISITING NURSE SERVICE	FONG, ALEFINA	12.00		174.96 I	
				CUSTOMER	51.00	0.00	743.58	
				CATEGORY	51.00	0.00	743.58	

RUN DATE	05/09/12 -	- SUP SUNN	YSIDE CITYWIDE				PAGE 1	- 95	5
SALES JRN	L # 0280	LOC 001	SUNNYSIDE CITYWIDE	REG NY NY			CCL CONGREGAT	E CARI	E PROGRAM
				SALES REGISTER			BILL WEEK END	ING	5/11/12
INVOICE#	DATE	CUST NO	CUSTOMER NAME	REFERENCE	HOURS	TAX AMT	AMOUNT '	TYP	SURPLUS
193729	5/04/12	000008	VISITING NURSE SERVICE	FONSECA, EUGENI	7.00		102.06	I	
193730	5/04/12	800000	VISITING NURSE SERVICE	FONSECA, EUGENI	14.00		204.12	I	
							206.10		
				CUSTOMER	21.00	0.00	306.18		
				CATEGORY	21.00	0.00	306.18		

			YSIDE CITYWIDE				11101	- 96
SALES JRN	L # 0280	LOC 001	SUNNYSIDE CITYWIDE	REG NY NY			VCP CHOICE LH	
				SALES REGISTER			BILL WEEK END	ING 5/11/12
INVOICE#	DATE	CUST NO	CUSTOMER NAME	REFERENCE	HOURS	TAX AMT	AMOUNT	TYP SURPLUS
193731	5/04/12	000008	VISITING NURSE SERVICE	FONTEBOA, GUILL	15.00		218.70	I
193732	5/04/12	800000	VISITING NURSE SERVICE	FONTEBOA, GUILL	20.00		291.60	I
				CUSTOMER	35.00	0.00	510.30	
				COSTOMER	33.00	0.00	510.30	
				CATEGORY	35.00	0.00	510.30	

RUN DATE 0	5/09/12 -	SUP SUNN	YSIDE CITYWIDE					PAGE 1	- 9	7
SALES JRNL	# 0280	LOC 001	SUNNYSIDE CITYWIDE		NY			LTC NURSING		,
				SALES R	EGISTE	R		BILL WEEK EN	DING	5/11/12
INVOICE#	DATE	CUST NO	CUSTOMER NAME	REFE	CRENCE	HOURS	TAX AMT	AMOUNT	TYP	SURPLUS
193733	5/04/12	000008	VISITING NURSE SERVICE	FRED,	EULALIA	24.00		349.92	I	
193734	5/04/12	800000	VISITING NURSE SERVICE	FRED,	EULALIA	32.00		466.56	I	
					CUSTOMER	56.00	0.00	816.48		
					_					
					CATEGORY	56.00	0.00	816.48		

			YSIDE CITYWIDE				PAGE 1 - 9	8
SALES JRN	L # 0280	LOC 001	SUNNYSIDE CITYWIDE	REG NY NY			VCP CHOICE LHCSA	
			S	SALES REGISTER			BILL WEEK ENDING	5/11/12
INVOICE#	DATE	CUST NO	CUSTOMER NAME	REFERENCE	HOURS	TAX AMT	AMOUNT TYP	SURPLUS
193735	5/04/12	000008	VISITING NURSE SERVICE	FREDERICK, AMEL	7.00		102.06 I	
193736	5/04/12	800000	VISITING NURSE SERVICE	FREDERICK, AMEL	28.00		408.24 I	
				CUSTOMER	35.00	0.00	510.30	
				CATEGORY	35.00	0.00	510.30	

			YSIDE CITYWIDE				PAGE 1	- 9	9	
SALES JRN	L # 0280	LOC 001	SUNNYSIDE CITYWIDE	REG NY NY			LTC NURSING HOMEW/O WALLS (LT			
			:	SALES REGISTER			BILL WEEK ENI	DING	5/11/12	
INVOICE#	DATE	CUST NO	CUSTOMER NAME	REFERENCE	HOURS	TAX AMT	AMOUNT	TYP	SURPLUS	
193737	4/27/12	000008	VISITING NURSE SERVICE	FREIJOSO, ROSA	8.00		116.64	I		
193738	5/04/12	800000	VISITING NURSE SERVICE	FREIJOSO, ROSA	14.00		204.12	I		
193739	5/04/12	800000	VISITING NURSE SERVICE	FREIJOSO, ROSA	32.00		466.56	I		
193740	5/04/12	000008	VISITING NURSE SERVICE	FUNES, GEORGINA	16.25		236.93	I		
193741	5/04/12	800000	VISITING NURSE SERVICE	FUNES, GEORGINA	20.00		291.60	I		
				CUSTOMER	90.25	0.00	1 215 05			
				COSTOMER	90.25	0.00	1,315.85			
				CATEGORY	90.25	0.00	1,315.85			

RUN DATE SALES JRN		- SUP SUNN LOC 001	YSIDE CITYWIDE	DEC MY MY			11102	- 10	0
SALES UKN	⊔ # 0200	TOC 001	SUNNYSIDE CITYWIDE	REGNY NY ALES REGISTER			VCP CHOICE LE BILL WEEK ENI		5/11/12
INVOICE#	DATE	CUST NO	CUSTOMER NAME	REFERENCE	HOURS	TAX AMT	AMOUNT	TYP	SURPLUS
193742	5/04/12	000008	VISITING NURSE SERVICE	GAID, ASILA	15.00		218.70	I	
193743	5/04/12	800000	VISITING NURSE SERVICE	GAID, ASILA	20.00		291.60	I	
193744	4/20/12	800000	VISITING NURSE SERVICE	GALARZA, JOSE	7.00		102.06	I	
193745	5/04/12	800000	VISITING NURSE SERVICE	GALARZA, JOSE	17.00		247.86	I	
193746	5/04/12	800000	VISITING NURSE SERVICE	GALARZA, JOSE	24.00		349.92	I	
193747	5/04/12	800000	VISITING NURSE SERVICE	GALLARDO, ZOILA	18.00		262.44	I	
193748	5/04/12	800000	VISITING NURSE SERVICE	GALLARDO, ZOILA	24.00		349.92	I	
193749	5/04/12	800000	VISITING NURSE SERVICE	GALLINA, VIRGIN	3.00		43.74	I	
193750	5/04/12	800000	VISITING NURSE SERVICE	GALLINA, VIRGIN	6.00		87.48	I	
				CUSTOMER	134.00	0.00	1,953.72		
				CATEGORY	134.00	0.00	1,953.72		

RUN DATE	IN DATE 05/09/12 - SUP SUNNYSIDE CITYWIDE PAGE 1 - 101										
SALES JRN	L # 0280	LOC 001	SUNNYSIDE CITYWIDE	REG NY NY			LTC NURSING HOME	W/O WALLS (LT			
			S	SALES REGISTER			BILL WEEK ENDING	5/11/12			
INVOICE#	DATE	CUST NO	CUSTOMER NAME	REFERENCE	HOURS	TAX AMT	AMOUNT TYP	SURPLUS			
193751	5/04/12	000008	VISITING NURSE SERVICE	GALLO, BENJAMIN	8.00		116.64 I				
193752	5/04/12	000008	VISITING NURSE SERVICE	GALLO, BENJAMIN	24.00		349.92 I				
193753	3/30/12	800000	VISITING NURSE SERVICE	GARAY, ANGELES	4.00		58.32 I				
193754	5/04/12	800000	VISITING NURSE SERVICE	GARAY, ANGELES	16.00		233.28 I				
				CUSTOMER	52.00	0.00	758.16				
				CATEGORY	52.00	0.00	758.16				

RUN DATE SALES JRN		- SUP SUNN LOC 001	YSIDE CITYWIDE SUNNYSIDE CITYWIDE	REG NY NY			PAGE 1 - 1 ADU ADULT	
			\$	SALES REGISTER			BILL WEEK ENDING	5/11/12
INVOICE#	DATE	CUST NO	CUSTOMER NAME	REFERENCE	HOURS	TAX AMT	AMOUNT TYP	SURPLUS
193755	5/04/12	000008	VISITING NURSE SERVICE	GARCIA, CONCEPC	19.00		277.02 I	
193756	5/04/12	000008	VISITING NURSE SERVICE	GARCIA, CONCEPC	24.00		349.92 I	
193757	5/04/12	800000	VISITING NURSE SERVICE	GARCIA, JESUS	6.00		87.48 I	
				CUSTOMER	49.00	0.00	714.42	
				CATEGORY	49.00	0.00	714.42	

			YSIDE CITYWIDE				PAGE 1		13
SALES JRN	IL # 0280	LOC 001	SUNNYSIDE CITYWIDE	REG NY NY			VCP CHOICE LH		F /11 /10
				SALES REGISTER			BILL WEEK END	DING	5/11/12
INVOICE#	DATE	CUST NO	CUSTOMER NAME	REFERENCE	HOURS	TAX AMT	AMOUNT	TYP	SURPLUS
193758	5/04/12	000008	VISITING NURSE SERVICE	GARCIA, JOSEFIN	24.00		349.92	I	
193759	5/04/12	800000	VISITING NURSE SERVICE	GARCIA, JOSEFIN	32.00		466.56	I	
				CUSTOMER	56.00	0.00	816.48		
				CATEGORY	56.00	0.00	816.48		

RUN DATE 05/ SALES JRNL #	09/12 - SUP SUNN 0280 LOC 001	SUNNYSIDE CITYWIDE	REG NY NY SALES REGISTER			PAGE 1 LTC NURSING E BILL WEEK END	HOMEW/O WALLS (LT
INVOICE# D.	ATE CUST NO	CUSTOMER NAME	REFERENCE	HOURS	TAX AMT	AMOUNT	TYP SURPLUS
193761 5/ 193762 5/	04/12 000008 04/12 000008 04/12 000008 04/12 000008	VISITING NURSE SERVICE VISITING NURSE SERVICE VISITING NURSE SERVICE VISITING NURSE SERVICE	GARCIA, OLGA GARCIA, OLGA GEBHARDT, DOROT GEBHARDT, DOROT	6.00 24.00 8.00 32.00		87.48 349.92 116.64 466.56	I I I
			CUSTOMER	70.00	0.00	1,020.60	
			CATEGORY	70.00	0.00	1,020.60	

RUN DATE	05/09/12 -	- SUP SUNN	YSIDE CITYWIDE				PAGE 1 -	105
SALES JRN	L # 0280	LOC 001	SUNNYSIDE CITYWIDE	REG NY NY			VCP CHOICE LHCSA	
			S	SALES REGISTER			BILL WEEK ENDING	5/11/12
INVOICE#	DATE	CUST NO	CUSTOMER NAME	REFERENCE	HOURS	TAX AMT	AMOUNT TYP	SURPLUS
193764	4/13/12	000008	VISITING NURSE SERVICE	GEORGE, MERCEDE	8.00		116.64 I	
193765	5/04/12	800000	VISITING NURSE SERVICE	GEORGE, MERCEDE	21.00		306.18 I	
193766	5/04/12	800000	VISITING NURSE SERVICE	GEORGE, MERCEDE	28.00		408.24 I	
				CUSTOMER	57.00	0.00	831.06	
				CATEGORY	57.00	0.00	831.06	

RUN DATE 05/09 SALES JRNL # 0			REG NY NY SALES REGISTER			PAGE 1 - 1 ADU ADULT BILL WEEK ENDING	06 5/11/12
INVOICE# DAT	E CUST NO	CUSTOMER NAME	REFERENCE	HOURS	TAX AMT	AMOUNT TYP	SURPLUS
193767 5/04 193768 5/04		VISITING NURSE SERVICE VISITING NURSE SERVICE	GERGENTI, LILLI GERGENTI, LILLI	3.00 3.00		43.74 I 43.74 I	
			CUSTOMER	6.00	0.00	87.48	
			CATEGORY	6.00	0.00	87.48	

		NYSIDE CITYWIDE SUNNYSIDE CITYWIDE	REG NY NY				- 107
SALES JRNL # 0	280 LOC 001		REGNY NY SALES REGISTER			BILL WEEK EN	HOMEW/O WALLS (LT DING 5/11/12
INVOICE# DAT	E CUST NO	CUSTOMER NAME	REFERENCE	HOURS	TAX AMT	AMOUNT	TYP SURPLUS
193769 5/04 193770 5/04		VISITING NURSE SERVICE	•	20.75		302.54	I
193770 5/04	/12 000008	VISITING NURSE SERVICE	GIORGIO, WILLIA	27.50		400.95	
			CUSTOMER	48.25	0.00	703.49	
			CATEGORY	48.25	0.00	703.49	

RUN DATE SALES JRN		- SUP SUNN LOC 001	YSIDE CITYWIDE SUNNYSIDE CITYWIDE	REG NY NY			PAGE 1 CCL CONGREGAT	0	
SALES UKN	IL # U20U	LOC 001		SALES REGISTER			BILL WEEK END		5/11/12
INVOICE#	DATE	CUST NO	CUSTOMER NAME	REFERENCE	HOURS	TAX AMT	AMOUNT	TYP	SURPLUS
193771 193772	5/04/12 5/04/12	000008 000008	VISITING NURSE SERVICE VISITING NURSE SERVICE		24.00 32.00		349.92 466.56	I I	
				CUSTOMER	56.00	0.00	816.48		
				CATEGORY	56.00	0.00	816.48		

			YSIDE CITYWIDE				PAGE 1 - 1	09
SALES JRN	L # 0280	LOC 001	SUNNYSIDE CITYWIDE	REG NY NY			VCP CHOICE LHCSA	
			S	SALES REGISTER			BILL WEEK ENDING	5/11/12
INVOICE#	DATE	CUST NO	CUSTOMER NAME	REFERENCE	HOURS	TAX AMT	AMOUNT TYP	SURPLUS
193773	5/04/12	000008	VISITING NURSE SERVICE	GOMEZ, JOSEFINA	5.00		72.90 I	
193774	5/04/12	800000	VISITING NURSE SERVICE	GOMEZ, JOSEFINA	16.00		233.28 I	
				CUSTOMER	21.00	0.00	306.18	
				CATEGORY	21.00	0.00	306.18	

RUN DATE SALES JRN		SUP SUNN	YSIDE CITYWIDE SUNNYSIDE CITYWIDE	REG NY NY			PAGE 1 - LTC NURSING HO	MEW/O WALLS (LT
			S	SALES REGISTER			BILL WEEK ENDI	NG 5/11/12
INVOICE#	DATE	CUST NO	CUSTOMER NAME	REFERENCE	HOURS	TAX AMT	AMOUNT T	YP SURPLUS
193775	5/04/12	000008	VISITING NURSE SERVICE	GOMEZ, ROSANA	3.00		43.74	Ι
193776	5/04/12	000008	VISITING NURSE SERVICE	GOMEZ, ROSANA	28.00		408.24	I -
193777	5/04/12	000008	VISITING NURSE SERVICE	GOMEZ, VICTORIA	13.00		189.54	Ι
193778	5/04/12	000008	VISITING NURSE SERVICE	GOMEZ, VICTORIA	20.00		291.60	Γ
				CUSTOMER	64.00	0.00	933.12	
				CATEGORY	64.00	0.00	933.12	

RUN DATE	05/09/12 -	- SUP SUNN	YSIDE CITYWIDE				PAGE 1 - 1	11
SALES JRN	L # 0280	LOC 001	SUNNYSIDE CITYWIDE	REG NY NY			ADU ADULT	
				SALES REGISTER			BILL WEEK ENDING	5/11/12
INVOICE#	DATE	CUST NO	CUSTOMER NAME	REFERENCE	HOURS	TAX AMT	AMOUNT TYP	SURPLUS
193779	5/04/12	000008	VISITING NURSE SERVICE	GOMEZ-VIDAL, AL	3.00		43.74 I	
193780	5/04/12	800000	VISITING NURSE SERVICE	GOMEZ-VIDAL, AL	6.00		87.48 I	
193781	5/04/12	800000	VISITING NURSE SERVICE	GONZALEZ, CARLO	3.00		43.74 I	
193782	5/04/12	800000	VISITING NURSE SERVICE	GONZALEZ, CARLO	6.00		87.48 I	
				CUSTOMER	18.00	0.00	262.44	
				CATEGORY	18.00	0.00	262.44	

RUN DATE SALES JRN		- SUP SUNN	YSIDE CITYWIDE SUNNYSIDE CITYWIDE	REG NY NY			PAGE 1 - VCP CHOICE LHCSA	
			S	ALES REGISTER			BILL WEEK ENDING	5/11/12
INVOICE#	DATE	CUST NO	CUSTOMER NAME	REFERENCE	HOURS	TAX AMT	AMOUNT TYP	SURPLUS
193783 193784	5/04/12 5/04/12	000008 000008	VISITING NURSE SERVICE VISITING NURSE SERVICE	GONZALEZ, DOLOR GONZALEZ, DOLOR	6.00 24.00		87.48 I 349.92 I	
173704	3/04/12	000000	VISITING NORSE SERVICE	GONZALEZ, DOLOK			347.72 1	
				CUSTOMER	30.00	0.00	437.40	
				CATEGORY	30.00	0.00	437.40	

RUN DATE SALES JRN			YSIDE CITYWIDE SUNNYSIDE CITYWIDE	REG NY NY SALES REGISTER			PAGE 1 - 1 LTC NURSING HOMEW BILL WEEK ENDING	
INVOICE#	DATE	CUST NO	CUSTOMER NAME	REFERENCE	HOURS	TAX AMT	AMOUNT TYP	SURPLUS
193785 193786 193787 193788	5/04/12 5/04/12 5/04/12 5/04/12	000008 000008 000008 000008	VISITING NURSE SERVICE VISITING NURSE SERVICE VISITING NURSE SERVICE VISITING NURSE SERVICE	GONZALEZ, ELSA GOVERDOVSKIY, N	6.00 24.00 9.00 12.00		87.48 I 349.92 I 131.22 I 174.96 I	
				CUSTOMER	51.00	0.00	743.58	
				 CATEGORY	51.00	0.00	743.58	

RUN DATE (- SUP SUNN LOC 001	YSIDE CITYWIDE SUNNYSIDE CITYWIDE	REG NY NY			PAGE 1 -	
SALES URN	L # UZOU	TOC 001	SUNNISIDE CITIWIDE	REG NY NY SALES REGISTER			VCP CHOICE LHCSA BILL WEEK ENDING	
INVOICE#	DATE	CUST NO	CUSTOMER NAME	REFERENCE	HOURS	TAX AMT	AMOUNT TYP	SURPLUS
193789	4/27/12	000008	VISITING NURSE SERVIC	E GOYES, ELBA	4.00		58.32 I	
193790	5/04/12	800000	VISITING NURSE SERVIC	E GOYES, ELBA	4.00		58.32 I	
193791	5/04/12	800000	VISITING NURSE SERVIC	E GOYES, ELBA	16.00		233.28 I	
193792	5/04/12	800000	VISITING NURSE SERVIC	E GRAVER, EDNA	8.00		116.64 I	
193793	5/04/12	800000	VISITING NURSE SERVIC	E GRAVER, EDNA	32.00		466.56 I	
				CUSTOMER	64.00	0.00	933.12	
				 CATEGORY	64.00	0.00	933.12	

RUN DATE (SUP SUNN LOC 001	YSIDE CITYWIDE SUNNYSIDE CITYWIDE	REG NY NY SALES REGISTER			11102	- 115 AIDS ADULT POPUL DING 5/11/12
INVOICE#	DATE	CUST NO	CUSTOMER NAME	REFERENCE	HOURS	TAX AMT	AMOUNT	TYP SURPLUS
193794 193795	5/04/12 5/04/12	800000 800000	VISITING NURSE SERVICE VISITING NURSE SERVICE	· ·	20.75 27.50		302.54 400.96	I I
				CUSTOMER	48.25	0.00	703.50	
				CATEGORY	48.25	0.00	703.50	

RUN DATE 05/09/12 SALES JRNL # 0280		SUNNYSIDE CITYWIDE	REG NY NY SALES REGISTER			PAGE 1 ADU ADULT BILL WEEK END		.6 5/11/12
INVOICE# DATE	CUST NO	CUSTOMER NAME	REFERENCE	HOURS	TAX AMT	AMOUNT	TYP	SURPLUS
193796 5/04/12 193797 5/04/12 193798 5/04/12	000008	VISITING NURSE SERVICE VISITING NURSE SERVICE VISITING NURSE SERVICE	GUERRA, ANSELMA GUEVARA, ELENA GUEVARA, ELENA	4.00 36.00 48.00		58.32 524.88 699.84	I I I	
			CUSTOMER	88.00	0.00	1,283.04		
			CATEGORY	88.00	0.00	1,283.04		

RUN DATE 05/09/2 SALES JRNL # 028		SUNNYSIDE CITYWIDE	REG NY NY SALES REGISTER			PAGE 1 - 117 LTC NURSING HOMEW/O WALI BILL WEEK ENDING 5/11/	•
INVOICE# DATE	CUST NO	CUSTOMER NAME	REFERENCE	HOURS	TAX AMT	AMOUNT TYP SURPI	JUS
193799 5/04/3 193800 5/04/3		VISITING NURSE SERVICE VISITING NURSE SERVICE	,	12.00 24.00		174.96 I 349.92 I	
			CUSTOMER	36.00	0.00	524.88	
			CATEGORY	36.00	0.00	524.88	

RUN DATE SALES JRN		LOC 001		REGNY NY SALES REGISTER			PAGE 1 - 1 ADU ADULT BILL WEEK ENDING	
INVOICE#	DATE	CUST NO		REFERENCE	HOURS	TAX AMT	AMOUNT TYP	SURPLUS
193801	5/04/12	800000	VISITING NURSE SERVICE	HENAO, VICTORIA	8.00		116.64 I	
				CATEGORY	8.00	0.00	116.64	

			YSIDE CITYWIDE				PAGE 1	
SALES JRN	L # 0280	LOC 001	SUNNYSIDE CITYWIDE	REGNY NY SALES REGISTER			VCP CHOICE LH	
			•	SALES REGISIER			DILL MEEK END	ING 5/11/12
INVOICE#	DATE	CUST NO	CUSTOMER NAME	REFERENCE	HOURS	TAX AMT	AMOUNT	TYP SURPLUS
193802	5/04/12	000008	VISITING NURSE SERVICE	HENAO, VICTORIA	12.00		174.96	I
193803	5/04/12	800000	VISITING NURSE SERVICE	,	4.00		58.32	I
193804	5/04/12	000008	VISITING NURSE SERVICE	HENDY, BERNICE	25.00		364.50	I
				CUSTOMER	41.00	0.00	597.78	
				CATEGORY	41.00	0.00	597.78	

RUN DATE SALES JRN	, ,	SUP SUNN LOC 001	TYSIDE CITYWIDE SUNNYSIDE CITYWIDE S	REG NY NY SALES REGISTER			PAGE 1 - 1 ADU ADULT BILL WEEK ENDING	20 5/11/12
INVOICE#	DATE	CUST NO	CUSTOMER NAME	REFERENCE	HOURS	TAX AMT	AMOUNT TYP	SURPLUS
193805 193806 193807 193808	5/04/12 5/04/12 5/04/12 5/04/12	000008 000008 000008 000008	VISITING NURSE SERVICE VISITING NURSE SERVICE VISITING NURSE SERVICE VISITING NURSE SERVICE	HENRIQUEZ, MARI HENRIQUEZ, MARI HERNANDEZ, MARI HERNANDEZ, MARI	24.00 29.75 18.00 23.50		349.92 I 433.76 I 262.44 I 342.64 I	
				CUSTOMER	95.25	0.00	1,388.76	
				CATEGORY	95.25	0.00	1,388.76	

RUN DATE	N DATE 05/09/12 - SUP SUNNYSIDE CITYWIDE PAGE 1 - 121										
SALES JRNL # 0280 LOC 001 SUNNYSIDE CITYWIDE		REG NY NY	REG NY NY VCP CHOICE LHCSA			HCSA					
			5	SALES REGISTER			BILL WEEK ENI	DING	5/11/12		
INVOICE#	DATE	CUST NO	CUSTOMER NAME	REFERENCE	HOURS	TAX AMT	AMOUNT	TYP	SURPLUS		
193809	5/04/12	000008	VISITING NURSE SERVICE	HERNANDEZ, MERC	12.00		174.96	I			
193810	5/04/12	800000	VISITING NURSE SERVICE	HERNANDEZ, MERC	18.00		262.44	I			
				CUSTOMER	30.00	0.00	437.40				
				COSTOMER	30.00	0.00	437.40				
				CATEGORY	30.00	0.00	437.40				

RUN DATE 05/09/12 SALES JRNL # 0280		SUNNYSIDE CITYWIDE	REG NY NY ALES REGISTER			PAGE 1 - LTC NURSING HON BILL WEEK ENDIN	MEW/O WALLS (LT
INVOICE# DATE	CUST NO	CUSTOMER NAME	REFERENCE	HOURS	TAX AMT	AMOUNT T	,
193811 4/20/12 193812 5/04/12 193813 5/04/12 193814 5/04/12 193815 5/04/12 193816 5/04/12 193817 5/04/12	000008 000008 000008 000008 000008 000008	VISITING NURSE SERVICE	HERRERA, ANGELA HERRERA, ANGELA HERRERA, HORACI HERRERA, HORACI HUNGRIA, SABINA HUNGRIA, SABINA	6.00 6.00 18.00 12.00 18.00 12.00 28.00		87.48 87.48 262.44 174.96 262.44 174.96 408.24	
			CUSTOMER	100.00	0.00	1,458.00	
			CATEGORY	100.00	0.00	1,458.00	

RUN DATE SALES JRN			YSIDE CITYWIDE SUNNYSIDE CITYWIDE	REG NY NY			PAGE 1 - VCP CHOICE LHC	- 123 !SA
				SALES REGISTER			BILL WEEK ENDI	
INVOICE#	DATE	CUST NO	CUSTOMER NAME	REFERENCE	HOURS	TAX AMT	AMOUNT T	YP SURPLUS
193818 193819	5/04/12 5/04/12	800000 800000	VISITING NURSE SERVICE VISITING NURSE SERVICE		4.00 16.00		58.32 233.28	I I
				CUSTOMER	20.00	0.00	291.60	
				CATEGORY	20.00	0.00	291.60	

RUN DATE	05/09/12 -	- SUP SUNN	YSIDE CITYWIDE				PAGE 1	- 12	:4
SALES JRN	L # 0280	LOC 001	SUNNYSIDE CITYWIDE	REG NY NY			ADU ADULT		
			5	SALES REGISTER			BILL WEEK EN	DING	5/11/12
INVOICE#	DATE	CUST NO	CUSTOMER NAME	REFERENCE	HOURS	TAX AMT	AMOUNT	TYP	SURPLUS
193820	5/04/12	000008	VISITING NURSE SERVICE	ICIANO, ALFREDO	4.00		58.32	I	
193821	5/04/12	800000	VISITING NURSE SERVICE	ICIANO, ALFREDO	16.00		233.28	I	
				CUSTOMER	20.00	0.00	291.60		
				COSTOMER	20.00	0.00	251.00		
				CATEGORY	20.00	0.00	291.60		

			YSIDE CITYWIDE					- 12	
SALES JRN	L # 0280	LOC 001		REG NY NY			LAA LOMBARDI		
			5	SALES REGISTER			BILL WEEK EN	DING	5/11/12
INVOICE#	DATE	CUST NO	CUSTOMER NAME	REFERENCE	HOURS	TAX AMT	AMOUNT	TYP	SURPLUS
193822	5/04/12	000008	VISITING NURSE SERVICE	INOSTROZA, RAPH	17.00		247.86	I	
193823	5/04/12	800000	VISITING NURSE SERVICE	INOSTROZA, RAPH	28.75		419.18	I	
				CUSTOMER	45.75	0.00	667.04		
				CATEGORY	45.75	0.00	667.04		

			YSIDE CITYWIDE	5.50 No.			PAGE 1 - 12	26
SALES JRN	L # 0280	LOC 001	SUNNYSIDE CITYWIDE	REGNY NY SALES REGISTER			ADU ADULT BILL WEEK ENDING	5/11/12
							BILL WELK ENBING	37 117 12
INVOICE#	DATE	CUST NO	CUSTOMER NAME	REFERENCE	HOURS	TAX AMT	AMOUNT TYP	SURPLUS
193824 193825	5/04/12 5/04/12	000008	VISITING NURSE SERVICE VISITING NURSE SERVICE	INSERRA, CATHER INSERRA, CATHER	21.00 27.50		306.18 I 400.95 I	
173023	3/04/12	000000	VISITING NORSE SERVICE	INDERNA, CATHER				
				CUSTOMER	48.50	0.00	707.13	
				CATEGORY	48.50	0.00	707.13	

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	-, ,
193826 193827 193828	5/04/12 5/04/12 5/04/12	000008 000008 000008	VISITING NURSE SERVICE VISITING NURSE SERVICE VISITING NURSE SERVICE	ISKENDERIAN, KA	6.00 24.00 1.00		87.48 I 349.92 I 14.58 I	
				CUSTOMER	31.00	0.00	451.98	
				CATEGORY	31.00	0.00	451.98	

RUN DATE 05/09/1 SALES JRNL # 028		SUNNYSIDE CITYWIDE	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
193829 5/04/1 193830 5/04/1		VISITING NURSE SERVICE VISITING NURSE SERVICE		6.00 32.00		87.48 I 466.56 I	
			CUSTOMER	38.00	0.00	554.04	
			 CATEGORY	38.00	0.00	554.04	

RUN DATE SALES JRN		- SUP SUNN LOC 001	YSIDE CITYWIDE SUNNYSIDE CITYWIDE	REG NY NY			PAGE 1 - VCP CHOICE LHC	129
Brilles orde	12 0200	100 001		SALES REGISTER			BILL WEEK ENDI	-
INVOICE#	DATE	CUST NO	CUSTOMER NAME	REFERENCE	HOURS	TAX AMT	AMOUNT T	YP SURPLUS
193831	5/04/12	000008	VISITING NURSE SERVICE	JARA DEURUCHIM,	10.00		145.80	I -
193832	5/04/12	000008	VISITING NURSE SERVICE	JARAMILLO PAL,	4.00		58.32	L
				CUSTOMER	14.00	0.00	204.12	
				CATEGORY	14.00	0.00	204.12	

- 1				YSIDE CITYWIDE SUNNYSIDE CITYWIDE	REG NY NY S A L E S R E G I S T E R			PAGE 1 - ADU ADULT BILL WEEK ENDING	130 5 5/11/12
]	INVOICE#	DATE	CUST NO	CUSTOMER NAME	REFERENCE	HOURS	TAX AMT	AMOUNT TYPE	SURPLUS
1	193833	5/04/12	800000	VISITING NURSE SERVICE	JASZKOWSKI, GEN	6.00		87.48 I	
					CATEGORY	6.00	0.00	87.48	

RUN DATE	05/09/12 -	- SUP SUNN	YSIDE CITYWIDE				PAGE 1	- 131
SALES JRN	IL # 0280	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 5/11/12
INVOICE#	DATE	CUST NO	CUSTOMER NAME	REFERENCE	HOURS	TAX AMT	AMOUNT '	TYP SURPLUS
193834	5/04/12	000008	VISITING NURSE SERVICE	JEWAT, LUCILLE	32.75		477.50	I
193835	5/04/12	800000	VISITING NURSE SERVICE	JEWAT, LUCILLE	40.00		583.21	I
193836	5/04/12	800000	VISITING NURSE SERVICE	JHAVERI, RAMESH	8.00		116.64	I
193837	5/04/12	800000	VISITING NURSE SERVICE	JHAVERI, RAMESH	16.00		233.28	I
				CUSTOMER	96.75	0.00	1,410.63	
				CATEGORY	96.75	0.00	1,410.63	

RUN DATE SALES JRN		- SUP SUNN LOC 001	YSIDE CITYWIDE SUNNYSIDE CITYWIDE S	REG NY NY SALES REGISTER			PAGE 1 - HOA HOSPICE ADUI BILL WEEK ENDING	T
INVOICE#	DATE	CUST NO	CUSTOMER NAME	REFERENCE	HOURS	TAX AMT	AMOUNT TYP	SURPLUS
193838 193839	5/04/12 5/04/12	000008 000008	VISITING NURSE SERVICE VISITING NURSE SERVICE	JIANNARAS, ANNA JIANNARAS, ANNA	30.00 40.00		437.40 I 583.20 I	
				CUSTOMER	70.00	0.00	1,020.60	
				CATEGORY	70.00	0.00	1,020.60	

RUN DATE SALES JRN		- SUP SUNN LOC 001	YSIDE CITYWIDE SUNNYSIDE CITYWIDE	REG NY NY SALES REGISTER			PAGE 1 - 133 LTC NURSING HOMEW/O WALLS (LT BILL WEEK ENDING 5/11/12	
INVOICE#	DATE	CUST NO	CUSTOMER NAME	REFERENCE	HOURS	TAX AMT	AMOUNT TYP SURPLUS	
193840 193841	5/04/12 5/04/12	000008 000008	VISITING NURSE SERVICE VISITING NURSE SERVICE	·	5.00 20.00		72.90 I 291.60 I	
				CUSTOMER	25.00	0.00	364.50	
				CATEGORY	25.00	0.00	 364.50	

RUN DATE	05/09/12 -	- SUP SUNN	YSIDE CITYWIDE				PAGE 1 -	134
SALES JRN	L # 0280	LOC 001	SUNNYSIDE CITYWIDE	REG NY NY			VCP CHOICE LHCS	SA
			S	SALES REGISTER			BILL WEEK ENDIN	IG 5/11/12
INVOICE#	DATE	CUST NO	CUSTOMER NAME	REFERENCE	HOURS	TAX AMT	AMOUNT TY	P SURPLUS
193842	5/04/12	000008	VISITING NURSE SERVICE	JIMENEZ, BETTY	5.00		72.90 I	
193843	5/04/12	800000	VISITING NURSE SERVICE	JIMENEZ, BETTY	20.00		291.60	•
193844	5/04/12	800000	VISITING NURSE SERVICE	JOHNSON, FANNY	4.00		58.32	• •
193845	5/04/12	800000	VISITING NURSE SERVICE	JOHNSON, FANNY	16.00		233.28 I	
				CUSTOMER	45.00	0.00	656.10	
				CATEGORY	45.00	0.00	656.10	

RUN DATE SALES JRN		- SUP SUNN LOC 001	TYSIDE CITYWIDE	DEC NY NY			PAGE 1 -	100
SALES UKN	L # UZOU	TOC 001	SUNNYSIDE CITYWIDE	REGNY NY SALES REGISTER			BILL WEEK END	OMEW/O WALLS (LT ING 5/11/12
INVOICE#	DATE	CUST NO	CUSTOMER NAME	REFERENCE	HOURS	TAX AMT	AMOUNT 7	TYP SURPLUS
193846	5/04/12	000008	VISITING NURSE SERVICE	JORRIN, HORTENS	5.00		72.90	I
193847	5/04/12	800000	VISITING NURSE SERVICE	JORRIN, HORTENS	19.50		284.31	I
193848	5/04/12	800000	VISITING NURSE SERVICE	JORRIN, NILIO	19.00		277.02	I
193849	5/04/12	800000	VISITING NURSE SERVICE	JORRIN, NILIO	20.00		291.60	I
				CUSTOMER	63.50	0.00	925.83	
				CATEGORY	63.50	0.00	925.83	

RUN DATE	05/09/12	- SUP SUNN	YSIDE CITYWIDE				PAGE 1	- 13	36
SALES JRN	IL # 0280	LOC 001	SUNNYSIDE CITYWIDE	REG NY NY			VCP CHOICE L	HCSA	
			S.	A L E S R E G I S T E R			BILL WEEK EN	DING	5/11/12
INVOICE#	DATE	CUST NO	CUSTOMER NAME	REFERENCE	HOURS	TAX AMT	AMOUNT	TYP	SURPLUS
193850	5/04/12	000008	VISITING NURSE SERVICE	KAUR, SARD	4.00		58.32	I	
193851	5/04/12	800000	VISITING NURSE SERVICE	KAUR, SHARAN	20.00		291.60	I	
193852	5/04/12	000008	VISITING NURSE SERVICE	KAUR, SHARAN	31.50		459.27	I	
193853	5/04/12	000008	VISITING NURSE SERVICE	KEARNEY, LORRAI	4.00		58.32	I	
193854	5/04/12	800000	VISITING NURSE SERVICE	KEARNEY, LORRAI	16.00		233.28	I	
				CUSTOMER	75.50	0.00	1,100.79		
				CATEGORY	75.50	0.00	1,100.79		

RUN DATE SALES JRN		- SUP SUNN LOC 001	YSIDE CITYWIDE SUNNYSIDE CITYWIDE	REG NY NY			PAGE 1 - 137 ADU ADULT	
				SALES REGISTER			BILL WEEK ENDING	5/11/12
INVOICE#	DATE	CUST NO	CUSTOMER NAME	REFERENCE	HOURS	TAX AMT	AMOUNT TYP	SURPLUS
193855 193856	5/04/12 5/04/12	000008 000008	VISITING NURSE SERVICE VISITING NURSE SERVICE	•	2.00 7.25		29.16 I 105.71 I	
193030	5/04/12	000008	VISITING NURSE SERVICE	KELLI, EDWIN	7.25 		105.71 1	
				CUSTOMER	9.25	0.00	134.87	
				CATEGORY	9.25	0.00	134.87	

			YSIDE CITYWIDE SUNNYSIDE CITYWIDE S	REG NY NY SALES REGISTER			PAGE 1 - 13 HOA HOSPICE ADULT BILL WEEK ENDING	
INVOICE#	DATE	CUST NO	CUSTOMER NAME	REFERENCE	HOURS	TAX AMT	AMOUNT TYP	SURPLUS
193857	5/04/12	800000	VISITING NURSE SERVICE	KHAN, MARGARET	14.75		215.06 I	
				 CATEGORY	14.75	0.00	215.06	

RUN DATE SALES JRN		- SUP SUNN	YSIDE CITYWIDE SUNNYSIDE CITYWIDE	REG NY NY			PAGE 1 VCP CHOICE L	- 13 HCSA	39
			Ş	SALES REGISTER			BILL WEEK EN	DING	5/11/12
INVOICE#	DATE	CUST NO	CUSTOMER NAME	REFERENCE	HOURS	TAX AMT	AMOUNT	TYP	SURPLUS
193858	4/27/12	000008	VISITING NURSE SERVICE	KILIMLIAN, PEPR	8.00		116.64	I	
193859	5/04/12	800000	VISITING NURSE SERVICE	KILIMLIAN, PEPR	24.00		349.92	I	
193860	5/04/12	800000	VISITING NURSE SERVICE	KILIMLIAN, PEPR	32.00		466.56	I	
				CUSTOMER	64.00	0.00	933.12		
				CATEGORY	64.00	0.00	933.12		

RUN DATE SALES JRN		SUP SUNN LOC 001	YSIDE CITYWIDE SUNNYSIDE CITYWIDE	REG NY NY			PAGE 1 - 1 ADU ADULT	40
			S	ALES REGISTER			BILL WEEK ENDING	5/11/12
INVOICE#	DATE	CUST NO	CUSTOMER NAME	REFERENCE	HOURS	TAX AMT	AMOUNT TYP	SURPLUS
193861	5/04/12	800000	VISITING NURSE SERVICE	KONSTANTINAKOS,	10.00		145.80 I	
				CATEGORY	10.00	0.00	145.80	

RUN DATE SALES JRN			YSIDE CITYWIDE SUNNYSIDE CITYWIDE	REG NY NY			PAGE 1 - VCP CHOICE LHCSA	
				SALES REGISTER			BILL WEEK ENDING	5/11/12
INVOICE#	DATE	CUST NO	CUSTOMER NAME	REFERENCE	HOURS	TAX AMT	AMOUNT TYP	SURPLUS
193862	5/04/12	800000	VISITING NURSE SERVICE		24.00		349.92 I	
193863	5/04/12	000008	VISITING NURSE SERVICE	KOUTROUBAS, THE	32.00		466.56 I	
				CUSTOMER	56.00	0.00	816.48	
				CATEGORY	56.00	0.00	816.48	

			YSIDE CITYWIDE				11102	- 142
SALES JRN	L # 0280	LOC 001		REG NY NY			ADU ADULT	TTTG
			2	SALES REGISTER			BILL WEEK ENI	DING 5/11/12
INVOICE#	DATE	CUST NO	CUSTOMER NAME	REFERENCE	HOURS	TAX AMT	AMOUNT	TYP SURPLUS
193864	5/04/12	000008	VISITING NURSE SERVICE	LANDAU, BERNARD	3.00		43.74	I
193865	5/04/12	800000	VISITING NURSE SERVICE	LANDAU, BERNARD	12.00		174.96	I
				CUSTOMER	15.00	0.00	218.70	
				CATEGORY	15.00	0.00	218.70	

			YSIDE CITYWIDE				PAGE 1	- 143	
SALES JRN	IL # 0280	LOC 001		REG NY NY			VCP CHOICE L		
			·	SALES REGISTER			BILL WEEK EN	DING 5/11	1/12
INVOICE#	DATE	CUST NO	CUSTOMER NAME	REFERENCE	HOURS	TAX AMT	AMOUNT	TYP SURI	PLUS
193866	5/04/12	000008	VISITING NURSE SERVICE	LARA-MORA, BELE	24.00		349.92	I	
193867	5/04/12	800000	VISITING NURSE SERVICE	LARA-MORA, BELE	32.00		466.56	I	
				CUSTOMER	56.00	0.00	816.48		
				CATEGORY	56.00	0.00	816.48		

RUN DATE	05/09/12 -	- SUP SUNN	YSIDE CITYWIDE				PAGE 1	- 144	1
SALES JRN	IL # 0280	LOC 001	SUNNYSIDE CITYWIDE	REG NY NY			ADU ADULT		
			S	ALES REGISTER			BILL WEEK END	ING	5/11/12
INVOICE#	DATE	CUST NO	CUSTOMER NAME	REFERENCE	HOURS	TAX AMT	AMOUNT	TYP	SURPLUS
193868	5/04/12	000008	VISITING NURSE SERVICE	LASAK, MICHAEL	3.00		43.74	I	
193869	5/04/12	000008	VISITING NURSE SERVICE	LASAK, MICHAEL	6.00		87.48	I	
193870	5/04/12	800000	VISITING NURSE SERVICE	LEBOWITZ, MICHA	2.00		29.16	I	
193871	5/04/12	800000	VISITING NURSE SERVICE	LEBOWITZ, MICHA	2.00		29.16	I	
				CUSTOMER	13.00	0.00	189.54		
				CATEGORY	13.00	0.00	189.54		

RUN DATE	05/09/12 -	- SUP SUNN	YSIDE CITYWIDE				PAGE 1 - 145			
SALES JRN	L # 0280	LOC 001	SUNNYSIDE CITYWIDE	REG NY NY			LTC NURSING HOMEW/O WALLS (LT			
			:	SALES REGISTER			BILL WEEK ENDING 5	5/11/12		
INVOICE#	DATE	CUST NO	CUSTOMER NAME	REFERENCE	HOURS	TAX AMT	AMOUNT TYP S	SURPLUS		
100000	4 / 0 0 / 1 0				4 00		50.00			
193872	4/20/12	800000	VISITING NURSE SERVICE	LEE, KATHLEEN	4.00		58.32 I			
193873	5/04/12	800000	VISITING NURSE SERVICE	LEE, KATHLEEN	8.25		120.29 I			
193874	5/04/12	800000	VISITING NURSE SERVICE	LEE, KATHLEEN	12.00		174.96 I			
193875	5/04/12	800000	VISITING NURSE SERVICE	LEGASPI, CECILI	3.75		54.68 I			
193876	5/04/12	800000	VISITING NURSE SERVICE	LEGASPI, CECILI	15.75		229.64 I			
				CUSTOMER	43.75	0.00	637.89			
				CATEGORY	43.75	0.00	637.89			

			YSIDE CITYWIDE					46
SALES JRN	L # 0280	LOC 001	SUNNYSIDE CITYWIDE	REGNY NY SALES REGISTER			VCP CHOICE LHCSA BILL WEEK ENDING	5/11/12
			•	SALES KEGISIEK			BILL WEEK ENDING	5/11/12
INVOICE#	DATE	CUST NO	CUSTOMER NAME	REFERENCE	HOURS	TAX AMT	AMOUNT TYP	SURPLUS
102077	F /04 /10	000000	THE CHARLES OF THE CONTROL OF THE CO	T PINT C CAMBURD IN	04.00		240.00 +	
193877 193878	5/04/12 5/04/12	000008 000008	VISITING NURSE SERVICE VISITING NURSE SERVICE		24.00 32.00		349.92 I 466.56 I	
133070	3/01/12	000000	VIBILING NORDE BERVICE					
				CUSTOMER	56.00	0.00	816.48	
				CATEGORY	56.00	0.00	816.48	

RUN DATE	05/09/12 -	- SUP SUNN	YSIDE CITYWIDE				PAGE 1	- 14	17
SALES JRN	L # 0280	LOC 001	SUNNYSIDE CITYWIDE	REG NY NY			ADU ADULT		
			S	SALES REGISTER			BILL WEEK END	ING	5/11/12
INVOICE#	DATE	CUST NO	CUSTOMER NAME	REFERENCE	HOURS	TAX AMT	AMOUNT	TYP	SURPLUS
193879	5/04/12	000008	VISITING NURSE SERVICE	LIMANDRI, FRANC	9.00		131.22	I	
193880	5/04/12	800000	VISITING NURSE SERVICE	LIMANDRI, FRANC	31.50		459.27	I	
193881	5/04/12	800000	VISITING NURSE SERVICE	LINARES, MYRIAM	8.00		116.64	I	
				CUSTOMER	48.50	0.00	707.13		
				CATEGORY	48.50	0.00	707.13		

			YSIDE CITYWIDE				11102	- 148	
SALES JRNL	# 0280	LOC 001	SUNNYSIDE CITYWIDE	REG NY NY SALES REGISTER			VCP CHOICE L BILL WEEK EN		5/11/12
							DIDD WEEK EN	DING	3/11/12
INVOICE#	DATE	CUST NO	CUSTOMER NAME	REFERENCE	HOURS	TAX AMT	AMOUNT	TYP	SURPLUS
	5/04/12	000008	VISITING NURSE SERVICE	-,	30.00		437.40	I	
193883	5/04/12	800000	VISITING NURSE SERVICE	LIRIANO, FRANCI	40.00		583.20	Τ	
				CUSTOMER	70.00	0.00	1,020.60		
				 CATEGORY	 70.00	0.00	1,020.60		

RUN DATE 05/09 SALES JRNL # 0		NYSIDE CITYWIDE SUNNYSIDE CITYWIDE	REG NY NY			PAGE 1 ADU ADULT	- 14	.9
BIEED OIGNE II C	200 100 001		SALES REGISTER			BILL WEEK END	ING	5/11/12
INVOICE# DAT	'E CUST NO	CUSTOMER NAME	REFERENCE	HOURS	TAX AMT	AMOUNT	TYP	SURPLUS
193884 4/13 193885 5/04		VISITING NURSE SERVICE VISITING NURSE SERVICE	.= .= ,	3.50 5.00		51.03 72.90	I I	
			CUSTOMER	8.50	0.00	123.93		
			CATEGORY	8.50	0.00	123.93		

RUN DATE	05/09/12 -	SUP SUNN	YSIDE CITYWIDE				PAGE 1 - 1	150
SALES JRN	rL # 0280	LOC 001	SUNNYSIDE CITYWIDE	REG NY NY			VCP CHOICE LHCSA	
			S	ALES REGISTER			BILL WEEK ENDING	5/11/12
INVOICE#	DATE	CUST NO	CUSTOMER NAME	REFERENCE	HOURS	TAX AMT	AMOUNT TYP	SURPLUS
193886	5/04/12	800000	VISITING NURSE SERVICE	LITSAS, MARTHA	20.00		291.60 I	
				CATEGORY	20.00	0.00	291.60	

			YSIDE CITYWIDE	DEC NY NY			-	151
SALES JRN	L # 0280	LOC 001	SUNNYSIDE CITYWIDE	REG NY NY SALES REGISTER			ADU ADULT BILL WEEK ENDING	G 5/11/12
INVOICE#	DATE	CUST NO	CUSTOMER NAME	REFERENCE	HOURS	TAX AMT	AMOUNT TY	P SURPLUS
193887 193888	5/04/12 5/04/12	000008 000008	VISITING NURSE SERVICE VISITING NURSE SERVICE	,	4.00 12.00		58.32 I 174.96 I	
				CUSTOMER	16.00	0.00	233.28	
				CATEGORY	16.00	0.00	233.28	

RUN DATE	05/09/12 -	- SUP SUNN	YSIDE CITYWIDE				PAGE 1	- 15	52
SALES JRN	L # 0280	LOC 001	SUNNYSIDE CITYWIDE	REG NY NY			LTC NURSING H	HOMEW/	O WALLS (LT
			5	SALES REGISTER			BILL WEEK ENI	DING	5/11/12
INVOICE#	DATE	CUST NO	CUSTOMER NAME	REFERENCE	HOURS	TAX AMT	AMOUNT	TYP	SURPLUS
193889	4/27/12	000008	VISITING NURSE SERVICE	LOCORRIERE, JOS	16.00		233.28	I	
193890	5/04/12	800000	VISITING NURSE SERVICE	LOCORRIERE, JOS	24.00		349.92	I	
193891	5/04/12	800000	VISITING NURSE SERVICE	LOCORRIERE, JOS	16.00		233.28	I	
193892	5/04/12	800000	VISITING NURSE SERVICE	LOGAN, ADELE	18.00		262.44	I	
193893	5/04/12	800000	VISITING NURSE SERVICE	LOGAN, ADELE	24.00		349.92	I	
				CUSTOMER	98.00	0.00	1,428.84		
				CATEGORY	98.00	0.00	1,428.84		

			YSIDE CITYWIDE				PAGE 1 -	133
SALES JRN	IL # 0280	LOC 001	SUNNYSIDE CITYWIDE	REG NY NY			VCP CHOICE LHO	
			2	SALES REGISTER			BILL WEEK END	ING 5/11/12
INVOICE#	DATE	CUST NO	CUSTOMER NAME	REFERENCE	HOURS	TAX AMT	AMOUNT 7	TYP SURPLUS
193894	5/04/12	000008	VISITING NURSE SERVICE	LONDONO, AMIRA	30.00		437.40	I
193895	5/04/12	800000	VISITING NURSE SERVICE	LONDONO, AMIRA	40.00		583.20	I
				CUSTOMER	70.00	0.00	1,020.60	
				CATEGORY	70.00	0.00	1,020.60	

RUN DATE	05/09/12 -	- SUP SUNN	YSIDE CITYWIDE				PAGE 1	- 15	54
SALES JRN	rL # 0280	LOC 001	SUNNYSIDE CITYWIDE	REG NY NY			LTC NURSING	HOMEW/	O WALLS (LT
			5	SALES REGISTE	R		BILL WEEK EN	DING	5/11/12
INVOICE#	DATE	CUST NO	CUSTOMER NAME	REFERENCE	HOURS	TAX AMT	AMOUNT	TYP	SURPLUS
193896	5/04/12	000008	VISITING NURSE SERVICE	LONDONO, MARIA	7.00		102.06	I	
193897	5/04/12	800000	VISITING NURSE SERVICE	LONDONO, MARIA	24.00		349.92	I	
				 CUSTOMER	31.00	0.00	451.98		
				CODIONER	31.00	0.00	131.70		
				CATEGORY	31.00	0.00	451.98		

RUN DATE	05/09/12 -	- SUP SUNN	YSIDE CITYWIDE				PAGE 1 - 15	5
SALES JRN	L # 0280	LOC 001	SUNNYSIDE CITYWIDE	REG NY NY			VCP CHOICE LHCSA	
			S	SALES REGISTER			BILL WEEK ENDING	5/11/12
T1770 T GT	D. 7. 7. 7. 7. 7. 7. 7. 7. 7. 7. 7. 7. 7.	G11GE 310	GUGEROVED WAYE		******		11101PT	CIID DI IIC
INVOICE#	DATE	CUST NO	CUSTOMER NAME	REFERENCE	HOURS	TAX AMT	AMOUNT TYP	SURPLUS
193898	5/04/12	000008	VISITING NURSE SERVICE	LOPEZ, ANGELICA	15.00		218.70 I	
193899	5/04/12	800000	VISITING NURSE SERVICE	LOPEZ, ANGELICA	20.00		291.60 I	
193900	4/20/12	800000	VISITING NURSE SERVICE	LOPEZ, GRACIELA	12.00		174.96 I	
193901	5/04/12	800000	VISITING NURSE SERVICE	LOPEZ, GRACIELA	4.00		58.32 I	
193902	5/04/12	800000	VISITING NURSE SERVICE	LOPEZ, GRACIELA	8.00		116.64 I	
				CUSTOMER	 59.00	0.00	860.22	
				CATEGORY	59.00	0.00	860.22	

RUN DATE SALES JRN		- SUP SUNN LOC 001	YSIDE CITYWIDE SUNNYSIDE CITYWIDE	REGNY NY SALES REGIS	TER		PAGE 1 LTC NURSING BILL WEEK EN		
INVOICE#	DATE	CUST NO	CUSTOMER NAME	REFERENCE	HOURS	TAX AMT	AMOUNT	TYP	SURPLUS
193903 193904	5/04/12 5/04/12	800000 800000	VISITING NURSE SERVICE VISITING NURSE SERVICE	•			262.44 349.92	I I	
				CUSTOM	ER 42.00	0.00	612.36		
				CATEGO	RY 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 LHO	- 157 CSA
			S	SALES REGISTER			BILL WEEK END	ING 5/11/12
INVOICE#	DATE	CUST NO	CUSTOMER NAME	REFERENCE	HOURS	TAX AMT	AMOUNT T	TYP SURPLUS
193905 193906	5/04/12 5/04/12	800000 800000	VISITING NURSE SERVICE VISITING NURSE SERVICE	LOPEZDELCASTIL, LOPEZDELCASTIL,	30.00 40.00		437.40 583.20	I I
				CUSTOMER	70.00	0.00	1,020.60	
				CATEGORY	70.00	0.00	1,020.60	

RUN DATE SALES JRN		- SUP SUNN LOC 001	YSIDE CITYWIDE SUNNYSIDE CITYWIDE S	REG NY NY SALES REGISTER			PAGE 1 - 1 CCL CONGREGATE CA BILL WEEK ENDING	
INVOICE#	DATE	CUST NO	CUSTOMER NAME	REFERENCE	HOURS	TAX AMT	AMOUNT TYP	SURPLUS
193907 193908 193909	4/27/12 5/04/12 5/04/12	000008 000008 000008	VISITING NURSE SERVICE VISITING NURSE SERVICE VISITING NURSE SERVICE	LUCES, LETICIA LUCES, LETICIA LUCES, LETICIA	12.00 3.75 16.00		174.96 I 54.68 I 233.28 I	
				CUSTOMER	31.75	0.00	462.92	
				CATEGORY	31.75	0.00	462.92	

RUN DATE	05/09/12 -	- SUP SUNN	YSIDE CITYWIDE				PAGE 1 -	- 159
SALES JRN	L # 0280	LOC 001	SUNNYSIDE CITYWIDE	REG NY NY			ADU ADULT	
			S	SALES REGISTER			BILL WEEK ENDI	ING 5/11/12
INVOICE#	DATE	CUST NO	CUSTOMER NAME	REFERENCE	HOURS	TAX AMT	AMOUNT T	TYP SURPLUS
193910	5/04/12	000008	VISITING NURSE SERVICE	MACCHIA, CATHY	21.00		306.18	I
193911	5/04/12	800000	VISITING NURSE SERVICE	MACCHIA, CATHY	20.00		291.60	I
				CHOMOMED	41 00	0.00		
				CUSTOMER	41.00	0.00	597.78	
				CATEGORY	41.00	0.00	597.78	

			YSIDE CITYWIDE				PAGE 1	- 16	0
SALES JRN	L # 0280	LOC 001	SUNNYSIDE CITYWIDE	REG NY NY			VCP CHOICE LE		
			S	SALES REGISTER			BILL WEEK ENI	DING	5/11/12
INVOICE#	DATE	CUST NO	CUSTOMER NAME	REFERENCE	HOURS	TAX AMT	AMOUNT	TYP	SURPLUS
193912	5/04/12	000008	VISITING NURSE SERVICE	MAGNANI, VINCEN	36.00		524.88	I	
193913	5/04/12	800000	VISITING NURSE SERVICE	MAGNANI, VINCEN	48.00		699.84	I	
				CUSTOMER	84.00	0.00	1,224.72		
				CATEGORY	84.00	0.00	1,224.72		

			YSIDE CITYWIDE				PAGE 1 - 1	61
SALES JRN	IL # 0280	LOC 001		REG NY NY			ADU ADULT	
			\$	SALES REGISTER			BILL WEEK ENDING	5/11/12
INVOICE#	DATE	CUST NO	CUSTOMER NAME	REFERENCE	HOURS	TAX AMT	AMOUNT TYP	SURPLUS
193914	5/04/12	800000	VISITING NURSE SERVICE	MALTA, CAROLINA	3.00		43.74 I	
				CATEGORY	3.00	0.00	43.74	

			YSIDE CITYWIDE				PAGE 1 -	
SALES JRN	L # 0280	LOC 001	SUNNYSIDE CITYWIDE	REG NY NY			VCP CHOICE LHO	
			S	ALES REGISTER			BILL WEEK END	ING 5/11/12
INVOICE#	DATE	CUST NO	CUSTOMER NAME	REFERENCE	HOURS	TAX AMT	AMOUNT 7	TYP SURPLUS
193915	5/04/12	000008	VISITING NURSE SERVICE	MANGAN, JOHN	4.00		58.32	I
193916	5/04/12	000008	VISITING NURSE SERVICE	MANGAN, JOHN	16.00		233.28	I
193917	5/04/12	800000	VISITING NURSE SERVICE	MANNINO, FRANCE	33.00		481.14	I
193918	5/04/12	800000	VISITING NURSE SERVICE	MANNINO, FRANCE	43.25		630.59	I
				CUSTOMER	96.25	0.00	1,403.33	
				CATEGORY	96.25	0.00	1,403.33	

			YSIDE CITYWIDE				PAGE 1 - 163
SALES JRN	L # 0280	LOC 001	SUNNYSIDE CITYWIDE	REG NY NY			LTC NURSING HOMEW/O WALLS (LT
			5	SALES REGISTER			BILL WEEK ENDING 5/11/12
INVOICE#	DATE	CUST NO	CUSTOMER NAME	REFERENCE	HOURS	TAX AMT	AMOUNT TYP SURPLUS
193919	4/20/12	800000	VISITING NURSE SERVICE	MANOS, ARCHIE	8.00		116.64 I
193920	4/27/12	800000	VISITING NURSE SERVICE	MANOS, ARCHIE	7.00		102.06 I
193921	5/04/12	800000	VISITING NURSE SERVICE	MANOS, ARCHIE	20.25		295.25 I
193922	4/27/12	000008	VISITING NURSE SERVICE	MANOS, VASILIKE	8.00		116.64 I
193923	5/04/12	000008	VISITING NURSE SERVICE	MANOS, VASILIKE	12.00		174.96 I
193924	5/04/12	000008	VISITING NURSE SERVICE	MANOS, VASILIKE	12.00		174.96 I
				CUSTOMER	 67.25	0.00	980.51
				COSTOMER	07.25	0.00	900.51
				CATEGORY	67.25	0.00	980.51

RUN DATE SALES JRN				REGNY NY SALES REGISTER			PAGE 1 - 1 CCL CONGREGATE CA BILL WEEK ENDING	ARE PROGRAM
INVOICE#	DATE	CUST NO	CUSTOMER NAME	REFERENCE	HOURS	TAX AMT	AMOUNT TYP	SURPLUS
193925	5/04/12	800000	VISITING NURSE SERVICE	MARINO, ANN	24.00		349.92 I	
				CATEGORY	24.00	0.00	349.92	

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RUN DATE 05/09/12 SALES JRNL # 0280	- SUP SUNNYSIDE CITYWIDE LOC 001 SUNNYSIDE CITYWIDE	REG NY NY SALES REGISTE	R		PAGE 1 LTC NURSING E BILL WEEK END	HOMEW/O WALLS (LT	
INVOICE# DATE	CUST NO CUSTOMER NAME	REFERENCE	HOURS	TAX AMT	AMOUNT	TYP SURPLUS	
193928 5/04/12 193929 5/04/12	000008 VISITING NURSE SERVICE VISITING NURSE SERVICE	MARMOL, LIDIA MARMOL, LIDIA	14.75 28.00		215.06 408.24	I I	
		CUSTOMER	42.75	0.00	623.30		
		 CATEGORY	42.75	0.00	623.30		

RUN DATE SALES JRN		- SUP SUNN	YSIDE CITYWIDE SUNNYSIDE CITYWIDE	REG NY NY			PAGE 1 VCP CHOICE LE	- 16	57
SALES OWN	II # 0200	100 001		SALES REGISTER	-		BILL WEEK ENI		5/11/12
INVOICE#	DATE	CUST NO	CUSTOMER NAME	REFERENCE	HOURS	TAX AMT	AMOUNT	TYP	SURPLUS
193930	5/04/12	000008	VISITING NURSE SERVICE	MARTE, JOSE	4.00		58.32	I	
193931	5/04/12	800000	VISITING NURSE SERVICE	MARTE, JOSE	3.00		43.74	I	
193932	4/06/12	800000	VISITING NURSE SERVICE	MARTIN, ELAUCAD	3.00		43.74	I	
193933	5/04/12	000008	VISITING NURSE SERVICE	MARTIN, ELAUCAD	3.00		43.74	I	
193934	5/04/12	000008	VISITING NURSE SERVICE	MARTIN, ELAUCAD	12.00		174.96	I	
193935	5/04/12	000008	VISITING NURSE SERVICE	MARTINEZ, CAMIL	2.00		29.16	I	
193936	5/04/12	800000	VISITING NURSE SERVICE	MARTINEZ, CAMIL	9.00		131.22	I	
				CUSTOMER	36.00	0.00	524.88		
				CATEGORY	36.00	0.00	524.88		

RUN DATE SALES JRN		- SUP SUNN LOC 001	YSIDE CITYWIDE SUNNYSIDE CITYWIDE	REG NY NY SALES REGISTER			PAGE 1 CCL CONGREGATE BILL WEEK ENI		
			•	SALES KEGISIEK			BIDD WEEK EN	JING	3/11/12
INVOICE#	DATE	CUST NO	CUSTOMER NAME	REFERENCE	HOURS	TAX AMT	AMOUNT	TYP	SURPLUS
193937	5/04/12	000008	VISITING NURSE SERVICE	MARTINEZ, ELENA	30.00		437.40	I	
193938	5/04/12	800000	VISITING NURSE SERVICE	MARTINEZ, ELENA	37.50		546.75	I 	
				CUSTOMER	67.50	0.00	984.15		
				CATEGORY	67.50	0.00	984.15		

RUN DATE		- SUP SUNN	YSIDE CITYWIDE SUNNYSIDE CITYWIDE	REG NY NY			PAGE 1 - VCP CHOICE LHC	
SALES UKN.	L # 0280	TOC 001		ALES REGISTEF	2		BILL WEEK ENDI	
INVOICE#	DATE	CUST NO	CUSTOMER NAME	REFERENCE	HOURS	TAX AMT	AMOUNT T	YP SURPLUS
193939	5/04/12	000008	VISITING NURSE SERVICE	MARTINEZ, MARGA	6.00		87.48	I
193940	5/04/12	000008	VISITING NURSE SERVICE	MARTINEZ, MARGA	24.00		349.92	I
193941	5/04/12	000008	VISITING NURSE SERVICE	MARTINEZ, MARTA	17.75		258.80	I
193942	5/04/12	800000	VISITING NURSE SERVICE	MARTINEZ, MARTA	24.00		349.92	I
193943	5/04/12	800000	VISITING NURSE SERVICE	MARTINEZ, ROSA	36.00		524.88	I
193944	5/04/12	800000	VISITING NURSE SERVICE	MARTINEZ, ROSA	48.00		699.84	I
				CUSTOMER	155.75	0.00	2,270.84	
				CATEGORY	155.75	0.00	2,270.84	

RUN DATE SALES JRN		- SUP SUNN LOC 001		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
193945 193946	5/04/12 5/04/12	800000 800000	VISITING NURSE SERVICE VISITING NURSE SERVICE	,	10.00 18.00		145.80 262.44	I I
				CUSTOMER	28.00	0.00	408.24	
				CATEGORY	28.00	0.00	408.24	

RUN DATE	05/09/12 -	- SUP SUNN	YSIDE CITYWIDE				PAGE 1 - 171	
SALES JRN	L # 0280	LOC 001	SUNNYSIDE CITYWIDE	REG NY NY			VCP CHOICE LHCSA	
			\$	SALES REGISTER			BILL WEEK ENDING 5/11/12	?
INVOICE#	DATE	CUST NO	CUSTOMER NAME	REFERENCE	HOURS	TAX AMT	AMOUNT TYP SURPLUS	3
193947	5/04/12	000008	VISITING NURSE SERVICE	MATOS, ROSA	23.75		346.28 I	
193948	5/04/12	800000	VISITING NURSE SERVICE	MATOS, ROSA	23.50		342.63 I	
				CUSTOMER	47.25	0.00	688.91	-
								_
				CATEGORY	47.25	0.00	688.91	

RUN DATE	05/09/12 -	- SUP SUNN	YSIDE CITYWIDE				PAGE 1 -	172
SALES JRN	L # 0280	LOC 001	SUNNYSIDE CITYWID	REG NY NY			ADU ADULT	
				SALES REGIST	E R		BILL WEEK ENDI	NG 5/11/12
INVOICE#	DATE	CUST NO	CUSTOMER NAME	REFERENCE	HOURS	TAX AMT	AMOUNT T	YP SURPLUS
193949	5/04/12	000008	VISITING NURSE SER	TICE MAZZONE, FRANCE	27.00		393.66	I
193950	5/04/12	800000	VISITING NURSE SER	ICE MAZZONE, FRANCE	36.00		524.88	I
193951	5/04/12	800000	VISITING NURSE SER	ICE MCBRAYER, SYLVI	72.00		1,049.76	I
193952	5/04/12	800000	VISITING NURSE SER	TICE MCBRAYER, SYLVI	96.00		1,399.68	I
				CUSTOMER	231.00	0.00	3,367.98	
				CATEGORY	231.00	0.00	3,367.98	

RUN DATE	05/09/12 -	- SUP SUNN	YSIDE CITYWIDE				PAGE 1 - 1'	73
SALES JRN	L # 0280	LOC 001	SUNNYSIDE CITYWIDE	REG NY NY			VCP CHOICE LHCSA	
			\$	SALES REGISTER			BILL WEEK ENDING	5/11/12
INVOICE#	DATE	CUST NO	CUSTOMER NAME	REFERENCE	HOURS	TAX AMT	AMOUNT TYP	SURPLUS
193953	5/04/12	000008	VISITING NURSE SERVICE	MCGUIRE, HELEN	24.00		349.92 I	
193954	5/04/12	800000	VISITING NURSE SERVICE	MCGUIRE, HELEN	32.00		466.56 I	
				CUSTOMER	56.00	0.00	816.48	
				CATEGORY	56.00	0.00	816.48	

			YSIDE CITYWIDE	DEG NV NV			PAGE 1 - 174	
SALES JRNL	ı # U∠8U	LOC 001	SUNNYSIDE CITYWIDE	REGNY NY SALES REGISTER			ADU ADULT BILL WEEK ENDING 5/11/12	
INVOICE#	DATE	CUST NO	CUSTOMER NAME	REFERENCE	HOURS	TAX AMT	AMOUNT TYP SURPLUS	
	5/04/12 5/04/12	800000 800000	VISITING NURSE SERVICE VISITING NURSE SERVICE	MCQUAIL, MAUREE MCQUAIL, MAUREE	3.00 9.00		43.74 I 131.22 I	
				CUSTOMER	12.00	0.00	174.96	
				CATEGORY	12.00	0.00	174.96	

RUN DATE SALES JRN		- SUP SUNN LOC 001	YSIDE CITYWIDE SUNNYSIDE CITYWIDE	REGNY NY SALES REGISTEF	2		PAGE 1 - VCP CHOICE LHCS BILL WEEK ENDIN	
INVOICE#	DATE	CUST NO	CUSTOMER NAME	REFERENCE	HOURS	TAX AMT	AMOUNT TY	P SURPLUS
193957 193958 193959 193960	5/04/12 5/04/12 5/04/12 5/04/12	000008 000008 000008 000008	VISITING NURSE SERVICE VISITING NURSE SERVICE VISITING NURSE SERVICE VISITING NURSE SERVICE	MEJIA, DINORAH MEJIA, DINORAH MEJIA, MARINA MEJIA, MARINA	4.00 13.75 8.00 16.00		58.32 1 200.48 1 116.64 1 233.28	[[[
				CUSTOMER	41.75	0.00	608.72	
				CATEGORY	41.75	0.00	608.72	

RUN DATE	05/09/12 -	- SUP SUNN	YSIDE CITYWIDE				PAGE 1	- 17	6
SALES JRN	L # 0280	LOC 001		REG NY NY			LTC NURSING H		,
			S	SALES REGISTER			BILL WEEK EN	DING	5/11/12
INVOICE#	DATE	CUST NO	CUSTOMER NAME	REFERENCE	HOURS	TAX AMT	AMOUNT	TYP	SURPLUS
193961	5/04/12	000008	VISITING NURSE SERVICE	MEJIA, ROSA	7.75		113.00	I	
193962	5/04/12	800000	VISITING NURSE SERVICE	MEJIA, ROSA	29.00		422.83	I	
				CUSTOMER	36.75	0.00	535.83		
				CATECODY		0.00	 E2E 02		
				CATEGORY	36.75	0.00	535.83		

RUN DATE 05/09/1 SALES JRNL # 028		SUNNYSIDE CITYWIDE	REG NY NY SALES REGISTE	R		PAGE 1 - 1 LAA LOMBARDI AIDS BILL WEEK ENDING	77 ADULT POPUL 5/11/12
INVOICE# DATE	CUST NO	CUSTOMER NAME	REFERENCE	HOURS	TAX AMT	AMOUNT TYP	SURPLUS
193963 5/04/3 193964 5/04/3		VISITING NURSE SERVICE VISITING NURSE SERVICE	,	4.00 8.75		58.32 I 127.58 I	
			CUSTOMER	12.75	0.00	185.90	
			 CATEGORY	12.75	0.00	185.90	

RUN DATE	05/09/12 -	- SUP SUNN	YSIDE CITYWIDE				PAGE 1	- 178
SALES JRN	L # 0280	LOC 001	SUNNYSIDE CITYWIDE	REG NY NY			ADU ADULT	
			5	SALES REGISTER			BILL WEEK END	OING 5/11/12
INVOICE#	DATE	CUST NO	CUSTOMER NAME	REFERENCE	HOURS	TAX AMT	AMOUNT	TYP SURPLUS
193965	5/04/12	000008	VISITING NURSE SERVICE	MENDOLIA, ANTOI	32.00		466.56	I
193966	5/04/12	800000	VISITING NURSE SERVICE	MENDOLIA, ANTOI	21.00		306.18	I
				CUSTOMER	53.00	0.00	772.74	
				COSTOMER	55.00	0.00	//2./4	
				CATEGORY	53.00	0.00	772.74	

RUN DATE	05/09/12 -	- SUP SUNN	NYSIDE CITYWIDE				PAGE 1 - 17	19
SALES JRN	L # 0280	LOC 001	SUNNYSIDE CITYWIDE	REG NY NY			VCP CHOICE LHCSA	
			i	SALES REGISTER			BILL WEEK ENDING	5/11/12
INVOICE#	DATE	CUST NO	CUSTOMER NAME	REFERENCE	HOURS	TAX AMT	AMOUNT TYP	SURPLUS
193967	5/04/12	800000	VISITING NURSE SERVICE	MENDOLIA, ANTOI	21.00		306.18 I	
				CATEGORY	21.00	0.00	306.18	

RUN DATE SALES JRN		- SUP SUNN LOC 001	YSIDE CITYWIDE SUNNYSIDE CITYWIDE	REGNY NY SALES REGISTEI	R		PAGE 1 LTC NURSING BILL WEEK EN		
INVOICE#	DATE	CUST NO	CUSTOMER NAME	REFERENCE	HOURS	TAX AMT	AMOUNT	TYP	SURPLUS
193968 193969	5/04/12 5/04/12	800000 800000	VISITING NURSE SERVICE VISITING NURSE SERVICE		15.00 21.00		218.70 306.18	I	
				CUSTOMER	36.00	0.00	524.88		
				CATEGORY	36.00	0.00	524.88		

RUN DATE SALES JRN			YSIDE CITYWIDE SUNNYSIDE CITYWIDE	REG NY NY SALES REGISTER			PAGE 1 VCP CHOICE LHOBILL WEEK END	CSA	1/12
INVOICE#	DATE	CUST NO	CUSTOMER NAME	REFERENCE	HOURS	TAX AMT	AMOUNT '	TYP SURI	PLUS
193970 193971	5/04/12 5/04/12	800000 800000	VISITING NURSE SERVICE VISITING NURSE SERVICE	- ,	12.00 16.00		174.96 233.28	I I	
				CUSTOMER	28.00	0.00	408.24		
				CATEGORY	28.00	0.00	408.24		

RUN DATE SALES JRN			YSIDE CITYWIDE SUNNYSIDE CITYWIDE	REG NY NY SALES REGISTER			PAGE 1 - HOA HOSPICE AD BILL WEEK ENDI	-
				ALES KEGISIEK			BIDD WEEK ENDI	NG 5/11/12
INVOICE#	DATE	CUST NO	CUSTOMER NAME	REFERENCE	HOURS	TAX AMT	AMOUNT T	YP SURPLUS
193972 193973	5/04/12 5/04/12	800000 800000	VISITING NURSE SERVICE VISITING NURSE SERVICE	MOLINA, ANA MOLINA, ANA	18.00 24.00		262.44 349.92	I I
				CUSTOMER	42.00	0.00	612.36	
				CATEGORY	42.00	0.00	612.36	

RUN DATE SALES JRN		- SUP SUNN LOC 001	YSIDE CITYWIDE SUNNYSIDE CITYWIDE	REG NY NY			PAGE 1 VCP CHOICE LH	- 18	3
Bribbs orde	1 11 0200	100 001		SALES REGISTER			BILL WEEK END		5/11/12
INVOICE#	DATE	CUST NO	CUSTOMER NAME	REFERENCE	HOURS	TAX AMT	AMOUNT	TYP	SURPLUS
193974	5/04/12	000008	VISITING NURSE SERVICE	MONSERRAT, DORI	2.00		29.16	I	
193975	5/04/12	800000	VISITING NURSE SERVICE	MONSERRAT, DORI	6.00		87.48	т	
				CUSTOMER	8.00	0.00	116.64		
				CATEGORY	8.00	0.00	116.64		

RUN DATE SALES JRN			YSIDE CITYWIDE SUNNYSIDE CITYWIDE S A	REG NY NY LES REGISTER			PAGE 1 - 184 ADU ADULT BILL WEEK ENDING 5/11/12	
INVOICE#	DATE	CUST NO	CUSTOMER NAME	REFERENCE	HOURS	TAX AMT	AMOUNT TYP SURPLUS	
193976	4/20/12	800000	VISITING NURSE SERVICE	MONTALI, ELSA	4.00		58.32 I	
				CATEGORY	4.00	0.00	58.32	

RUN DATE SALES JRN		SUP SUNN	YSIDE CITYWIDE SUNNYSIDE CITYWIDE	REG NY NY			PAGE 1 - 1 VCP CHOICE LHCSA	85
				SALES REGISTE	R		BILL WEEK ENDING	5/11/12
INVOICE#	DATE	CUST NO	CUSTOMER NAME	REFERENCE	HOURS	TAX AMT	AMOUNT TYP	SURPLUS
193977 193978	5/04/12 5/04/12	000008 000008	VISITING NURSE SERVICE VISITING NURSE SERVICE	,	6.00 23.50		87.48 I 342.63 I	
193976	3/04/12	000000	VISITING NURSE SERVICE	MONIES, MARIA			342.03 1	
				CUSTOMER	29.50	0.00	430.11	
				CATEGORY	29.50	0.00	430.11	

RUN DATE	05/09/12 -	- SUP SUNN	YSIDE CITYWIDE				PAGE 1	- 186
SALES JRN	ъ # 0280	LOC 001	SUNNYSIDE CITYWIDE	REG NY NY			ADU ADULT	
			S	SALES REGISTER			BILL WEEK END	ING 5/11/12
INVOICE#	DATE	CUST NO	CUSTOMER NAME	REFERENCE	HOURS	TAX AMT	AMOUNT	TYP SURPLUS
193979	5/04/12	000008	VISITING NURSE SERVICE	MOORE, JOSEPH	3.00		43.74	I
193980	5/04/12	800000	VISITING NURSE SERVICE	MOORE, JOSEPH	12.00		174.96	I
				CUSTOMER	15.00	0.00	218.70	
				CATEGORY	15.00	0.00	218.70	

			YSIDE CITYWIDE				PAGE 1 -	187
SALES JRN	L # 0280	LOC 001	SUNNYSIDE CITYWIDE	REG NY NY			VCP CHOICE LHCSA	
				SALES REGISTER			BILL WEEK ENDING	5/11/12
INVOICE#	DATE	CUST NO	CUSTOMER NAME	REFERENCE	HOURS	TAX AMT	AMOUNT TYP	SURPLUS
193981	5/04/12	000008	VISITING NURSE SERVICE	MORAITIS, AGATH	15.00		218.70 I	
193982	5/04/12	800000	VISITING NURSE SERVICE	MORAITIS, AGATH	20.00		291.60 I	
				CUSTOMER	35.00	0.00	510.30	
				CATEGORY	35.00	0.00	510.30	

RUN DATE SALES JRN		- SUP SUNN LOC 001	YSIDE CITYWIDE SUNNYSIDE CITYWIDE	REG NY NY			PAGE 1 - 1 LTC NURSING HOMEW	88 7/O WALLS (LT
				SALES REGISTER			BILL WEEK ENDING	5/11/12
INVOICE#	DATE	CUST NO	CUSTOMER NAME	REFERENCE	HOURS	TAX AMT	AMOUNT TYP	SURPLUS
193983 193984	5/04/12 5/04/12	800000 800000	VISITING NURSE SERVICE VISITING NURSE SERVICE	·	18.00 24.00		262.44 I 349.92 I	
				CUSTOMER	42.00	0.00	612.36	
				CATEGORY	42.00	0.00	612.36	

RUN DATE 05/0 SALES JRNL #	09/12 - SUP SUNN 0280 LOC 001	SUNNYSIDE CITYWIDE	REG NY NY A L E S R E G I S T E R			PAGE 1 - 1 ADU ADULT BILL WEEK ENDING	5/11/12
INVOICE# DA	ATE CUST NO	CUSTOMER NAME	REFERENCE	HOURS	TAX AMT	AMOUNT TYP	SURPLUS
193986 5/0 193987 5/0	04/12 000008 04/12 000008 04/12 000008 04/12 000008	VISITING NURSE SERVICE VISITING NURSE SERVICE VISITING NURSE SERVICE VISITING NURSE SERVICE	MORALES, GENERO MORALES, GENERO MOURAS, ANNA MOURAS, ANNA	36.00 48.00 2.00 8.00		524.88 I 699.84 I 29.16 I 116.64 I	
			CUSTOMER	94.00	0.00	1,370.52	
			CATEGORY	94.00	0.00	1,370.52	

RUN DATE	05/09/12 -	- SUP SUNN	YSIDE CITYWIDE				PAGE 1	- 190	
SALES JRN	L # 0280	LOC 001	SUNNYSIDE CITYWIDE	REG NY NY			VCP CHOICE L	HCSA	
			S	SALES REGISTE	R		BILL WEEK EN	DING 5/11/12	
INVOICE#	DATE	CUST NO	CUSTOMER NAME	REFERENCE	HOURS	TAX AMT	AMOUNT	TYP SURPLUS	
193989	5/04/12	000008	VISITING NURSE SERVICE	NAGY, GEORGE	17.50		255.15	I	
193990	5/04/12	800000	VISITING NURSE SERVICE	NAGY, GEORGE	24.00		349.92	I	
				CUSTOMER	41.50	0.00	605.07		
				CATEGORY	41.50	0.00	605.07		

RUN DATE SALES JRN		SUP SUNN	YSIDE CITYWIDE SUNNYSIDE CITYWIDE	REG NY NY				E CARE PROGRAM
			i	SALES REGISTER			BILL WEEK END	ING 5/11/12
INVOICE#	DATE	CUST NO	CUSTOMER NAME	REFERENCE	HOURS	TAX AMT	AMOUNT	TYP SURPLUS
193991 193992	5/04/12 5/04/12	800000 800000	VISITING NURSE SERVICE VISITING NURSE SERVICE		4.00 16.00		58.32 233.28	I I
				CUSTOMER	20.00	0.00	291.60	
				CATEGORY	20.00	0.00	291.60	

			YSIDE CITYWIDE				PAGE 1 -	192
SALES JRN	L # 0280	LOC 001	SUNNYSIDE CITYWIDE	REG NY NY			ADU ADULT	TG 5 /11 /10
			S	BALES REGISTER			BILL WEEK ENDI	NG 5/11/12
INVOICE#	DATE	CUST NO	CUSTOMER NAME	REFERENCE	HOURS	TAX AMT	AMOUNT T	YP SURPLUS
193993	5/04/12	000008	VISITING NURSE SERVICE	NELLINI, MARY	4.00		58.32	I
193994	5/04/12	800000	VISITING NURSE SERVICE	NELLINI, MARY	8.00		116.64	I
193995	5/04/12	800000	VISITING NURSE SERVICE	NICKELL, JEAN	3.00		43.74	I
193996	5/04/12	800000	VISITING NURSE SERVICE	NICKELL, JEAN	6.00		87.48	I
				CUSTOMER	21.00	0.00	306.18	
				CATEGORY	21.00	0.00	306.18	

RUN DATE 0. SALES JRNL		SUP SUNN LOC 001	YSIDE CITYWIDE SUNNYSIDE CITYWIDE	REG NY NY SALES REGISTER			PAGE 1 LTC NURSING H BILL WEEK END		
INVOICE#	DATE	CUST NO	CUSTOMER NAME	REFERENCE	HOURS	TAX AMT	AMOUNT	TYP	SURPLUS
	5/04/12 5/04/12	800000 800000	VISITING NURSE SERVICE VISITING NURSE SERVICE	- •	21.00 27.75		306.18 404.60	I	
				CUSTOMER	48.75	0.00	710.78		
				 CATEGORY	48.75	0.00	710.78		

RUN DATE (SALES JRNI		- SUP SUNN LOC 001	YSIDE CITYWIDE SUNNYSIDE CITYWIDE	REG NY NY SALES REGISTER			PAGE 1 CCL CONGREGA' BILL WEEK EN		
INVOICE#	DATE	CUST NO	CUSTOMER NAME	REFERENCE	HOURS	TAX AMT	AMOUNT	TYP	SURPLUS
193999 194000 194001	4/27/12 5/04/12 5/04/12	000008 000008 000008	VISITING NURSE SERVICE VISITING NURSE SERVICE VISITING NURSE SERVICE	NIETO RAMOS, JO NIETO RAMOS, JO NIETO RAMOS, JO	18.00 27.00 36.00		262.44 393.66 524.88	I I I	
				CUSTOMER	81.00	0.00	1,180.98		
				CATEGORY	81.00	0.00	1,180.98		

RUN DATE 05 SALES JRNL :		SUP SUNN LOC 001		REG NY NY A L E S R E G I S T E R			PAGE 1 VCP CHOICE LE BILL WEEK ENI		5/11/12
INVOICE#	DATE	CUST NO	CUSTOMER NAME	REFERENCE	HOURS	TAX AMT	AMOUNT	TYP	SURPLUS
194003 5 194004 5	/04/12 /04/12 /04/12 /04/12	000008 000008 000008 000008	VISITING NURSE SERVICE VISITING NURSE SERVICE VISITING NURSE SERVICE VISITING NURSE SERVICE	NIEVES, NANCY NIEVES, NANCY NINO, CARMEN NINO, CARMEN	9.00 27.00 4.00 16.00		131.22 393.66 58.32 233.28	I I I	
				CUSTOMER	56.00	0.00	816.48		
				CATEGORY	 56.00	0.00	816.48		

RUN DATE 05/09/12 - SUP SUNNYSIDE CITYWIDE SALES JRNL # 0280 LOC 001 SUNNYSIDE CITYWIDE REG NY NY LTC NURSING HOMEW/O WALL										
			S	SALES REGISTER			BILL WEEK END	ING	5/11/12	
INVOICE#	DATE	CUST NO	CUSTOMER NAME	REFERENCE	HOURS	TAX AMT	AMOUNT	TYP	SURPLUS	
194006	5/04/12	000008	VISITING NURSE SERVICE	NOBLIN, ELOISE	5.00		72.90	I		
194007	5/04/12	800000	VISITING NURSE SERVICE	NOBLIN, ELOISE	20.00		291.60	I		
194008	5/04/12	800000	VISITING NURSE SERVICE	NOBOADESALAZAR,	6.00		87.48	I		
194009	5/04/12	800000	VISITING NURSE SERVICE	NOBOADESALAZAR,	22.00		320.76	I		
				CUSTOMER	53.00	0.00	772.74			
				CATEGORY	53.00	0.00	772.74			

RUN DATE SALES JRN		- SUP SUNN LOC 001	IYSIDE CITYWIDE SUNNYSIDE CITYWIDE	REGNY NY SALES REGISTER			PAGE 1 - 19 VCP CHOICE LHCSA BILL WEEK ENDING	7 5/11/12
INVOICE#	DATE	CUST NO	CUSTOMER NAME	REFERENCE	HOURS	TAX AMT	AMOUNT TYP	SURPLUS
194010 194011 194012 194013	5/04/12 5/04/12 5/04/12 5/04/12	000008 000008 000008 000008	VISITING NURSE SERVICE VISITING NURSE SERVICE VISITING NURSE SERVICE VISITING NURSE SERVICE	NUZIALE, CONCET OCHOA, LUIS	21.00 28.00 15.00 28.00		306.18 I 408.24 I 218.70 I 408.24 I	
				CUSTOMER	92.00	0.00	1,341.36	
				CATEGORY	92.00	0.00	1,341.36	

RUN DATE SALES JRN		- SUP SUNN LOC 001	YSIDE CITYWIDE SUNNYSIDE CITYWIDE	REGNY NY SALES REGISTER			PAGE 1 - 198 LTC NURSING HOMEW/O WALLS (LT BILL WEEK ENDING 5/11/12		
								, ,	
INVOICE#	DATE	CUST NO	CUSTOMER NAME	REFERENCE	HOURS	TAX AMT	AMOUNT	TYP SURPLUS	
194014 194015	5/04/12 5/04/12	000008	VISITING NURSE SERVICE VISITING NURSE SERVICE	,	5.00 20.00		72.90 291.60	I T	
171013	3, 01, 12		VIDITING NONDE BENVIOL	CUSTOMER	 25.00	0.00	364.50		
				COSTOMER	23.00	0.00	304.30		
				CATEGORY	25.00	0.00	364.50		

RUN DATE 05		SUP SUNN LOC 001	YSIDE CITYWIDE SUNNYSIDE CITYWIDE	REG NY NY	PAGE 1 – 199 ADU ADULT			
SALES ORNE	# 0200	10C 001		SALES REGISTER				5/11/12
INVOICE#	DATE	CUST NO	CUSTOMER NAME	REFERENCE	HOURS	TAX AMT	AMOUNT TYP	SURPLUS
	5/04/12 5/04/12	000008 000008	VISITING NURSE SERVICE VISITING NURSE SERVICE		3.00 6.00		43.74 I 87.48 I	
				CUSTOMER	9.00	0.00	131.22	
				CATEGORY	9.00	0.00	131.22	

RUN DATE SALES JRN		- SUP SUNN	YSIDE CITYWIDE SUNNYSIDE CITYWIDE	REG NY NY			PAGE 1 VCP CHOICE LH		0
DALLS ORN	H 0200	100 001		ALES REGISTER			BILL WEEK END		5/11/12
INVOICE#	DATE	CUST NO	CUSTOMER NAME	REFERENCE	HOURS	TAX AMT	AMOUNT	TYP	SURPLUS
194018	5/04/12	000008	VISITING NURSE SERVICE	ORTEGA, CARLOS	10.00		145.80	I	
194019	5/04/12	000008	VISITING NURSE SERVICE	ORTEGA, CARLOS	6.00		87.48	I	
194020	5/04/12	800000	VISITING NURSE SERVICE	OSPINA, ANA	8.00		116.64	I	
194021	4/20/12	800000	VISITING NURSE SERVICE	PANASKAROLIDIS,	8.00		116.64	I	
194022	5/04/12	000008	VISITING NURSE SERVICE	PANASKAROLIDIS,	7.75		113.00	I	
194023	5/04/12	800000	VISITING NURSE SERVICE	PANASKAROLIDIS,	30.50		444.70	I	
				CUSTOMER	70.25	0.00	1,024.26		
				CATEGORY	70.25	0.00	1,024.26		

RUN DATE SALES JRN			YSIDE CITYWIDE SUNNYSIDE CITYWIDE	REG NY NY			PAGE 1 - 2 ADU ADULT	201
SALES OWN.	L # 0200	100 001		SALES REGISTER			BILL WEEK ENDING	5/11/12
INVOICE#	DATE	CUST NO	CUSTOMER NAME	REFERENCE	HOURS	TAX AMT	AMOUNT TYP	SURPLUS
194024	5/04/12	800000	VISITING NURSE SERVICE	PAOLONI, MARY	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 AUR ADULT REH		
Brilling Grav	1 0200	100 001		SALES REGISTER			BILL WEEK END		5/11/12
INVOICE#	DATE	CUST NO	CUSTOMER NAME	REFERENCE	HOURS	TAX AMT	AMOUNT	TYP	SURPLUS
194025	5/04/12	000008	VISITING NURSE SERVICE	PAPAZIAN, MANNI	10.00		145.80	I	
194026	5/04/12	000008	VISITING NURSE SERVICE	PAPAZIAN, MANNI	40.00		583.20	T	
				CUSTOMER	50.00	0.00	729.00		
				CATEGORY	50.00	0.00	729.00		

RUN DATE SALES JRN			YSIDE CITYWIDE SUNNYSIDE CITYWIDE	REG NY NY			PAGE 1 - VCP CHOICE LHC	
				SALES REGISTER			BILL WEEK ENDI	NG 5/11/12
INVOICE#	DATE	CUST NO	CUSTOMER NAME	REFERENCE	HOURS	TAX AMT	AMOUNT T	YP SURPLUS
194027	5/04/12	000008	VISITING NURSE SERVICE	PAPOUTSIS, MARY	6.00		87.48	I
194028	5/04/12	800000	VISITING NURSE SERVICE	PARETTI, MARIE	23.00		335.34	I
194029	5/04/12	800000	VISITING NURSE SERVICE	PARETTI, MARIE	32.00		466.56	I
				CUSTOMER	61.00	0.00	889.38	
				CATEGORY	61.00	0.00	889.38	

RUN DATE (SALES JRNI		- SUP SUNN LOC 001	YSIDE CITYWIDE SUNNYSIDE CITYWIDE	-	NY E G I S T E	R		PAGE 1 LTC NURSING BILL WEEK EN		
INVOICE#	DATE	CUST NO	CUSTOMER NAME	REFEI	RENCE	HOURS	TAX AMT	AMOUNT	TYP	SURPLUS
194030 194031	5/04/12 5/04/12	000008 000008	VISITING NURSE SERVICE VISITING NURSE SERVICE	,		4.00 16.00		58.32 233.28	I I	
					CUSTOMER	20.00	0.00	291.60		
					- CATEGORY	20.00	0.00	291.60		

			YSIDE CITYWIDE				-	205
SALES JRNL # 0280 LOC 001 SUNNYSIDE CITYWIDE REG NY NY SALES REGISTER							VCP CHOICE LHC	
			S	ALES REGISTER			BILL WEEK ENDI	NG 5/11/12
INVOICE#	DATE	CUST NO	CUSTOMER NAME	REFERENCE	HOURS	TAX AMT	AMOUNT I	YP SURPLUS
194032	5/04/12	000008	VISITING NURSE SERVICE	PENA, VICTORIA	17.75		258.80	I
194033	5/04/12	800000	VISITING NURSE SERVICE	PENA, VICTORIA	24.00		349.92	I
194034	4/27/12	800000	VISITING NURSE SERVICE	PENAGOS, MARIA	5.00		72.90	I
194035	5/04/12	800000	VISITING NURSE SERVICE	PENAGOS, MARIA	5.00		72.90	I
194036	5/04/12	800000	VISITING NURSE SERVICE	PENAGOS, MARIA	20.00		291.60	I
				CUSTOMER	71.75	0.00	1,046.12	
				CATEGORY	71.75	0.00	1,046.12	

RUN DATE SALES JRN			YSIDE CITYWIDE SUNNYSIDE CITYWIDE	REG NY NY			PAGE 1 AUR ADULT REH	- 20	
	2 11 0200	200 001		SALES REGISTER			BILL WEEK END		5/11/12
INVOICE#	DATE	CUST NO	CUSTOMER NAME	REFERENCE	HOURS	TAX AMT	AMOUNT	TYP	SURPLUS
194037	5/04/12	000008	VISITING NURSE SERVICE	PENNACCHIA, MAR	3.00		43.74	I	
194038	5/04/12	000008	VISITING NURSE SERVICE	PENNACCHIA, MAR	9.00		131.22	т	
				CUSTOMER	12.00	0.00	174.96		
				CATEGORY	12.00	0.00	174.96		

			YSIDE CITYWIDE				-	207
SALES JRN	IL # 0280	LOC 001	SUNNYSIDE CITYWIDE	REG NY NY			VCP CHOICE LHCSA	E /11 /10
			:	SALES REGISTER			BILL WEEK ENDING	5/11/12
INVOICE#	DATE	CUST NO	CUSTOMER NAME	REFERENCE	HOURS	TAX AMT	AMOUNT TYP	SURPLUS
194039	5/04/12	000008	VISITING NURSE SERVICE	PEREZ MONSER, C	20.75		302.54 I	
194040	5/04/12	800000	VISITING NURSE SERVICE	PEREZ MONSER, C	21.00		306.18 I	
				CUSTOMER	41.75	0.00	608.72	
				COSTOMER	41.75	0.00	000.72	
				CATEGORY	41.75	0.00	608.72	

RUN DATE SALES JRN		- SUP SUNN LOC 001	TYSIDE CITYWIDE SUNNYSIDE CITYWIDE S	REGNY NY SALES REGISTER			PAGE 1 LTC NURSING BILL WEEK EN		
INVOICE#	DATE	CUST NO	CUSTOMER NAME	REFERENCE	HOURS	TAX AMT	AMOUNT	TYP	SURPLUS
194041 194042	5/04/12 5/04/12	000008 000008	VISITING NURSE SERVICE VISITING NURSE SERVICE	·	6.00 24.00		87.48 349.92	I I	
				CUSTOMER	30.00	0.00	437.40		
				CATEGORY	30.00	0.00	437.40		

RUN DATE 05/	/09/12 - SUP SUN	NYSIDE CITYWIDE				PAGE 1	- 20)9
SALES JRNL #	# 0280 LOC 001	SUNNYSIDE CITYWIDE	REG NY NY			ADU ADULT		
		S A	ALES REGISTER			BILL WEEK EN	DING	5/11/12
INVOICE# D	DATE CUST NO	CUSTOMER NAME	REFERENCE	HOURS	TAX AMT	AMOUNT	TYP	SURPLUS
194043 5/	/04/12 000008	VISITING NURSE SERVICE	PEREZ, GLADYS	1.00		14.58	I	
194044 5/	/04/12 000008	VISITING NURSE SERVICE	PEREZ, GLADYS	24.00		349.92	I	
194045 5/	/04/12 000008	VISITING NURSE SERVICE	PEREZ, JOAQUIN	6.00		87.48	I	
194046 5/	/04/12 000008	VISITING NURSE SERVICE	PEREZ, JOAQUIN	24.00		349.92	I	
			CUSTOMER	55.00	0.00	801.90		
			CATEGORY	55.00	0.00	801.90		

RUN DATE 0: SALES JRNL		SUP SUNN LOC 001	YSIDE CITYWIDE 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	SURPLUS
194048	4/20/12 5/04/12 5/04/12	000008 000008 000008	VISITING NURSE SERVICE VISITING NURSE SERVICE VISITING NURSE SERVICE	PERSAUD, RITA	10.00 15.00 19.00		145.80 I 218.70 I 277.02 I	
				CUSTOMER	44.00	0.00	641.52	
				CATEGORY	44.00	0.00	641.52	

			IYSIDE CITYWIDE	DEG NV NV			PAGE 1	- 21	11
SALES JRN	L # U28U	LOC 001	SUNNYSIDE CITYWIDE	REG NY NY ALES REGISTER			VCP CHOICE LE		5/11/12
			2				5122 W221 21	211.0	3, 11, 12
INVOICE#	DATE	CUST NO	CUSTOMER NAME	REFERENCE	HOURS	TAX AMT	AMOUNT	TYP	SURPLUS
194050	5/04/12	000008	VISITING NURSE SERVICE	PHILIPPS, MARY	8.00		116.64	т	
194051	5/04/12	000008	VISITING NURSE SERVICE VISITING NURSE SERVICE	PHILIPPS, MARY	28.00		408.24	T	
194052	5/04/12	000008	VISITING NURSE SERVICE	PIZARRO, BARBAR	3.00		43.74	Ī	
194053	5/04/12	800000	VISITING NURSE SERVICE	PLACIDO, GENARO	15.00		218.70	I	
194054	5/04/12	800000	VISITING NURSE SERVICE	PLACIDO, GENARO	15.00		218.70	I	
				CUSTOMER	69.00	0.00	1,006.02		
				CATEGORY	69.00	0.00	1,006.02		

			YSIDE CITYWIDE				PAGE 1 - 212	
SALES JRN	L # 0280	LOC 001	SUNNYSIDE CITYWIDE	REG NY NY			ADU ADULT	
			S	SALES REGISTER			BILL WEEK ENDING 5/11/12	
INVOICE#	DATE	CUST NO	CUSTOMER NAME	REFERENCE	HOURS	TAX AMT	AMOUNT TYP SURPLUS	
194055	5/04/12	000008	VISITING NURSE SERVICE	PLACIDO, MERCED	18.00		262.44 I	
194056	5/04/12	000008	VISITING NURSE SERVICE	PLACIDO, MERCED	18.00		262.44 I	
				CUSTOMER	36.00	0.00	524.88	
				CATEGORY	36.00	0.00	524.88	

RUN DATE	05/09/12 -	- SUP SUNN	YSIDE CITYWIDE				PAGE 1 - 21	.3
SALES JRN	L # 0280	LOC 001	SUNNYSIDE CITYWIDE	REG NY NY			VCP CHOICE LHCSA	
			:	SALES REGISTER			BILL WEEK ENDING	5/11/12
INVOICE#	DATE	CUST NO	CUSTOMER NAME	REFERENCE	HOURS	TAX AMT	AMOUNT TYP	SURPLUS
194057	5/04/12	000008	VISITING NURSE SERVICE	POGGI, EMERITA	12.00		174.96 I	
194058	5/04/12	800000	VISITING NURSE SERVICE	POGGI, EMERITA	24.00		349.92 I	
				CUSTOMER	36.00	0.00	524.88	
				CATEGORY	36.00	0.00	524.88	

RUN DATE 05 SALES JRNL		SUP SUNNY LOC 001	SIDE CITYWIDE SUNNYSIDE CITYWIDE	REG NY NY SALES REGISTER			PAGE 1 - 214 LTC NURSING HOMEW/O WALLS (L BILL WEEK ENDING 5/11/12	т
INVOICE#	DATE C	CUST NO	CUSTOMER NAME	REFERENCE	HOURS	TAX AMT	AMOUNT TYP SURPLUS	
			VISITING NURSE SERVICE VISITING NURSE SERVICE	· · · · · · · · · · · · · · · · · · ·	8.00 32.00		116.64 I 466.56 I	
				CUSTOMER	40.00	0.00	583.20	
				CATEGORY	40.00	0.00	583.20	

RUN DATE SALES JRN		- SUP SUNN LOC 001	YSIDE CITYWIDE SUNNYSIDE CITYWIDE S	REGNY NY SALES REGISTER			PAGE 1 - 215 VCP CHOICE LHCSA BILL WEEK ENDING 5/11/12
INVOICE#	DATE	CUST NO	CUSTOMER NAME	REFERENCE	HOURS	TAX AMT	AMOUNT TYP SURPLUS
194061 194062	5/04/12 5/04/12	800000 800000	VISITING NURSE SERVICE VISITING NURSE SERVICE		12.50 14.25		182.25 I 207.77 I
				CUSTOMER	26.75	0.00	390.02
				CATEGORY	26.75	0.00	390.02

RUN DATE SALES JRN		- SUP SUNN LOC 001	YSIDE CITYWIDE SUNNYSIDE CITYWIDE	REG NY NY SALES REGISTER			PAGE 1 CCL CONGREGA' BILL WEEK EN		
INVOICE#	DATE	CUST NO	CUSTOMER NAME	REFERENCE	HOURS	TAX AMT	AMOUNT	TYP	SURPLUS
194063 194064 194065	4/27/12 5/04/12 5/04/12	000008 000008 000008	VISITING NURSE SERVICE VISITING NURSE SERVICE VISITING NURSE SERVICE	PULLIZA, DIANNE PULLIZA, DIANNE PULLIZA, DIANNE	6.00 18.00 24.00		87.48 262.44 349.92	I I I	
				CUSTOMER	48.00	0.00	699.84		
				CATEGORY	48.00	0.00	699.84		

RUN DATE SALES JRN		- SUP SUNN	YSIDE CITYWIDE SUNNYSIDE CITYWIDE	REG NY NY			PAGE 1 - VCP CHOICE LHCS	
			S	ALES REGISTER			BILL WEEK ENDING	5/11/12
INVOICE#	DATE	CUST NO	CUSTOMER NAME	REFERENCE	HOURS	TAX AMT	AMOUNT TYPE	SURPLUS
194066 194067	5/04/12 5/04/12	000008 000008	VISITING NURSE SERVICE VISITING NURSE SERVICE	QUINTERO, INES OUINTERO, INES	6.00 23.50		87.48 I 342.64 I	
131007	3,01,12	000000	VIDITING NORDE BERVIOL	CUSTOMER	29.50	0.00	430.12	
				COSTOMER	29.30	0.00	430.12	
				CATEGORY	29.50	0.00	430.12	

RUN DATE SALES JRN		SUP SUNN LOC 001		REG NY NY SALES REGISTER			PAGE 1 LTC NURSING 1 BILL WEEK EN		
INVOICE#	DATE	CUST NO	CUSTOMER NAME	REFERENCE	HOURS	TAX AMT	AMOUNT	TYP	SURPLUS
194068 194069	5/04/12 5/04/12	000008 000008	VISITING NURSE SERVICE VISITING NURSE SERVICE	~ '	21.00 28.00		306.18 408.24	I I	
				CUSTOMER	49.00	0.00	714.42		
				CATEGORY	49.00	0.00	714.42		

RUN DATE	05/09/12 -	- SUP SUNN	YSIDE CITYWIDE				PAGE 1 - 21	.9
SALES JRN	rL # 0280	LOC 001	SUNNYSIDE CITYWIDE	REG NY NY			LAP LOMBARDI AIDES	
			5	SALES REGISTER			BILL WEEK ENDING	5/11/12
INVOICE#	DATE	CUST NO	CUSTOMER NAME	REFERENCE	HOURS	TAX AMT	AMOUNT TYP	SURPLUS
194070	5/04/12	800000	VISITING NURSE SERVICE	RAMIREZ, ANA	8.00		116.64 I	
194071	5/04/12	800000	VISITING NURSE SERVICE	RAMIREZ, ANA	32.00		466.56 I	
				CUSTOMER	40.00	0.00	583.20	
					40.00			
				CATEGORY	40.00	0.00	583.20	

RUN DATE 05/	09/12 - SUP SUNN	YSIDE CITYWIDE				PAGE 1	- 22	0
SALES JRNL #	0280 LOC 001	SUNNYSIDE CITYWIDE	REG NY NY			LTC NURSING H	OMEW/	O WALLS (LT
		S	ALES REGISTER			BILL WEEK END	ING	5/11/12
INVOICE# D	ATE CUST NO	CUSTOMER NAME	REFERENCE	HOURS	TAX AMT	AMOUNT	TYP	SURPLUS
194072 5/	04/12 000008	VISITING NURSE SERVICE	RAMIREZ, JUANA	15.00		218.70	I	
194073 5/	04/12 000008	VISITING NURSE SERVICE	RAMIREZ, JUANA	31.25		455.63	I	
194074 5/	04/12 000008	VISITING NURSE SERVICE	RAMLALL, LILOWT	5.00		72.90	I	
194075 5/	04/12 000008	VISITING NURSE SERVICE	RAMLALL, LILOWT	20.00		291.60	I	
			CUSTOMER	71.25	0.00	1,038.83		
			CATEGORY	71.25	0.00	1,038.83		

			YSIDE CITYWIDE				11102	- 22	
SALES JRN	L # 0280	LOC 001	SUNNYSIDE CITYWIDE	REGNY NY SALES REGISTER			AUR ADULT REH BILL WEEK END		ьч 5/11/12
				NEGISIEK			DIDD WEEK END	ING	3/11/12
INVOICE#	DATE	CUST NO	CUSTOMER NAME	REFERENCE	HOURS	TAX AMT	AMOUNT	TYP	SURPLUS
104076	5 /0 / /1 0				14.00		224 12	_	
194076 194077	5/04/12 5/04/12	000008 000008	VISITING NURSE SERVICE VISITING NURSE SERVICE	RAMOS, JENNIFER RAMOS, JENNIFER	14.00 30.75		204.12 448.34	1	
194077	5/04/12	000008	VISITING NURSE SERVICE	RAMOS, UENNIFER	30.75		440.34		
				CUSTOMER	44.75	0.00	652.46		
					44.75	0.00			
1				CATEGORY	44.75	0.00	652.46		

RUN DATE SALES JRN		- SUP SUNN LOC 001	YSIDE CITYWIDE SUNNYSIDE CITYWIDE	REG NY NY			PAGE 1 VCP CHOICE L	- 22	22
SALES UKN	IL # 0200	LOC UUI		LES REGISTER			BILL WEEK EN		5/11/12
INVOICE#	DATE	CUST NO	CUSTOMER NAME	REFERENCE	HOURS	TAX AMT	AMOUNT	TYP	SURPLUS
194078	5/04/12	000008	VISITING NURSE SERVICE	RAMPHAL, INDRIA	12.00		174.96	I	
194079	5/04/12	800000	VISITING NURSE SERVICE	RANDAZZO, ROSAL	4.00		58.32	I	
194080	5/04/12	800000	VISITING NURSE SERVICE	RANDAZZO, ROSAL	16.00		233.28	I	
194081	5/04/12	800000	VISITING NURSE SERVICE	RASMUSSEN, GEOR	6.00		87.48	I	
194082	5/04/12	800000	VISITING NURSE SERVICE	REINA, JOSE	5.00		72.90	I	
194083	5/04/12	800000	VISITING NURSE SERVICE	REINA, JOSE	16.00		233.28	I	
194084	5/04/12	800000	VISITING NURSE SERVICE	RICCA, MARIE	4.75		69.26	I	
194085	5/04/12	800000	VISITING NURSE SERVICE	RICCA, MARIE	14.25		207.77	I	
194086	5/04/12	800000	VISITING NURSE SERVICE	RIVADENEIRA, OL	4.00		58.32	I	
194087	5/04/12	800000	VISITING NURSE SERVICE	RIVADENEIRA, OL	12.00		174.96	I	
				CUSTOMER	94.00	0.00	1,370.53		
				CATEGORY	94.00	0.00	1,370.53		

RUN DATE	05/09/12 -	- SUP SUNN	YSIDE CITYWIDE				PAGE 1	- 223
SALES JRN	rL # 0280	LOC 001	SUNNYSIDE CITYWIDE	REG NY NY				HOMEW/O WALLS (LT
			\$	SALES REGISTER			BILL WEEK END	DING 5/11/12
INVOICE#	DATE	CUST NO	CUSTOMER NAME	REFERENCE	HOURS	TAX AMT	AMOUNT	TYP SURPLUS
194088	3/23/12	000008	VISITING NURSE SERVICE	RIVADENEIRA, RO	8.00		116.64	I
194089	5/04/12	800000	VISITING NURSE SERVICE	RIVADENEIRA, RO	24.00		349.92	I
194090	5/04/12	800000	VISITING NURSE SERVICE	RIVADENEIRA, RO	32.00		466.56	I
				CUSTOMER	64.00	0.00	933.12	
				CATEGORY	64.00	0.00	933.12	

RUN DATE SALES JRN		- SUP SUNN	YSIDE CITYWIDE SUNNYSIDE CITYWIDE	REG NY NY			PAGE 1 VCP CHOICE LH	====
				SALES REGISTER			BILL WEEK END	ING 5/11/12
INVOICE#	DATE	CUST NO	CUSTOMER NAME	REFERENCE	HOURS	TAX AMT	AMOUNT	TYP SURPLUS
194091	5/04/12	800000	VISITING NURSE SERVICE	RIVERA, CARMEN	5.00		72.90	I
194092	5/04/12	800000	VISITING NURSE SERVICE	RIVERA, CARMEN	15.00		218.70	I
194093	5/04/12	800000	VISITING NURSE SERVICE	RIVERA, ERNESTO	4.00		58.32	I
194094	5/04/12	800000	VISITING NURSE SERVICE	RIVERA, ERNESTO	16.00		233.28	I
				CUSTOMER	40.00	0.00	583.20	
				CATEGORY	40.00	0.00	583.20	

RUN DATE 05/ SALES JRNL #	09/12 - SUP SUNN 0280 LOC 001	SUNNYSIDE CITYWIDE	REG NY NY SALES REGISTER			PAGE 1 - 22 LTC NURSING HOMEW BILL WEEK ENDING	
INVOICE# D.	ATE CUST NO	CUSTOMER NAME	REFERENCE	HOURS	TAX AMT	AMOUNT TYP	SURPLUS
	04/12 000008 04/12 000008	VISITING NURSE SERVICE VISITING NURSE SERVICE	,	4.00 16.00		58.32 I 233.28 I	
			CUSTOMER	20.00	0.00	291.60	
			CATEGORY	20.00	0.00		

RUN DATE SALES JRN		- SUP SUNN LOC 001	NYSIDE CITYWIDE SUNNYSIDE CITYWIDE	REG NY NY			PAGE 1 ADU ADULT	- 22	26
511225 6144	_	200 001		SALES REGISTER			BILL WEEK EN	DING	5/11/12
INVOICE#	DATE	CUST NO	CUSTOMER NAME	REFERENCE	HOURS	TAX AMT	AMOUNT	TYP	SURPLUS
194097 194098	5/04/12 5/04/12	800000 800000	VISITING NURSE SERVICE VISITING NURSE SERVICE	, ~-	12.00 12.00		174.96 174.96	I I	
				CUSTOMER	24.00	0.00	349.92		
				CATEGORY	24.00	0.00	349.92		

RUN DATE (SALES JRN)			YSIDE CITYWIDE SUNNYSIDE CITYWIDE S	REG NY NY SALES REGISTER			PAGE 1 - LTC NURSING HOM BILL WEEK ENDIN	, (
INVOICE#	DATE	CUST NO	CUSTOMER NAME	REFERENCE	HOURS	TAX AMT	AMOUNT TY	P SURPLUS
194099 194100 194101 194102	5/04/12 5/04/12 5/04/12 5/04/12	000008 000008 000008 000008	VISITING NURSE SERVICE VISITING NURSE SERVICE VISITING NURSE SERVICE VISITING NURSE SERVICE	RIVERA, WANDA RIVERA, WANDA ROBERTS, SARAH ROBERTS, SARAH	6.50 29.25 4.00 8.00		94.77 I 426.47 I 58.32 I 116.64 I	
				CUSTOMER	47.75	0.00	696.20	
				CATEGORY	47.75	0.00	 696.20	

			YSIDE CITYWIDE				PAGE 1 -	228
SALES JRN	L # 0280	LOC 001	SUNNYSIDE CITYWIDE	REGNY NY SALES REGISTER			VCP CHOICE LHCS	
				SALES REGISTER			BILL WEEK ENDIN	G 5/11/12
INVOICE#	DATE	CUST NO	CUSTOMER NAME	REFERENCE	HOURS	TAX AMT	AMOUNT TY	P SURPLUS
194103	5/04/12	000008	VISITING NURSE SERVICE	ROBINSON, MARGA	21.00		306.18 I	
194104	5/04/12	800000	VISITING NURSE SERVICE	ROBINSON, MARGA	20.00		291.60 I	
				CUSTOMER	41.00	0.00	597.78	
				CATEGORY	41.00	0.00	597.78	

RUN DATE	05/09/12 -	- SUP SUNN	YSIDE CITYWIDE				PAGE 1	- 22	29
SALES JRN	rL # 0280	LOC 001	SUNNYSIDE CITYWIDE	REG NY NY			LTC NURSING	HOMEW/	,
			5	SALES REGISTER			BILL WEEK EN	DING	5/11/12
INVOICE#	DATE	CUST NO	CUSTOMER NAME	REFERENCE	HOURS	TAX AMT	AMOUNT	TYP	SURPLUS
194105	5/04/12	000008	VISITING NURSE SERVICE	ROCCISANO, LOUI	16.00		233.28	I	
194106	5/04/12	800000	VISITING NURSE SERVICE	ROCCISANO, LOUI	32.00		466.56	I	
				CUSTOMER	48.00	0.00	699.84		
				CATEGORY	48.00	0.00	699.84		

RUN DATE	05/09/12 -	- SUP SUNN	YSIDE CITYWIDE				PAGE 1 - 230	0
SALES JRN	L # 0280	LOC 001	SUNNYSIDE CITYWIDE	REG NY NY			VCP CHOICE LHCSA	
			S	SALES REGISTER			BILL WEEK ENDING	5/11/12
INVOICE#	DATE	CUST NO	CUSTOMER NAME	REFERENCE	HOURS	TAX AMT	AMOUNT TYP	SURPLUS
194107	5/04/12	000008	VISITING NURSE SERVICE	RODRIGUEZ, IRMA	18.00		262.44 I	
194108	5/04/12	800000	VISITING NURSE SERVICE	RODRIGUEZ, IRMA	24.00		349.92 I	
				CUSTOMER	42.00	0.00	612.36	
				CATEGORY	42.00	0.00	612.36	

RUN DATE SALES JRN		- SUP SUNN LOC 001	YSIDE CITYWIDE SUNNYSIDE CITYWIDE	REG NY NY			PAGE 1 CCL CONGREGA	- 23	
SALES UKN	11 # 0260	LOC 001		SALES REGISTER			BILL WEEK EN		5/11/12
INVOICE#	DATE	CUST NO	CUSTOMER NAME	REFERENCE	HOURS	TAX AMT	AMOUNT	TYP	SURPLUS
194109 194110	5/04/12 5/04/12	000008 000008	VISITING NURSE SERVICE VISITING NURSE SERVICE		36.00 48.00		524.88 699.84	I	
				CUSTOMER	84.00	0.00	1,224.72		
				CATEGORY	84.00	0.00	1,224.72		

RUN DATE	05/09/12 -	- SUP SUNN	YSIDE CITYWIDE				PAGE 1 - 2	232
SALES JRN	L # 0280	LOC 001	SUNNYSIDE CITYWIDE	REG NY NY			LTC NURSING HOME	N/O WALLS (LT
				SALES REGISTER			BILL WEEK ENDING	5/11/12
INVOICE#	DATE	CUST NO	CUSTOMER NAME	REFERENCE	HOURS	TAX AMT	AMOUNT TYP	SURPLUS
194111	4/20/12	000008	VISITING NURSE SERVICE	RODRIGUEZ, OLGA	5.00		72.90 I	
194112	5/04/12	800000	VISITING NURSE SERVICE	RODRIGUEZ, OLGA	5.00		72.90 I	
194113	5/04/12	800000	VISITING NURSE SERVICE	RODRIGUEZ, OLGA	20.00		291.60 I	
				CUSTOMER	30.00	0.00	437.40	
				CATEGORY	30.00	0.00	437.40	

RUN DATE 05		UNNYSIDE CITYWIDE 01 SUNNYSIDE CITYWIDE	REG NY NY			PAGE 1 - 23 ADU ADULT	33
SALES UKINI	# 0280 LOC 00		SALES REGISTER			BILL WEEK ENDING	5/11/12
INVOICE#	DATE CUST N	NO CUSTOMER NAME	REFERENCE	HOURS	TAX AMT	AMOUNT TYP	SURPLUS
	5/04/12 000008 5/04/12 000008			14.00 21.00		204.12 I 306.18 I	
			CUSTOMER	35.00	0.00	510.30	
			CATEGORY	35.00	0.00	510.30	

RUN DATE	05/09/12	- SUP SUNN	YSIDE CITYWIDE				PAGE 1 -	234
SALES JRI	NL # 0280	LOC 001		REG NY NY			VCP CHOICE LHCS	
			:	SALES REGISTER			BILL WEEK ENDING	5/11/12
INVOICE#	DATE	CUST NO	CUSTOMER NAME	REFERENCE	HOURS	TAX AMT	AMOUNT TYPE	SURPLUS
194116	5/04/12	800000	VISITING NURSE SERVICE	RODRIGUEZ, PORF	7.00		102.06 I	
				CATEGORY	7.00	0.00	102.06	

RUN DATE 05/09/12 SALES JRNL # 0280		SUNNYSIDE CITYWIDE	REG NY NY SALES REGISTER			PAGE 1 - 235 LTC NURSING HOMEW/O WALLS (LT BILL WEEK ENDING 5/11/12	
INVOICE# DATE	CUST NO	CUSTOMER NAME	REFERENCE	HOURS	TAX AMT	AMOUNT TYP SURPLUS	
194117 5/04/12 194118 5/04/12	000008 000008	VISITING NURSE SERVICE VISITING NURSE SERVICE	, ~	16.00 24.00		233.28 I 349.92 I	
			CUSTOMER	40.00	0.00	583.20	
			CATEGORY	40.00	0.00	583.20	

RUN DATE (YSIDE CITYWIDE SUNNYSIDE CITYWIDE	REG NY NY			PAGE 1 - 236 ADU ADULT	
511225 01412	- 11 0200	200 001		SALES REGISTER			BILL WEEK ENDING 5/11/12	
INVOICE#	DATE	CUST NO	CUSTOMER NAME	REFERENCE	HOURS	TAX AMT	AMOUNT TYP SURPLUS	
	4/20/12 5/04/12	000008 000008	VISITING NURSE SERVICE VISITING NURSE SERVICE	,	8.00 24.00		116.64 I 349.92 I	
	5/04/12	000008	VISITING NURSE SERVICE VISITING NURSE SERVICE	,	32.00		466.56 I	
				CUSTOMER	64.00	0.00	933.12	
				CATEGORY	64.00	0.00	933.12	

RUN DATE	05/09/12 -	- SUP SUNN	YSIDE CITYWIDE				PAGE 1 - 237	7
SALES JRN	L # 0280	LOC 001	SUNNYSIDE CITYWIDE	REG NY NY			LTC NURSING HOMEW/C	WALLS (LT
			\$	SALES REGISTER			BILL WEEK ENDING	5/11/12
INVOICE#	DATE	CUST NO	CUSTOMER NAME	REFERENCE	HOURS	TAX AMT	AMOUNT TYP	SURPLUS
194122	4/27/12	000008	VISITING NURSE SERVICE	ROLON, JUANITA	8.00		116.64 I	
194123	5/04/12	800000	VISITING NURSE SERVICE	ROLON, JUANITA	16.00		233.28 I	
194124	5/04/12	800000	VISITING NURSE SERVICE	ROLON, JUANITA	28.75		419.18 I	
				CUSTOMER	52.75	0.00	769.10	
				CATEGORY	52.75	0.00	769.10	

	05/09/12 - JL # 0280		YSIDE CITYWIDE SUNNYSIDE CITYWIDE	REG NY NY			PAGE 1 - 2 ADU ADULT	238
	"			SALES REGISTER			BILL WEEK ENDING	5/11/12
INVOICE#	DATE	CUST NO	CUSTOMER NAME	REFERENCE	HOURS	TAX AMT	AMOUNT TYP	SURPLUS
194125	5/04/12	800000	VISITING NURSE SERVICE	ROMERO, HERNAN	1.00		14.58 I	
				CATEGORY	1.00	0.00	14.58	

			YSIDE CITYWIDE	DEC NV NV			-	239
SALES JRN	L # UZ8U	LOC 001	SUNNYSIDE CITYWIDE	REG NY NY S A L E S R E G I S T E R			VCP CHOICE LHCSZ BILL WEEK ENDING	
INVOICE#	DATE	CUST NO	CUSTOMER NAME	REFERENCE	HOURS	TAX AMT	AMOUNT TY	P SURPLUS
194126	5/04/12	000008	VISITING NURSE SERVICE	ROMERO, SANTHY	24.00		349.92 I	
194127	5/04/12	800000	VISITING NURSE SERVICE	ROMERO, SANTHY	32.00		466.56 I	
				CUSTOMER	56.00	0.00	816.48	
				COSTOMER	30.00	0.00	010.40	
				CATEGORY	56.00	0.00	816.48	

RUN DATE	05/09/12 -	- SUP SUNN	YSIDE CITYWIDE				PAGE 1	- 24	10
SALES JRN	L # 0280	LOC 001	SUNNYSIDE CITYWIDE	REG NY NY			LTC NURSING H	HOMEW/	O WALLS (LT
			S	ALES REGISTER			BILL WEEK END	DING	5/11/12
INVOICE#	DATE	CUST NO	CUSTOMER NAME	REFERENCE	HOURS	TAX AMT	AMOUNT	TYP	SURPLUS
194128	5/04/12	000008	VISITING NURSE SERVICE	ROMO, FLOR	24.00		349.92	I	
194129	5/04/12	800000	VISITING NURSE SERVICE	ROMO, FLOR	32.00		466.56	I	
194130	5/04/12	800000	VISITING NURSE SERVICE	ROSA, ANA	8.00		116.64	I	
194131	5/04/12	800000	VISITING NURSE SERVICE	ROSA, ANA	24.00		349.92	I	
				CUSTOMER	88.00	0.00	1,283.04		
				CATEGORY	88.00	0.00	1,283.04		

RUN DATE 05/09/12 - SALES JRNL # 0280	SUP SUNNYSIDE CITYWIDE LOC 001 SUNNYSIDE CITYWIDE	REG NY NY SALES REGISTER		i	PAGE 1 - 241 ADU ADULT BILL WEEK ENDING	5/11/12
INVOICE# DATE	CUST NO CUSTOMER NAME	REFERENCE	HOURS	TAX AMT	AMOUNT TYP	SURPLUS
194132 5/04/12 194133 5/04/12	000008 VISITING NURSE SERVICE 000008 VISITING NURSE SERVICE	, -	24.00 32.00		349.92 I 466.56 I	
		CUSTOMER	56.00	0.00	816.48	
		CATEGORY	56.00	0.00	816.48	

RUN DATE 0		SUP SUNN LOC 001	YSIDE CITYWIDE SUNNYSIDE CITYWIDE	REG NY NY			PAGE 1 - VCP CHOICE LHC	242
SALES URNE	1 # 0200	TOC 001		ALES REGISTER			BILL WEEK ENDI	
INVOICE#	DATE	CUST NO	CUSTOMER NAME	REFERENCE	HOURS	TAX AMT	AMOUNT T	YP SURPLUS
194134	5/04/12	800000	VISITING NURSE SERVICE	ROSA, MANOLO	4.00		58.32	I
194135	5/04/12	800000	VISITING NURSE SERVICE	ROSA, MANOLO	12.00		174.96	I
194136	5/04/12	800000	VISITING NURSE SERVICE	ROSARIO, ELSA	12.00		174.96	I
194137	5/04/12	800000	VISITING NURSE SERVICE	ROSARIO, ELSA	24.00		349.92	I
194138	5/04/12	800000	VISITING NURSE SERVICE	ROSARIO, MARIA	5.00		72.90	I
194139	5/04/12	800000	VISITING NURSE SERVICE	ROSARIO, MARIA	15.00		218.70	I
				CUSTOMER	72.00	0.00	1,049.76	
				CATEGORY	72.00	0.00	1,049.76	

RUN DATE SALES JRN		- SUP SUNN	YSIDE CITYWIDE SUNNYSIDE CITYWIDE	REG NY NY			PAGE 1 - 2 ADU ADULT	243
SALES UKN	H 0200	LOC 001		ALES REGISTER			BILL WEEK ENDING	5/11/12
INVOICE#	DATE	CUST NO	CUSTOMER NAME	REFERENCE	HOURS	TAX AMT	AMOUNT TYP	SURPLUS
194140	5/04/12	000008	VISITING NURSE SERVICE	ROSARIOBREU, EM	5.00		72.90 I	
194141	5/04/12	800000	VISITING NURSE SERVICE	ROSARIOBREU, EM	20.00		291.60 I	
194142	5/04/12	800000	VISITING NURSE SERVICE	RUBIN, EVGENY	4.00		58.32 I	
194143	5/04/12	800000	VISITING NURSE SERVICE	RUBIN, EVGENY	13.50		196.84 I	
194144	5/04/12	800000	VISITING NURSE SERVICE	RUECKHER, PATRI	3.00		43.74 I	
194145	5/04/12	800000	VISITING NURSE SERVICE	RUECKHER, PATRI	12.00		174.96 I	
				CUSTOMER	57.50	0.00	838.36	
				CATEGORY	57.50	0.00	838.36	

RUN DATE 0)5/09/12 -	SUP SUNN	YSIDE CITYWIDE				PAGE 1 -	244
SALES JRNL	4 0280	LOC 001	SUNNYSIDE CITYWIDE	REG NY NY			VCP CHOICE LHCS	
			i	SALES REGISTER			BILL WEEK ENDIN	NG 5/11/12
INVOICE#	DATE	CUST NO	CUSTOMER NAME	REFERENCE	HOURS	TAX AMT	AMOUNT TY	P SURPLUS
194146	5/04/12	000008	VISITING NURSE SERVICE	RUEDA, INES	19.00		277.02	Ι
194147	5/04/12	800000	VISITING NURSE SERVICE	RUEDA, INES	28.00		408.24	[
				CUSTOMER	47.00	0.00	685.26	
				GAMPIGODY.				
				CATEGORY	47.00	0.00	685.26	

RUN DATE 05/09/12 SALES JRNL # 0280		SUNNYSIDE CITYWIDE	REGNY NY SALES REGISTER				- 245 OMEW/O WALLS (LT ING 5/11/12
INVOICE# DATE	CUST NO	CUSTOMER NAME	REFERENCE	HOURS	TAX AMT	AMOUNT 7	TYP SURPLUS
194148 5/04/12 194149 5/04/12	000008 000008	VISITING NURSE SERVICE VISITING NURSE SERVICE	- ,	6.00 24.00		87.48 349.92	I I
			CUSTOMER	30.00	0.00	437.40	
			CATEGORY	30.00	0.00	437.40	

RUN DATE	05/09/12 -	- SUP SUNN	YSIDE CITYWIDE				PAGE 1	- 24	6
SALES JRN	rL # 0280	LOC 001	SUNNYSIDE CITYWIDE	REG NY NY			ADU ADULT		
			S	ALES REGISTER			BILL WEEK EN	DING	5/11/12
INVOICE#	DATE	CUST NO	CUSTOMER NAME	REFERENCE	HOURS	TAX AMT	AMOUNT	TYP	SURPLUS
194150	5/04/12	000008	VISITING NURSE SERVICE	RUSSO, MONICA	30.00		437.40	I	
194151	5/04/12	800000	VISITING NURSE SERVICE	RUSSO, MONICA	40.00		583.20	I	
				CUSTOMER	70.00	0.00	1,020.60		
				CATEGORY	70.00	0.00	1,020.60		

RUN DATE SALES JRN		- SUP SUNN LOC 001	YSIDE CITYWIDE SUNNYSIDE CITYWIDE	REG NY NY SALES REGISTER			PAGE 1 - 247 LTC NURSING HOMEW/O WALLS (LT BILL WEEK ENDING 5/11/12
INVOICE#	DATE	CUST NO	CUSTOMER NAME	REFERENCE	HOURS	TAX AMT	AMOUNT TYP SURPLUS
194152 194153	5/04/12 5/04/12	800000 800000	VISITING NURSE SERVICE VISITING NURSE SERVICE		8.00 19.50		116.64 I 284.31 I
				CUSTOMER	27.50	0.00	400.95
				CATEGORY	27.50	0.00	400.95

RUN DATE	05/09/12 -	- SUP SUNN	YSIDE CITYWIDE				PAGE 1 -	- 248
SALES JRN	L # 0280	LOC 001	SUNNYSIDE CITYWIDE	REG NY NY			VCP CHOICE LHO	CSA
			5	SALES REGISTER			BILL WEEK END	ING 5/11/12
INVOICE#	DATE	CUST NO	CUSTOMER NAME	REFERENCE	HOURS	TAX AMT	AMOUNT 7	TYP SURPLUS
194154	5/04/12	000008	VISITING NURSE SERVICE	SAK, FIRDEVS	5.00		72.90	I
194155	5/04/12	800000	VISITING NURSE SERVICE	SAK, FIRDEVS	10.00		145.80	I
194156	5/04/12	800000	VISITING NURSE SERVICE	SALADIN, MARIA	33.00		481.14	I
194157	5/04/12	800000	VISITING NURSE SERVICE	SALADIN, MARIA	44.00		641.52	I
							1 241 26	
				CUSTOMER	92.00	0.00	1,341.36	
				CATEGORY	92.00	0.00	1,341.36	

			YSIDE CITYWIDE					- 24	
SALES JRN	IL # 0280	LOC 001	SUNNYSIDE CITYWIDE	REGNY NY SALES REGISTER			LTC NURSING		•
				SALES REGISTER			BILL WEEK EN	DING	5/11/12
INVOICE#	DATE	CUST NO	CUSTOMER NAME	REFERENCE	HOURS	TAX AMT	AMOUNT	TYP	SURPLUS
194158	5/04/12	000008	VISITING NURSE SERVICE	SALVATIERRA, TE	12.00		174.96	I	
194159	5/04/12	800000	VISITING NURSE SERVICE	SALVATIERRA, TE	24.00		349.92	I	
				CUSTOMER	36.00	0.00	524.88		
				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	- 25	50
DALLS OWN	H 0200	100 001		ALES REGISTER	1		BILL WEEK END		5/11/12
INVOICE#	DATE	CUST NO	CUSTOMER NAME	REFERENCE	HOURS	TAX AMT	AMOUNT	TYP	SURPLUS
194160	4/13/12	000008	VISITING NURSE SERVICE	SAMPOGNA, LUCY	1.00		14.58	I	
194161	4/27/12	800000	VISITING NURSE SERVICE	SAMPOGNA, LUCY	4.00		58.32	I	
194162	5/04/12	800000	VISITING NURSE SERVICE	SAMPOGNA, LUCY	4.00		58.32	I	
194163	5/04/12	800000	VISITING NURSE SERVICE	SAMPOGNA, LUCY	16.00		233.28	I	
194164	5/04/12	800000	VISITING NURSE SERVICE	SANCHEZ, LIDIA	21.00		306.18	I	
194165	5/04/12	800000	VISITING NURSE SERVICE	SANCHEZ, LIDIA	21.00		306.18	I	
				CUSTOMER	67.00	0.00	976.86		
				 CATEGORY	67.00	0.00	976.86		

RUN DATE SALES JRN		- SUP SUNN LOC 001	YSIDE CITYWIDE SUNNYSIDE CITYWIDE	REGNY NY SALES REGISTER			PAGE 1 - 25 CCL CONGREGATE CAR BILL WEEK ENDING	
INVOICE#	DATE	CUST NO	CUSTOMER NAME	REFERENCE	HOURS	TAX AMT	AMOUNT TYP	SURPLUS
194166 194167	5/04/12 5/04/12	800000 800000	VISITING NURSE SERVICE VISITING NURSE SERVICE		6.00 24.00		87.48 I 349.92 I	
				CUSTOMER	30.00	0.00	437.40	
				CATEGORY	30.00	0.00	437.40	

			YSIDE CITYWIDE				PAGE 1 -	252
SALES JRN	L # 0280	LOC 001	SUNNYSIDE CITYWIDE	REG NY NY			VCP CHOICE LHC	
			:	SALES REGISTER			BILL WEEK ENDI	ING 5/11/12
INVOICE#	DATE	CUST NO	CUSTOMER NAME	REFERENCE	HOURS	TAX AMT	AMOUNT I	YP SURPLUS
194168	5/04/12	000008	VISITING NURSE SERVICE	SANCHEZ, NILSA	12.00		174.96	I
194169	5/04/12	800000	VISITING NURSE SERVICE	SANCHEZ, NILSA	16.00		233.28	I
				CUSTOMER	28.00	0.00	408.24	
				CATEGORY	28.00	0.00	408.24	

RUN DATE SALES JRN		PAGE 1 - 253 ADU ADULT						
SALES UKN	H 0200	LOC 001	SUNNYSIDE CITYWIDE S	REGNY NY ALES REGISTER			BILL WEEK ENDING	5/11/12
INVOICE#	DATE	CUST NO	CUSTOMER NAME	REFERENCE	HOURS	TAX AMT	AMOUNT TYP	SURPLUS
194170	5/04/12	000008	VISITING NURSE SERVICE	SCALA, CATHERIN	3.00		43.74 I	
194171	5/04/12	000008	VISITING NURSE SERVICE	SCALA, CATHERIN	6.00		87.48 I	
194172	5/04/12	800000	VISITING NURSE SERVICE	SCHMIDT, FREDER	1.25		18.23 I	
194173	5/04/12	800000	VISITING NURSE SERVICE	SCHMIDT, FREDER	4.00		58.32 I	
194174	5/04/12	800000	VISITING NURSE SERVICE	SCHNEIER, CATHE	3.00		43.74 I	
194175	5/04/12	800000	VISITING NURSE SERVICE	SCHNEIER, CATHE	6.00		87.48 I	
				CUSTOMER	23.25	0.00	338.99	
				CATEGORY	23.25	0.00	338.99	

RUN DATE 05/09/12 - SUP SUNNYSIDE CITYWIDE							PAGE 1 - 254			
SALES JRN	L # 0280	LOC 001	SUNNYSIDE CITYWIDE	REG NY NY			VCP CHOICE LE		F /11 /10	
			8 .	ALES REGISTER			BILL WEEK ENI	JING	5/11/12	
INVOICE#	DATE	CUST NO	CUSTOMER NAME	REFERENCE	HOURS	TAX AMT	AMOUNT	TYP	SURPLUS	
194176	5/04/12	000008	VISITING NURSE SERVICE	SCOTT, CATHERIN	24.00		349.92	I		
194177	5/04/12	800000	VISITING NURSE SERVICE	SCOTT, CATHERIN	32.00		466.56	I		
194178	5/04/12	800000	VISITING NURSE SERVICE	SEGOVIA, BEATRI	18.00		262.44	I		
194179	5/04/12	000008	VISITING NURSE SERVICE	SEGOVIA, BEATRI	18.00		262.44	I		
194180	4/27/12	000008	VISITING NURSE SERVICE	SERAFIN, WALTER	8.00		116.64	I		
194181	5/04/12	000008	VISITING NURSE SERVICE	SERAFIN, WALTER	23.75		346.28	I		
194182	5/04/12	000008	VISITING NURSE SERVICE	SERAFIN, WALTER	30.75		448.34	I		
194183	5/04/12	800000	VISITING NURSE SERVICE	SERRANO, AGUEDA	24.00		349.92	I		
194184	5/04/12	800000	VISITING NURSE SERVICE	SERRANO, AGUEDA	32.00		466.56	I		
194185	5/04/12	800000	VISITING NURSE SERVICE	SHANNON, ELNORA	21.00		306.18	I		
194186	5/04/12	800000	VISITING NURSE SERVICE	SHANNON, ELNORA	21.00		306.18	I		
				CUSTOMER	252.50	0.00	3,681.46			
				CATEGORY	252.50	0.00	3,681.46			

RUN DATE 05/09/12 - SUP SUNNYSIDE CITYWIDE SALES JRNL # 0280 LOC 001 SUNNYSIDE CITYWIDE				REG NY NY			PAGE 1 - 25 ADU ADULT	55
BALLO GIAVE	π 0200	100 001		SALES REGISTER			BILL WEEK ENDING	5/11/12
INVOICE#	DATE	CUST NO	CUSTOMER NAME	REFERENCE	HOURS	TAX AMT	AMOUNT TYP	SURPLUS
	- , - ,	800000 800000	VISITING NURSE SERVICE VISITING NURSE SERVICE	,	6.00 24.00		87.48 I 349.92 I	
				CUSTOMER	30.00	0.00	437.40	
				CATEGORY	30.00	0.00	437.40	

	: 05/09/12 - SUP SUNNYSIDE CITYWIDE NL # 0280 LOC 001 SUNNYSIDE CITYWIDE			REG NY NY			PAGE 1 VCP CHOICE LE	- 25 HCSA	
				SALES REGISTER			BILL WEEK ENI	DING	5/11/12
INVOICE#	DATE	CUST NO	CUSTOMER NAME	REFERENCE	HOURS	TAX AMT	AMOUNT	TYP	SURPLUS
194189	5/04/12	800000	VISITING NURSE SERVICE	, -	5.00		72.90	I	
194190	5/04/12	000008	VISITING NURSE SERVICE	SIFFETI, ROHAFZ	5.00		72.90		
				CUSTOMER	10.00	0.00	145.80		
				CATEGORY	10.00	0.00	145.80		

RUN DATE SALES JRN		SUP SUNN LOC 001		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 7	TYP SURPLUS
194191 194192	5/04/12 5/04/12	000008 000008	VISITING NURSE SERVICE VISITING NURSE SERVICE	•	18.00 24.00		262.44 349.92	I
				CUSTOMER	42.00	0.00	612.36	
				CATEGORY	42.00	0.00	612.36	

RUN DATE 05 SALES JRNL	# 0280 LOC 001	SUNNYSIDE CITYWIDE	REGNY NY SALES REGISTER			PAGE 1 - VCP CHOICE LHC BILL WEEK ENDI	SA
INVOICE#	DATE CUST NO	CUSTOMER NAME	REFERENCE	HOURS	TAX AMT	AMOUNT T	YP SURPLUS
	000008 000008	VISITING NURSE SERVICE VISITING NURSE SERVICE	SINGH, BADREE SINGH, BADREE	6.00 24.00		87.48 349.92	I I
			CUSTOMER	30.00	0.00	437.40	
			CATEGORY	30.00	0.00	437.40	

RUN DATE SALES JRN			YSIDE CITYWIDE SUNNYSIDE CITYWIDE S	REG NY NY SALES REGISTER			PAGE 1 - 2 AUR ADULT REHAB C BILL WEEK ENDING	
INVOICE#	DATE	CUST NO	CUSTOMER NAME	REFERENCE	HOURS	TAX AMT	AMOUNT TYP	SURPLUS
194195 194196	5/04/12 5/04/12	800000 800000	VISITING NURSE SERVICE VISITING NURSE SERVICE	SINGH, JAMOONIE SINGH, JAMOONIE	3.00 12.00		43.74 I 174.96 I	
				CUSTOMER	15.00	0.00	218.70	
				CATEGORY	15.00	0.00		

			YSIDE CITYWIDE	DDG 1997			PAGE 1 - 260	
SALES JRNL # 0280 LOC 001 SUNNYSII				E REGNY NY SALES REGISTER			LTC NURSING HOMEW/O WALLS (LT BILL WEEK ENDING 5/11/12	
INVOICE#	DATE	CUST NO	CUSTOMER NAME	REFERENCE	HOURS	TAX AMT	AMOUNT TYP SURPLUS	
194197	5/04/12	800000	VISITING NURSE SERVICE	SOLDATI, RONDA	10.00		145.80 I	
				CATEGORY	10.00	0.00	145.80	

RUN DATE 05/09/12 - SUP SUNNYSIDE CITYWIDE							PAGE 1	- 26	51	
SALES JRN	L # 0280	LOC 001	SUNNYSIDE CITYWIDE	REG NY NY			CCL CONGREGATE CARE PROGRAM			
				SALES REGISTER			BILL WEEK EN	DING	5/11/12	
INVOICE#	DATE	CUST NO	CUSTOMER NAME	REFERENCE	HOURS	TAX AMT	AMOUNT	TYP	SURPLUS	
194198	5/04/12	000008	VISITING NURSE SERVICE	SOPCHEK, SAMUEL	4.00		58.32	I		
194199	5/04/12	000008	VISITING NURSE SERVICE	SOPCHEK, SAMUEL	8.00		116.64	I		
					10.00		154.06			
				CUSTOMER	12.00	0.00	174.96			
				CATEGORY	12.00	0.00	174.96			

RUN DATE 05/09/12 - SUP SUNNYSIDE CITYWIDE SALES JRNL # 0280 LOC 001 SUNNYSIDE CITYWIDE			REG NY NY SALES REGISTE	R		PAGE 1 - 262 LTC NURSING HOMEW/C BILL WEEK ENDING		
INVOICE#	DATE	CUST NO	CUSTOMER NAME	REFERENCE	HOURS	TAX AMT	AMOUNT TYP	SURPLUS
194200 194201	5/04/12 5/04/12	800000 800000	VISITING NURSE SERVICE VISITING NURSE SERVICE	,	6.00 24.00		87.48 I 349.92 I	
				CUSTOMER	30.00	0.00	437.40	
				 CATEGORY	30.00	0.00	437.40	

RUN DATE 05/09/12 - SUP SUNNYSIDE CITYWIDE							-	63
SALES JRN	L # 0280	LOC 001	SUNNYSIDE CITYWIDE	REG NY NY			VCP CHOICE LHCSA	E (11 (10
				SALES REGISTER			BILL WEEK ENDING	5/11/12
INVOICE#	DATE	CUST NO	CUSTOMER NAME	REFERENCE	HOURS	TAX AMT	AMOUNT TYP	SURPLUS
194202	5/04/12	000008	VISITING NURSE SERVICE	SOTO, MARCELINA	4.00		58.32 I	
194203	5/04/12	800000	VISITING NURSE SERVICE	SOTO, MARCELINA	8.00		116.64 I	
				CUSTOMER	12.00	0.00	174.96	
				CATEGORY	12.00	0.00	174.96	

			YSIDE CITYWIDE					-	- 26	54	
SALES JRN	L # 0280	LOC 001	SUNNYSIDE CITYWIDE		NY EGISTER			ADU ADULT BILL WEEK EN	DING	5/11/12	
	D3.777	G11GE 110	anamanan wasa		ID DILGE					arra ar rea	
INVOICE#	DATE	CUST NO	CUSTOMER NAME	REFE	RENCE	HOURS	TAX AMT	AMOUNT	TYP	SURPLUS	
194204	5/04/12	800000	VISITING NURSE SERVICE	STAMA	TIADES, ME	9.00		131.22	I		
					CATEGORY	9.00	0.00	131.22			

			YSIDE CITYWIDE					- 26	5
SALES JRN	L # 0280	LOC 001	SUNNYSIDE CITYWIDE	REG NY NY			VCP CHOICE LE		E /11 /10
			i	SALES REGISTER			BILL WEEK ENI	DING	5/11/12
INVOICE#	DATE	CUST NO	CUSTOMER NAME	REFERENCE	HOURS	TAX AMT	TRUOMA	TYP	SURPLUS
194205	5/04/12	000008	VISITING NURSE SERVICE	STAMBOULIDIS, V	23.00		335.34	I	
194206	5/04/12	800000	VISITING NURSE SERVICE	STAMBOULIDIS, V	32.00		466.56	I	
				CUSTOMER	55.00	0.00	801.90		

				CATEGORY	55.00	0.00	801.90		
				CALEGORY	55.00	0.00	801.90		

RUN DATE SALES JRN		- SUP SUNN LOC 001	YSIDE CITYWIDE SUNNYSIDE CITYWIDE S	REGNY NY SALES REGISTER			PAGE 1 - 2 HOA HOSPICE ADUL' BILL WEEK ENDING	Г
INVOICE#	DATE	CUST NO	CUSTOMER NAME	REFERENCE	HOURS	TAX AMT	AMOUNT TYP	SURPLUS
194207 194208	5/04/12 5/04/12	800000 800000	VISITING NURSE SERVICE VISITING NURSE SERVICE	STEIN, STEPHANI STEIN, STEPHANI	9.00 12.00		131.22 I 174.96 I	
				CUSTOMER	21.00	0.00	306.18	
				CATEGORY	21.00	0.00	306.18	

RUN DATE 0		SUP SUNN	YSIDE CITYWIDE SUNNYSIDE CITYWIDE	REG NY NY			PAGE 1 ADU ADULT	- 26	57
SALES UNIL	# UZUU	100 001		SALES REGISTER			BILL WEEK END	ING	5/11/12
INVOICE#	DATE	CUST NO	CUSTOMER NAME	REFERENCE	HOURS	TAX AMT	AMOUNT	TYP	SURPLUS
	5/04/12 5/04/12	800000 800000	VISITING NURSE SERVICE VISITING NURSE SERVICE		3.00 9.00		43.74 131.22	I	
				CUSTOMER	12.00	0.00	174.96		
				CATEGORY	12.00	0.00	174.96		

RUN DATE SALES JRN		- SUP SUNN LOC 001	YSIDE CITYWIDE SUNNYSIDE CITYWIDE	REG NY NY			PAGE 1 AUR ADULT REH	- 26	
Bribbs orde	12 0200	100 001		SALES REGISTER			BILL WEEK END		5/11/12
INVOICE#	DATE	CUST NO	CUSTOMER NAME	REFERENCE	HOURS	TAX AMT	AMOUNT	TYP	SURPLUS
194211	5/04/12	000008	VISITING NURSE SERVICE	STERGIOU, GLORI	3.00		43.74	I	
194212	5/04/12	800000	VISITING NURSE SERVICE	STERGIOU, GLORI	12.00		174.96	Т	
				CUSTOMER	15.00	0.00	218.70		
				CATEGORY	15.00	0.00	218.70		

RUN DATE SALES JRN			YSIDE CITYWIDE SUNNYSIDE CITYWIDE	REG NY NY			PAGE 1 - VCP CHOICE LHCSA	269 A
			i	SALES REGISTER			BILL WEEK ENDING	G 5/11/12
INVOICE#	DATE	CUST NO	CUSTOMER NAME	REFERENCE	HOURS	TAX AMT	AMOUNT TY	P SURPLUS
194213	5/04/12	800000	VISITING NURSE SERVICE	STICKELL, BLANC	11.50		167.67 I	
194214	5/04/12	800000	VISITING NURSE SERVICE	STICKELL, BLANC	24.00		349.92 I	
194215	5/04/12	800000	VISITING NURSE SERVICE	STROBL, ALFRED	12.00		174.96 I	
194216	5/04/12	800000	VISITING NURSE SERVICE	STROBL, ALFRED	24.00		349.92 I	
				CUSTOMER	71.50	0.00	1,042.47	
				CATEGORY	71.50	0.00	1,042.47	

RUN DATE	05/09/12 -	- SUP SUNN	YSIDE CITYWIDE				PAGE 1	- 27	0
SALES JRN	L # 0280	LOC 001		REG NY NY			LTC NURSING		•
			S	SALES REGISTE	{		BILL WEEK EN	DING	5/11/12
INVOICE#	DATE	CUST NO	CUSTOMER NAME	REFERENCE	HOURS	TAX AMT	AMOUNT	TYP	SURPLUS
194217	5/04/12	000008	VISITING NURSE SERVICE	SUAREZ, TULIA	12.00		174.96	I	
194218	5/04/12	800000	VISITING NURSE SERVICE	SUAREZ, TULIA	15.75		229.64	I	
				CUSTOMER	27.75	0.00	404.60		
				CATEGORY	27.75	0.00	404.60		

RUN DATE 0 SALES JRNL		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
194220	5/04/12 5/04/12 5/04/12	000008 000008 000008	VISITING NURSE SERVICE VISITING NURSE SERVICE VISITING NURSE SERVICE	TABOADA, DIMAS TABOADA, ELIZAB TABOADA, ELIZAB	4.00 24.00 45.75		58.32 I 349.92 I 667.05 I	
				CUSTOMER	73.75	0.00	1,075.29	
				CATEGORY	73.75	0.00	1,075.29	

			YSIDE CITYWIDE				PAGE 1 -	- 272		
SALES JRN	L # 0280	LOC 001	SUNNYSIDE CITYWIDE	REG NY NY			LTC NURSING HOMEW/O WALLS (LT			
				SALES REGISTE	R		BILL WEEK END	ING 5/11/12		
INVOICE#	DATE	CUST NO	CUSTOMER NAME	REFERENCE	HOURS	TAX AMT	AMOUNT 7	TYP SURPLUS		
194222	4/27/12	800000	VISITING NURSE SERVICE	TADDEO, LENA	16.00		233.28	I		
194223	5/04/12	800000	VISITING NURSE SERVICE	TADDEO, LENA	24.00		349.92	I		
194224	5/04/12	800000	VISITING NURSE SERVICE	TADDEO, LENA	31.50		459.27	I		
194225	5/04/12	800000	VISITING NURSE SERVICE	TAVERAS ARIAS,	4.00		58.32	I		
194226	5/04/12	800000	VISITING NURSE SERVICE	TAVERAS ARIAS,	11.75		171.32	I		
				CUSTOMER	87.25	0.00	1,272.11			
				CATEGORY	87.25	0.00	1,272.11			

			YSIDE CITYWIDE				PAGE 1	- 273
SALES JRN	L # 0280	LOC 001	SUNNYSIDE CITYWIDE	REGNY NY SALES REGISTER			ADU ADULT BILL WEEK END	ING 5/11/12
				SALES REGISIER			PILL MEEK END	ING 5/11/12
INVOICE#	DATE	CUST NO	CUSTOMER NAME	REFERENCE	HOURS	TAX AMT	AMOUNT '	TYP SURPLUS
104005	5 /0 / /1 0				4 00		50.00	_
194227	5/04/12	000008	VISITING NURSE SERVICE	TAVERAS, BERNAR	4.00		58.32	T
194228	5/04/12	800000	VISITING NURSE SERVICE	TAVERAS, BERNAR	8.00		116.64	I
194229	5/04/12	800000	VISITING NURSE SERVICE	TAWADROUS, ANWA	3.00		43.74	I
				CUSTOMER	15.00	0.00	218.70	
				CATEGORY	15.00	0.00	218.70	

RUN DATE 05/ SALES JRNL #	09/12 - SUP SUNN : 0280 LOC 001	SUNNYSIDE CITYWIDE	REG NY NY SALES REGISTER			PAGE 1 - 274 VCP CHOICE LHCSA BILL WEEK ENDING 5	/11/12
INVOICE# D	PATE CUST NO	CUSTOMER NAME	REFERENCE	HOURS	TAX AMT	AMOUNT TYP S	URPLUS
194231 5/ 194232 5/	04/12 000008 04/12 000008 04/12 000008 04/12 000008	VISITING NURSE SERVICE VISITING NURSE SERVICE VISITING NURSE SERVICE VISITING NURSE SERVICE	TEJADA, BALDOME TEJADA, BALDOME TERZIAN, ASDGHI TERZIAN, ASDGHI	4.00 14.00 18.00 26.00		58.32 I 204.12 I 262.44 I 379.08 I	
			CUSTOMER	62.00	0.00	903.96	
			CATEGORY	62.00	0.00	903.96	

RUN DATE	05/09/12 -	- SUP SUNN	YSIDE CITYWIDE				PAGE 1 - 27!	5
SALES JRN	IL # 0280	LOC 001	SUNNYSIDE CITYWIDE	REG NY NY			AMH ADULT MENTAL HI	EALTH
			5	SALES REGISTER			BILL WEEK ENDING	5/11/12
INVOICE#	DATE	CUST NO	CUSTOMER NAME	REFERENCE	HOURS	TAX AMT	AMOUNT TYP	SURPLUS
194234	5/04/12	800000	VISITING NURSE SERVICE	THEN, MARIA	12.00		174.96 I	
				CATEGORY	12.00	0.00	174.96	

RUN DATE	05/09/12 -	- SUP SUNN	YSIDE CITYWIDE				PAGE 1	- 27	76
SALES JRN	L # 0280	LOC 001	SUNNYSIDE CITYWIDE	REG NY NY			VCP CHOICE L	HCSA	
			S A	ALES REGISTER			BILL WEEK EN	DING	5/11/12
INVOICE#	DATE	CUST NO	CUSTOMER NAME	REFERENCE	HOURS	TAX AMT	AMOUNT	TYP	SURPLUS
194235	5/04/12	800000	VISITING NURSE SERVICE	TINOCO, INES	21.00		306.18	I	
194236	5/04/12	000008	VISITING NURSE SERVICE	TINOCO, INES	19.50		284.31	I	
194237	5/04/12	800000	VISITING NURSE SERVICE	TORO VEGA, LUZV	12.00		174.96	I	
194238	5/04/12	000008	VISITING NURSE SERVICE	TORO VEGA, LUZV	16.00		233.28	I	
194239	5/04/12	000008	VISITING NURSE SERVICE	TORO, PURA	36.00		524.88	I	
194240	5/04/12	000008	VISITING NURSE SERVICE	TORO, PURA			699.84	I	
194241	3/02/12	000008	VISITING NURSE SERVICE	TORRES, EMELINA	8.00		116.64	I	
194242	5/04/12	000008	VISITING NURSE SERVICE	TORRES, EMELINA	8.00		116.64	Ī	
194243	5/04/12	000008	VISITING NURSE SERVICE	TORRES, EMELINA	32.00		466.56	I	
194244	5/04/12	000008	VISITING NURSE SERVICE	TORRES, LUZ M	34.00		495.72	T	
194245	5/04/12	000008	VISITING NURSE SERVICE	TORRES, LUZ M	47.75		696.20	T	
17 12 10	0,01,12	00000	VIDITING NONDE DERVIOE						
				CUSTOMER	282.25	0.00	4,115.21		
				CATEGORY	282.25	0.00	4,115.21		

RUN DATE 05/09/ SALES JRNL # 02		SUNNYSIDE CITYWIDE	REG NY NY SALES REGISTE	l R		PAGE 1 - LTC NURSING HO BILL WEEK ENDI	MEW/O WALLS (LT
INVOICE# DATE	CUST NO	CUSTOMER NAME	REFERENCE	HOURS	TAX AMT	AMOUNT T	YP SURPLUS
194246 5/04, 194247 5/04,		VISITING NURSE SERVICE VISITING NURSE SERVICE		18.00 12.00		262.44 174.96	I
			CUSTOMER	30.00	0.00	437.40	
			- CATEGORY	30.00	0.00	437.40	

RUN DATE 05/09/12 SALES JRNL # 0280	- SUP SUNN LOC 001	NYSIDE CITYWIDE SUNNYSIDE CITYWIDE	REG NY NY			PAGE 1 - 27 ADU ADULT	8
		;	SALES REGISTER			BILL WEEK ENDING	5/11/12
INVOICE# DATE	CUST NO	CUSTOMER NAME	REFERENCE	HOURS	TAX AMT	AMOUNT TYP	SURPLUS
194248 5/04/12	000008	VISITING NURSE SERVICE	•	7.00		102.06 I	
194249 5/04/12	000008	VISITING NURSE SERVICE	TOUMA, MATTA	28.00		408.24 I	
			CUSTOMER	35.00	0.00	510.30	
			CATEGORY	35.00	0.00	510.30	

RUN DATE			YSIDE CITYWIDE	DEC MY MY			PAGE 1	- 27	9
SALES JRN	L # U28U	LOC 001	SUNNYSIDE CITYWIDE S F	REGNY NY ALES REGISTER			VCP CHOICE LE		5/11/12
INVOICE#	DATE	CUST NO	CUSTOMER NAME	REFERENCE	HOURS	TAX AMT	AMOUNT	TYP	SURPLUS
194250	5/04/12	000008	VISITING NURSE SERVICE	TRUJILLO, AMPAR	4.00		58.32	т	
194251	5/04/12	000008	VISITING NURSE SERVICE	TRUJILLO, AMPAR	16.00		233.28	T	
194252	5/04/12	000008	VISITING NURSE SERVICE	TSOLISOS, FOTIN	24.00		349.92	T	
194253	5/04/12	000008	VISITING NURSE SERVICE	TSOLISOS, FOTIN	31.00		451.98	T	
194254	5/04/12	000008	VISITING NURSE SERVICE	TZOUMAS, EFFIE	27.00		393.66	Ī	
194255	5/04/12	000008	VISITING NURSE SERVICE	TZOUMAS, EFFIE	34.75		506.66	Ī	
194256	3/02/12	000008	VISITING NURSE SERVICE	UGURLUYAN, KARA	1.00		174.96	Ī	
194257	5/04/12	000008	VISITING NURSE SERVICE	UGURLUYAN, KARA	3.00		524.88	I	
194258	5/04/12	800000	VISITING NURSE SERVICE	UGURLUYAN, KARA	9.50		739.94	I	
				CUSTOMER	150.25	0.00	3,433.60		
				 CATEGORY	150.25	0.00	3,433.60		

RUN DATE 05/09 SALES JRNL # 0			REG NY NY SALES REGISTER			PAGE 1 - 280 LTC NURSING HOMEW/O WA BILL WEEK ENDING 5/3	ALLS (LT 11/12
INVOICE# DAT	E CUST NO	CUSTOMER NAME	REFERENCE	HOURS	TAX AMT	AMOUNT TYP SUI	RPLUS
194259 5/04 194260 5/04	,	VISITING NURSE SERVICE VISITING NURSE SERVICE	- ,	15.00 20.00		218.70 I 291.60 I	
			CUSTOMER	35.00	0.00	510.30	
			CATEGORY	35.00	0.00	510.30	

			YSIDE CITYWIDE SUNNYSIDE CITYWIDE	REG NY NY			PAGE 1 - AUR ADULT REHAB	ONLY
THEOTOP	DAME	CHOW NO		SALES REGISTER	HOHDG	WAY AME	BILL WEEK ENDING	-, ,
INVOICE#	DATE 5/04/12	O00008	CUSTOMER NAME VISITING NURSE SERVICE	REFERENCE VACCA, MARIA	HOURS 6.00	TAX AMT	AMOUNT TYP	SURPLUS
194201	3/04/12	000000	VISITING NORSE SERVICE	VACCA, MARIA	0.00		07.40 1	
				CATEGORY	6.00	0.00	87.48	

RUN DATE SALES JRN		- SUP SUNN LOC 001	YSIDE CITYWIDE SUNNYSIDE CITYWIDE	REG NY NY			PAGE 1 - ADU ADULT	282
SALES UKN	11 # 0200	TOC 001		SALES REGISTER			BILL WEEK ENDI	IG 5/11/12
INVOICE#	DATE	CUST NO	CUSTOMER NAME	REFERENCE	HOURS	TAX AMT	AMOUNT TY	P SURPLUS
194262 194263	5/04/12 5/04/12	000008 000008	VISITING NURSE SERVICE VISITING NURSE SERVICE		3.00 10.00		43.74 145.80	- - - -
				CUSTOMER	13.00	0.00	189.54	
				CATEGORY	13.00	0.00	189.54	

RUN DATE SALES JRN		- SUP SUNN LOC 001	YSIDE CITYWIDE SUNNYSIDE CITYWIDE	REG NY NY			PAGE 1 CCL CONGREGA	- 28 TE CAF	
				SALES REGISTER			BILL WEEK EN	DING	5/11/12
INVOICE#	DATE	CUST NO	CUSTOMER NAME	REFERENCE	HOURS	TAX AMT	AMOUNT	TYP	SURPLUS
194264 194265	5/04/12 5/04/12	000008 000008	VISITING NURSE SERVICE VISITING NURSE SERVICE	•	2.00		29.16 87.48	I	
194205	5/04/12	000008	VISITING NURSE SERVICE	VALENTI, HELEN			87.48		
				CUSTOMER	8.00	0.00	116.64		
				CATEGORY	8.00	0.00	116.64		

RUN DATE SALES JRN		- SUP SUNN LOC 001	YSIDE CITYWIDE SUNNYSIDE CITYWIDE	REG NY NY SALES REGISTEI	2		PAGE 1 LTC NURSING : BILL WEEK EN	,	
INVOICE#	DATE	CUST NO	CUSTOMER NAME	REFERENCE	HOURS	TAX AMT	AMOUNT	TYP	SURPLUS
194266 194267	5/04/12 5/04/12	000008	VISITING NURSE SERVICE VISITING NURSE SERVICE	VAROL, ELMAS VAROL, ELMAS	2.00		29.16 54.68	I I	
194268 194269	5/04/12 5/04/12	800000	VISITING NURSE SERVICE VISITING NURSE SERVICE	VAROL, MUSTAFA VAROL, MUSTAFA 	2.00 2.75		29.16 40.10	I 	
				CUSTOMER	10.50	0.00	153.10		
				CATEGORY	10.50	0.00	153.10		

RUN DATE SALES JRN			YSIDE CITYWIDE SUNNYSIDE CITYWIDE	REG NY NY			PAGE 1 - VCP CHOICE LHO	- 285 CSA	5
	2 0200	200 001		SALES REGISTER			BILL WEEK END		5/11/12
INVOICE#	DATE	CUST NO	CUSTOMER NAME	REFERENCE	HOURS	TAX AMT	AMOUNT :	TYP	SURPLUS
194270 194271	5/04/12	800000	VISITING NURSE SERVICE	VASQUEZ, ARTURO	21.00 28.25		306.18	I	
1942/1	5/04/12	000008	VISITING NURSE SERVICE	VASQUEZ, ARTURO			411.89	т	
				CUSTOMER	49.25	0.00	718.07		
				CATEGORY	 49.25	0.00	718.07		

RUN DATE	05/09/12	- SUP SUNN	YSIDE CITYWIDE				PAGE 1	- 28	86
SALES JRN	IL # 0280	LOC 001	SUNNYSIDE CITYWIDE	REG NY NY			LTC NURSING	HOMEW,	/O WALLS (LT
				SALES REGISTE	R		BILL WEEK EN	DING	5/11/12
INVOICE#	DATE	CUST NO	CUSTOMER NAME	REFERENCE	HOURS	TAX AMT	AMOUNT	TYP	SURPLUS
194272	5/04/12	000008	VISITING NURSE SERVI	CE VASQUEZ, EUSTAG	9.00		131.22	I	
194273	5/04/12	800000	VISITING NURSE SERVI	CE VASQUEZ, EUSTAG	20.00		291.60	I	
194274	5/04/12	800000	VISITING NURSE SERVI	CE VASQUEZ, RAPHAE	6.00		87.48	I	
194275	5/04/12	800000	VISITING NURSE SERVI	CE VASQUEZ, RAPHAE	12.00		174.96	I	
194276	5/04/12	800000	VISITING NURSE SERVI	E VAZQUEZ, ESTHER	16.00		233.28	I	
194277	5/04/12	000008	VISITING NURSE SERVI	CE VAZQUEZ, ESTHER	18.00		262.44	I	
				CUSTOMER	81.00	0.00	1,180.98		
				- CATEGORY	81.00	0.00	1,180.98		

RUN DATE SALES JRN		- SUP SUNN LOC 001	YSIDE CITYWIDE SUNNYSIDE CITYWIDE	REG NY NY			PAGE 1 - 28 VCP CHOICE LHCSA	37
			S	ALES REGISTER			BILL WEEK ENDING	5/11/12
INVOICE#	DATE	CUST NO	CUSTOMER NAME	REFERENCE	HOURS	TAX AMT	AMOUNT TYP	SURPLUS
194278 194279	5/04/12 5/04/12	800000 800000	VISITING NURSE SERVICE VISITING NURSE SERVICE	VELASQUEZ, NELL VELASQUEZ, NELL	6.00 7.75		87.48 I 113.00 I	
				CUSTOMER	13.75	0.00	200.48	
				CATEGORY	13.75	0.00	200.48	

RUN DATE 05/09/12 SALES JRNL # 0280		SUNNYSIDE CITYWIDE	REG NY NY SALES REGISTER			PAGE 1 - LTC NURSING HOI BILL WEEK ENDII	MEW/O WALLS (LT
INVOICE# DATE	CUST NO	CUSTOMER NAME	REFERENCE	HOURS	TAX AMT	AMOUNT T	YP SURPLUS
194280 5/04/12 194281 5/04/12		VISITING NURSE SERVICE VISITING NURSE SERVICE		21.25 27.00		309.83 393.66	I I
			CUSTOMER	48.25	0.00	703.49	
			CATEGORY	48.25	0.00	703.49	

RUN DATE SALES JRN		- SUP SUNN LOC 001	YSIDE CITYWIDE SUNNYSIDE CITYWIDE	REG NY NY			PAGE 1 - 2 VCP CHOICE LHCSA	89
	2 11 0200	200 001		ALES REGISTER			BILL WEEK ENDING	5/11/12
INVOICE#	DATE	CUST NO	CUSTOMER NAME	REFERENCE	HOURS	TAX AMT	AMOUNT TYP	SURPLUS
194282 194283	5/04/12 5/04/12	000008 000008	VISITING NURSE SERVICE	VERAS, JUANA VERAS, JUANA	8.00 32.00		116.64 I 466.56 I	
191203	5/01/12	000000	VIDITING NORDE BERVICE	CUSTOMER	40.00	0.00	583.20	
				COSTOMER	40.00	0.00	303.20	
				CATEGORY	40.00	0.00	583.20	

RUN DATE	05/09/12 -	SUP SUNN	YSIDE CITYWIDE				PAGE 1 - 2	90
SALES JRN	rL # 0280	LOC 001	SUNNYSIDE CITYWIDE	REG NY NY			HOA HOSPICE ADULT	•
			S	ALES REGISTER			BILL WEEK ENDING	5/11/12
INVOICE#	DATE	CUST NO	CUSTOMER NAME	REFERENCE	HOURS	TAX AMT	AMOUNT TYP	SURPLUS
194284	5/04/12	800000	VISITING NURSE SERVICE	VIGORITO, ANN	20.00		291.60 I	
				CATEGORY	20.00	0.00	291.60	

RUN DATE SALES JRN		- SUP SUNN LOC 001	YSIDE CITYWIDE SUNNYSIDE CITYWIDE	REG NY NY			PAGE 1 VCP CHOICE LI	- 29	1
Briefs ord	.1 0200	100 001		SALES REGISTER			BILL WEEK EN		5/11/12
INVOICE#	DATE	CUST NO	CUSTOMER NAME	REFERENCE	HOURS	TAX AMT	AMOUNT	TYP	SURPLUS
194285 194286	5/04/12 5/04/12	000008 000008	VISITING NURSE SERVICE VISITING NURSE SERVICE	VILLAPOL, ANNA VILLAPOL, ANNA	6.00 24.00		87.48 349.92	I I	
				CUSTOMER	30.00	0.00	437.40		
				CATEGORY	30.00	0.00	437.40		

RUN DATE	05/09/12 -	- SUP SUNN	YSIDE CITYWIDE				PAGE 1 - 29	2
SALES JRN	L # 0280	LOC 001	SUNNYSIDE CITYWIDE	REG NY NY			CCL CONGREGATE CAR	RE PROGRAM
			5	SALES REGISTER			BILL WEEK ENDING	5/11/12
INVOICE#	DATE	CUST NO	CUSTOMER NAME	REFERENCE	HOURS	TAX AMT	AMOUNT TYP	SURPLUS
194287	5/04/12	000008	VISITING NURSE SERVICE	VISCONTI, JASON	3.25		47.39 I	
				CATEGORY	3.25	0.00	47.39	

RUN DATE SALES JRN		- SUP SUNN LOC 001	YSIDE CITYWIDE SUNNYSIDE CITYWIDE		NY E G I S T E	R		PAGE 1 LTC NURSING BILL WEEK EN		
INVOICE#	DATE	CUST NO	CUSTOMER NAME	REFE	RENCE	HOURS	TAX AMT	AMOUNT	TYP	SURPLUS
194288 194289	5/04/12 5/04/12	000008 000008	VISITING NURSE SERVICE VISITING NURSE SERVICE	,	CARMEN CARMEN	6.00 16.00		87.48 233.28	I I	
					CUSTOMER	22.00	0.00	320.76		
					- CATEGORY	22.00	0.00	320.76		

RUN DATE 05/09/12 - SALES JRNL # 0280	- SUP SUNN LOC 001	SUNNYSIDE CITYWIDE	REG NY NYSALES REGISTER			PAGE 1 - VCP CHOICE LHO BILL WEEK END	CSA
INVOICE# DATE	CUST NO	CUSTOMER NAME	REFERENCE	HOURS	TAX AMT	AMOUNT :	TYP SURPLUS
194290 4/13/12 194291 4/27/12 194292 5/04/12 194293 5/04/12	000008 000008 000008 000008	VISITING NURSE SERVICE VISITING NURSE SERVICE VISITING NURSE SERVICE VISITING NURSE SERVICE	VIVACQUA, EMMA VIVACQUA, EMMA VIVACQUA, EMMA VIVACQUA, EMMA	10.00 10.00 30.00 39.50		145.80 145.80 437.40 575.92	I I I
			CUSTOMER	89.50	0.00	1,304.92	
			CATEGORY	89.50	0.00	1,304.92	

			YSIDE CITYWIDE	DEG NY NY			PAGE 1 - 29	5
SALES UR	NL # 0280	TOC 001	SUNNYSIDE CITYWIDE S	REG NY NY ALES REGISTER			ADU ADULT BILL WEEK ENDING	5/11/12
INVOICE#	DATE	CUST NO	CUSTOMER NAME	REFERENCE	HOURS	TAX AMT	AMOUNT TYP	SURPLUS
194294	5/04/12	800000	VISITING NURSE SERVICE	VLAHOS, MARIE	12.00		174.96 I	
				CATEGORY	12.00	0.00	174.96	

RUN DATE 05/ SALES JRNL #	/09/12 - SUP SUNN # 0280 LOC 001	SUNNYSIDE CITYWIDE	REG NY NY SALES REGISTER			PAGE 1 - VCP CHOICE LHCS BILL WEEK ENDIN	
INVOICE# D	DATE CUST NO	CUSTOMER NAME	REFERENCE	HOURS	TAX AMT	AMOUNT TY	, ,
194296 5/ 194297 5/	/20/12 000008 /04/12 000008 /04/12 000008 /04/12 000008	VISITING NURSE SERVICE VISITING NURSE SERVICE VISITING NURSE SERVICE VISITING NURSE SERVICE	VOLASTRO, JOHN VOLASTRO, JOHN WEINHAUS, SUSAN WEINHAUS, SUSAN	3.00 3.00 10.00 20.00		43.74 I 43.74 I 145.80 I 291.60 I	
			CUSTOMER	36.00	0.00	524.88	
			CATEGORY	36.00	0.00	524.88	

RUN DATE SALES JRN		- SUP SUNN LOC 001	YSIDE CITYWIDE SUNNYSIDE CITYWIDE	REG NY NY			PAGE 1 - 297 ADU ADULT	
DALLO OIGN	11 H 0200	100 001		SALES REGISTER				/11/12
INVOICE#	DATE	CUST NO	CUSTOMER NAME	REFERENCE	HOURS	TAX AMT	AMOUNT TYP S	URPLUS
194299 194300	5/04/12 5/04/12	800000 800000	VISITING NURSE SERVICE VISITING NURSE SERVICE	WEISBUCH, WILMA WEISBUCH, WILMA	2.00		29.16 I 29.16 I	
				CUSTOMER	4.00	0.00	58.32	
				CATEGORY	4.00	0.00	 58.32	

RUN DATE	05/09/12 -	- SUP SUNN	YSIDE CITYWIDE				PAGE 1 -	298	
SALES JRN	L # 0280	LOC 001	SUNNYSIDE CITYWIDE	REG NY NY			VCP CHOICE LHCSA		
			5	SALES REGISTER			BILL WEEK ENDING	5/11/12	
INVOICE#	DATE	CUST NO	CUSTOMER NAME	REFERENCE	HOURS	TAX AMT	AMOUNT TYP	SURPLUS	
194301	5/04/12	800000	VISITING NURSE SERVICE	YAGHDJIAN, SIRA	16.00		233.28 I		
				CATEGORY	16.00	0.00	233.28		

RUN DATE	05/09/12 -	- SUP SUNN	YSIDE CITYWIDE				PAGE 1 - 2	99
SALES JRN	L # 0280	LOC 001	SUNNYSIDE CITYWIDE	REG NY NY			CCL CONGREGATE CA	RE PROGRAM
			Ş	SALES REGISTER			BILL WEEK ENDING	5/11/12
INVOICE#	DATE	CUST NO	CUSTOMER NAME	REFERENCE	HOURS	TAX AMT	AMOUNT TYP	SURPLUS
194302	5/04/12	800000	VISITING NURSE SERVICE	YELLAPAH, DOLLI	12.00		174.96 I	
				CATEGORY	12.00	0.00	174.96	

RUN DATE			YSIDE CITYWIDE SUNNYSIDE CITYWIDE	REG NY NY			PAGE 1 - ADU ADULT	300
				LES REGISTER			BILL WEEK ENDING	5/11/12
INVOICE#	DATE	CUST NO	CUSTOMER NAME	REFERENCE	HOURS	TAX AMT	AMOUNT TYP	SURPLUS
194303	5/04/12	800000	VISITING NURSE SERVICE	ZAMBRANO, VICTO	12.00		174.96 I	
				CATEGORY	12.00	0.00	174.96	

RUN DATE 05/09/12 - SUP SUNNYSIDE CITYWIDE PAGE 1 - 301 SALES JRNL # 0280 LOC 001 SUNNYSIDE CITYWIDE REG NY NY GUI GUILDNET SALES REGISTER BILL WEEK ENDING 5/11/12 REFERENCE HOURS TAX AMT AMOUNT TYP INVOICE# DATE CUST NO CUSTOMER NAME SURPLUS 194304 139.00 I 3/30/12 000010 261.36 I 194305 5/04/12 000010 194306 5/04/12 000010 194307 5/04/12 000010 194308 5/04/12 000010 194309 5/04/12 000010 194310 4/13/12 000010 194311 5/04/12 000010 194312 5/04/12 000010 194313 5/04/12 000010 194314 5/04/12 000010 194315 5/04/12 000010 194316 5/04/12 000010 194317 5/04/12 000010 194318 5/04/12 000010 194319 5/04/12 000010 194320 5/04/12 000010 194321 5/04/12 000010 194322 5/04/12 000010 194323 5/04/12 000010 194324 5/04/12 000010 194325 5/04/12 000010 194326 5/04/12 000010 194327 5/04/12 000010 194328 5/04/12 000010 194329 5/04/12 000010 194330 5/04/12 000010 194331 5/04/12 000010 194332 5/04/12 000010 194333 5/04/12 000010 194334 5/04/12 000010 194335 5/04/12 000010 194336 5/04/12 000010 194337 5/04/12 000010 194338 5/04/12 000010 194339 5/04/12 000010 194340 5/04/12 000010 194341 5/04/12 000010 194342 5/04/12 000010 GUILDNET 194343 000010 GUILDNET 5/04/12 194344 5/04/12 000010 GUILDNET 194345 000010 GUILDNET 5/04/12 194346 000010 GUILDNET 5/04/12 194347 5/04/12 000010 194348 5/04/12 000010 I 194349 5/04/12 000010 194350 5/04/12 000010 194351 5/04/12 000010 GUILDNET 5/04/12 000010 GUILDNET 194352

RUN DATE 05/09/12 - SUP SUNNYSIDE CITYWIDE PAGE 2 - 302 SALES JRNL # 0280 LOC 001 SUNNYSIDE CITYWIDE REG NY NY GUI GUILDNET SALES REGISTER BILL WEEK ENDING 5/11/12 REFERENCE HOURS TAX AMT AMOUNT TYP SURPLUS INVOICE# DATE CUST NO CUSTOMER NAME MUSCAT, CARMEN 20.00 NETTLES, DONNA 4.00 194353 5/04/12 290.40 I 000010 GUILDNET 58.08 I 194354 5/04/12 000010 194355 290.40 5/04/12 000010 I 194356 5/04/12 000010 958.32 194357 174.24 5/04/12 000010 194358 5/04/12 000010 232.32 194359 5/04/12 000010 363.00 914.76 194360 5/04/12 000010 194361 5/04/12 000010 116.16 194362 5/04/12 000010 464.64 194363 5/04/12 000010 651.84 194364 5/04/12 000010 543.20 813.12 194365 5/04/12 000010 194366 4/20/12 000010 174.24 194367 5/04/12 000010 348.48 194368 5/04/12 000010 392.04 194369 5/04/12 000010 522.72 194370 4/13/12 000010 145.20 194371 5/04/12 000010 325.92 194372 5/04/12 000010 512.16 194373 232.32 5/04/12 000010 194374 174.24 5/04/12 000010 194375 290.40 5/04/12 000010 194376 5/04/12 000010 290.40 194377 5/04/12 000010 232.32 194378 5/04/12 000010 392.04 194379 522.72 5/04/12 000010 194380 5/04/12 232.80 000010 194381 310.40 5/04/12 000010 174.24 194382 5/04/12 000010 194383 5/04/12 000010 58.08 194384 5/04/12 000010 116.16 194385 5/04/12 885.72 000010 194386 5/04/12 217.80 000010 194387 406.56 5/04/12 000010 5/04/12 194388 000010 101.64 194389 87.12 5/04/12 000010 174.24 194390 5/04/12 000010 GUILDNET 194391 5/04/12 000010 GUILDNET 406.56 194392 000010 GUILDNET 116.16 5/04/12 194393 5/04/12 000010 GUILDNET 348.48 194394 000010 GUILDNET 5/04/12 116.16 194395 000010 GUILDNET 58.08 5/04/12 194396 5/04/12 000010 116.16 194397 4/20/12 000010 58.08 290.40 194398 5/04/12 000010 194399 5/04/12 000010 348.48 194400 5/04/12 566.16 000010 GUILDNET 5/04/12 000010 GUILDNET 754.88

194401

RUN DATE (SALES JRNI			YSIDE CITYWIDE SUNNYSIDE CITYWIDE	REG NY NY SALES REGIST	E R		PAGE 3 GUI GUILDNET BILL WEEK ENI	- 30 DING	5/11/12
INVOICE#	DATE	CUST NO	CUSTOMER NAME	REFERENCE	HOURS	TAX AMT	AMOUNT	TYP	SURPLUS
194402 194403	5/04/12 4/27/12	000010 000010	GUILDNET GUILDNET	ZARE, GLORIA ZUMAETA, FANNY	84.00 74.00		1,219.68 1,074.48	I	
				CUSTOMER	2,397.50	0.00	39,990.06		
				CATEGORY		0.00	39,990.06		

RUN DATE	05/09/12	- SUP SUNN	YSIDE CITYWIDE				PAGE 1 -	304
SALES JRN			SUNNYSIDE CITYWIDE	REG NY NY			HFS HEALTH FIRS	T
				REG NY NY SALES REGISTER	2		BILL WEEK ENDIN	rG 5/11/12
INVOICE#	DATE	CUST NO	CUSTOMER NAME	REFERENCE	HOURS	TAX AMT	AMOUNT TY	P SURPLUS
194404	5/04/12	000122	HEALTH FIRST	BEGUM, MANWARA	24.00		405.12 I	
194405	5/04/12	000122	HEALTH FIRST	BHAIRO, KOWSILI	48.00		810.24 I	
194406	5/04/12	000122	HEALTH FIRST	BOCHENEC, JOLAN	40.00		675.20 I	
194407	5/04/12	000122	HEALTH FIRST	CARMONA, LUZ	40.00		675.20 I	
194408	5/04/12	000122	HEALTH FIRST	CARRION, MARIA	48.00		810.24 I	
194409	5/04/12	000122	HEALTH FIRST	CEBALLOS, ANA	37.00		624.56 I	
194410	5/04/12	000122	HEALTH FIRST	CHARITAR, RAMKA	30.00		506.40 I	
194411	5/04/12	000122	HEALTH FIRST	CORTES DE GALIN	30.00		506.40 I	
194412	5/04/12	000122	HEALTH FIRST	DORNELLAS, STEL	24.00		405.12 I	
194413	5/04/12	000122	HEALTH FIRST	ESPAILLAT, AMPA	28.00		472.64 I	
194414	5/04/12	000122	HEALTH FIRST	ESTEVES, JOSE	42.00		708.96 I	
194415	5/04/12	000122	HEALTH FIRST	FERGERSON, TINA	28.00		472.64 I	
194416	5/04/12	000122	HEALTH FIRST	FERRERA, FRANCI	9.00		151.92 I	
194417	5/04/12	000122	HEALTH FIRST	FONTANES, PEDRO	38.00		641.44 I	•
194418	5/04/12	000122	HEALTH FIRST	FRANCISCO, RICH	56.00		945.28 I	•
194419	5/04/12	000122	HEALTH FIRST	FRIAS, BARBARA	8.00		135.04 I	•
194420	3/30/12	000122	HEALTH FIRST	HENRY, BRENDA	20.00		337.60 I	•
194421	5/04/12	000122	HEALTH FIRST	HERRING, CHARLE	12.00		202.56 I	•
194422	5/04/12	000122	HEALTH FIRST	KAUR, HARBANS	49.00		827.12 I	•
194423	5/04/12	000122	HEALTH FIRST	LARA, TOMASA	28.00		472.64 I	•
194424	5/04/12	000122	HEALTH FIRST	LAZALA, GLADYS	36.00		607.68 I	
194425	5/04/12	000122	HEALTH FIRST	LOPEZ-RAMIREZ,	72.00		1,215.36 I	
194426	4/20/12	000122	HEALTH FIRST	MACARENA, SAHAR	117.00		1,974.96 I	
194427	5/04/12	000122	HEALTH FIRST	MARTIN, ARIANA	12.00		202.56 I	
194428	5/04/12	000122	HEALTH FIRST	ORTIZ, TULA	25.00		422.00 I	
194429	5/04/12	000122	HEALTH FIRST	RIVERA, CHRISTO	21.00		354.48 I	
194430	5/04/12	000122	HEALTH FIRST	RIVERA, EDDIE	18.00		303.84 I	
194431	5/04/12	000122	HEALTH FIRST	RODRIGUEZ, MARG	20.00		337.60 I	
194432	5/04/12	000122	HEALTH FIRST	RUIZ JR, SAMUEL	13.00		219.44 I	
194433	5/04/12	000122	HEALTH FIRST	SALAZAR, LUZ MA	56.00		945.28 I	
194434	5/04/12	000122	HEALTH FIRST	SALHUANA, YOLAN	40.00		675.20 I	
194435	5/04/12	000122	HEALTH FIRST	SPIVEY, PATRICI	5.00		84.40 I	
194436	5/04/12	000122	HEALTH FIRST	ST ROMAINE, CLA	68.00		1,147.84 I	
194437	5/04/12	000122	HEALTH FIRST	SURIEL, GERTRUD	24.00		405.12 I	
194438	5/04/12	000122	HEALTH FIRST	VEGA, GLORIA	40.00		675.20 I	
194439	5/04/12	000122	HEALTH FIRST	WILLIAMS, RODNE	24.00		405.12 I	
				REG NY NY S A L E S R E G I S T E R REFERENCE BEGUM, MANWARA BHAIRO, KOWSILI BOCHENEC, JOLAN CARMONA, LUZ CARRION, MARIA CEBALLOS, ANA CHARITAR, RAMKA CORTES DE GALIN DORNELLAS, STEL ESPAILLAT, AMPA ESTEVES, JOSE FERGERSON, TINA FERRERA, FRANCI FONTANES, PEDRO FRANCISCO, RICH FRIAS, BARBARA HENRY, BRENDA HERRING, CHARLE KAUR, HARBANS LARA, TOMASA LAZALA, GLADYS LOPEZ-RAMIREZ, MACARENA, SAHAR MARTIN, ARIANA ORTIZ, TULA RIVERA, CHRISTO RIVERA, EDDIE RODRIGUEZ, MARG RUIZ JR, SAMUEL SALAZAR, LUZ MA SALHUANA, YOLAN SPIVEY, PATRICI ST ROMAINE, CLA SURIEL, GERTRUD VEGA, GLORIA WILLIAMS, RODNE CUSTOMER	1,230.00	0.00	20,762.40	
				CATEGORY	1,230.00	0.00	20,762.40	

RUN DATE	05/09/12	- SUP SUNN	YSIDE CITYWIDE SUNNYSIDE CITYWIDE REG S A L E				PAGE 1	- 30)5
SALES JRN	1L # 0280	TOG 001	SUNNYSIDE CITYWIDE REG	NY NY			NHP NEIGHBORE	HOOD I	1EALTH
			SALE	S REGISTER			BILL WEEK EN	JING	5/11/12
INVOICE#	DATE	CUST NO	CUSTOMER NAME	REFERENCE	HOURS	TAX AMT	AMOUNT	TYP	SURPLUS
194440	5/04/12	000120	NEIGHBORHOOD HEALTH PROVIDERS	AHMED, UMARA	55.75		941.06	I	
194441	5/04/12	000120	NEIGHBORHOOD HEALTH PROVIDERS	AKHTER, SELINA	45.00		759.60	I	
194442	5/04/12	000120	NEIGHBORHOOD HEALTH PROVIDERS	ARDITTO, PATRIC	30.00		506.40	I	
194443	5/04/12	000120	NEIGHBORHOOD HEALTH PROVIDERS	CHUKWUJIORAH, T	50.00		844.00	I	
194444	5/04/12	000120	NEIGHBORHOOD HEALTH PROVIDERS	DIAZ, CARMEN	20.00		337.60	I	
194445	5/04/12	000120	NEIGHBORHOOD HEALTH PROVIDERS	FERNANDEZ, MARI	12.00		202.56	I	
194446	5/04/12	000120	NEIGHBORHOOD HEALTH PROVIDERS	FLORES, MARITZA	70.00		1,181.60	I	
194447	5/04/12	000120	NEIGHBORHOOD HEALTH PROVIDERS	JONES, CYNTHIA	45.00		759.60	I	
194448	5/04/12	000120	NEIGHBORHOOD HEALTH PROVIDERS	KHALIL, RASHAN	36.00		607.68	I	
194449	5/04/12	000120	NEIGHBORHOOD HEALTH PROVIDERS	KHAN, FARUQUE	83.00		1,401.04	I	
194450	5/04/12	000120	NEIGHBORHOOD HEALTH PROVIDERS	KROLL, KATHERIN	35.00		590.80	I	
194451	5/04/12	000120	NEIGHBORHOOD HEALTH PROVIDERS	MORALES FERNAD	36.00		607.68	I	
194452	5/04/12	000120	NEIGHBORHOOD HEALTH PROVIDERS	MOSKOWITZ, RONA	30.00		506.40	I	
194453	5/04/12	000120	NEIGHBORHOOD HEALTH PROVIDERS	OCASIO, VIRGINI	22.00		371.36	I	
194454	5/04/12	000120	NEIGHBORHOOD HEALTH PROVIDERS	RODRIGUEZ, JESS	25.00		422.00	I	
194455	5/04/12	000120	NEIGHBORHOOD HEALTH PROVIDERS	RODRIGUEZ, MARI	12.00		202.56	I	
194456	5/04/12	000120	NEIGHBORHOOD HEALTH PROVIDERS	SALVATO, MARY	56.00		945.28	I	
194457	5/04/12	000120	NEIGHBORHOOD HEALTH PROVIDERS	SCOTT, MICHAEL	40.00		675.20	I	
194458	5/04/12	000120	NEIGHBORHOOD HEALTH PROVIDERS	SHEPPARD, ERMA	48.00		810.24	I	
194459	4/27/12	000120	NEIGHBORHOOD HEALTH PROVIDERS	WELLS, WYNORIA	20.00		337.60	I	
194460	5/04/12	000120	NEIGHBORHOOD HEALTH PROVIDERS	WILSON, SHERYL	14.00		236.32	I	
194461	5/04/12	000120	NEIGHBORHOOD HEALTH PROVIDERS	WILSON, SHERYL	18.00		303.84	I	
				CUSTOMER	802.75	0.00	13,550.42		
				CATEGORY	802.75		13,550.42		

RUN DATE	05/09/12	- SUP SUNN	YSIDE CITYWIDE				PAGE 1	- 306	
SALES JRI	NL # 0280	LOC 001	SUNNYSIDE CITYWIDE	REG NY NY SALES REGISTER			FID NY CATHOL	IC/FIDELIS	
				SALES REGISTER			BILL WEEK END	ING 5/11/12	2
INVOICE#	DATE	CUST NO	CUSTOMER NAME	REFERENCE	HOURS	TAX AMT	AMOUNT	TYP SURPLUS	3
104460	E /04 /10	000106			40.00		226 62	_	
194462	5/04/12	000126	NYS CATHOLIC/FIDELIS	•	49.00		826.63	I	
194463	4/27/12	000126	NYS CATHOLIC/FIDELIS	BERGES, MARITZA	41.00		754.80	I	
194464	4/06/12	000126	NYS CATHOLIC/FIDELIS	GIL, ALICIA M	43.00		788.54	I	
194465	10/28/11	000126	NYS CATHOLIC/FIDELIS	LITMA, GAIL	26.00		564.88	I	
194466	5/04/12	000126	NYS CATHOLIC/FIDELIS	MARTINEZ, LUISA	36.00		607.32	I	
194467	5/04/12	000126	NYS CATHOLIC/FIDELIS	MARTINEZ, LUISA	48.00		809.76	I	
194468	10/28/11	000126	NYS CATHOLIC/FIDELIS	MULLOKONDOVA, S	2.00		160.00	I	
194469	3/30/12	000126	NYS CATHOLIC/FIDELIS	MULLOKONDOVA, S	1.00		80.00	I	
194470	4/20/12	000126	NYS CATHOLIC/FIDELIS	PANOS, DESPINA	72.00		1,214.64	I	
194471	5/04/12	000126	NYS CATHOLIC/FIDELIS	PURNELL, ROSE	8.00		134.96	I	
194472	5/04/12	000126	NYS CATHOLIC/FIDELIS	SAMOJEDNY, MICH	40.00		674.80	I	
194473	5/04/12	000126	NYS CATHOLIC/FIDELIS	SZE, BECKY	13.00		219.31	T	
194474	5/04/12	000126	NYS CATHOLIC/FIDELIS	SZE, BECKY	20.00		337.40	I	
194475	5/04/12	000126	NYS CATHOLIC/FIDELIS	•			455.49	T	
194476	5/04/12	000126	NYS CATHOLIC/FIDELIS	. ~	36.00		607.32	T	
174470	3/04/12	000120	NIS CAINODIC/FIDEDIS	VARGAS, RAQUED	30.00		007.32		_
				CUSTOMER	462.00	0.00	8,235.85		
									-
				CATEGORY	462.00	0.00	8,235.85		

RUN DATE SALES JRN			YSIDE CITYWIDE SUNNYSIDE CITYWIDE	REG NY NY			PAGE 1 - UHC UNITED HEALT	TH
				SALES REGISTER			BILL WEEK ENDING	5/11/12
INVOICE#	DATE	CUST NO	CUSTOMER NAME	REFERENCE	HOURS	TAX AMT	AMOUNT TYPE	SURPLUS
194477 194478 194479 194480	5/04/12 5/04/12 5/04/12 5/04/12	000128 000128 000128 000128	UNITED HEALTH CARE UNITED HEALTH CARE UNITED HEALTH CARE UNITED HEALTH CARE	CALDERON, MIGDA MUSHAYEV, BORIS SAFOS, PATRA YUSUPOV, PULAT	60.00 15.00 56.00 28.00		1,029.60 I 257.40 I 960.96 I 480.48 I	
				CUSTOMER	159.00	0.00	2,728.44	
				CATEGORY	159.00	0.00	2,728.44	

			YSIDE CITYWIDE				11100	- 30	8
SALES JRN	L # 0280	LOC 001	SUNNYSIDE CITYWIDE	REG NY NY			EHP EMBLEM HE		F /11 /10
				SALES REGISTER			BILL WEEK END	ING	5/11/12
INVOICE#	DATE	CUST NO	CUSTOMER NAME	REFERENCE	HOURS	TAX AMT	AMOUNT	TYP	SURPLUS
194481	4/13/12	000114	EMBLEM HEALTH	CAMPBELL, CAROL	64.00		896.00	I	
194482	5/04/12	000114	EMBLEM HEALTH	COPE, WILLIE	84.00		1,176.00	I	
194483	5/04/12	000114	EMBLEM HEALTH	GAFFNEY, FREDER	20.00		280.00	I	
194484	5/04/12	000114	EMBLEM HEALTH	JACKSON, FRANCE	35.00		490.00	I	
194485	5/04/12	000114	EMBLEM HEALTH	KEATON, CATHERI	24.00		336.00	I	
194486	5/04/12	000114	EMBLEM HEALTH	KEATON, CATHERI	59.75		836.50	I	
194487	5/04/12	000114	EMBLEM HEALTH	REYNOLDS, HARRI	12.00		168.00	I	
194488	5/04/12	000114	EMBLEM HEALTH	WESTFIELD, BREN	24.00		336.00	I	
194489	5/04/12	000114	EMBLEM HEALTH	WESTFIELD, BREN	32.00		448.00	I	
				CUSTOMER	354.75	0.00	4,966.50		
				CATEGORY	354.75	0.00	4,966.50		

RUN DATE SALES JRN		- SUP SUNN LOC 001	YSIDE CITYWIDE SUNNYSIDE CITYWIDE	REG S A L E				PAGE 1 HIP HEALTH II BILL WEEK EN		
INVOICE#	DATE	CUST NO	CUSTOMER NAME		REFERENCE	HOURS	TAX AMT	AMOUNT	TYP	SURPLUS
194490 194491 194492 194493 194494 194495 194496 194497 194498	5/04/12 4/13/12 5/04/12 5/04/12 4/27/12 5/04/12 4/27/12 5/04/12 5/04/12	000136 000136 000136 000136 000136 000136 000136 000136	HEALTH INSURANCE PLAN	OF NY	AHMAD, AMATUL CIPRIAN, JACQUE DE JESUS, TIBUR GOMES, AGUSTINA LOYOLA, MARIA LOYOLA, MARIA ORR, LOUISE PARADISE, ANITA SHAH, HANSIKABE	12.00 16.00 63.00 63.00 27.00 37.00 39.75 8.00 5.00		202.56 270.08 1,063.44 1,063.44 455.76 624.56 670.98 135.04 84.40	I I I I I I I	
194499 194500 194501 194502	5/04/12 5/04/12 5/04/12 5/04/12	000136 000136 000136 000136	HEALTH INSURANCE PLAN HEALTH INSURANCE PLAN HEALTH INSURANCE PLAN HEALTH INSURANCE PLAN	OF NY OF NY	TOWLES, ADA WILLIAMS, DIANE WILLIAMS, DIANE ZAMBRANO, ZOILA	8.00 4.00 12.00 16.00		135.04 67.52 202.56 270.08	I I I	
					CUSTOMER	310.75	0.00	5,245.46		
					CATEGORY	310.75	0.00	5,245.46		

-	, ,		YSIDE CITYWIDE	DDG 1991				- 31	LO
SALES JRN	L # 0280	LOC 001	SUNNYSIDE CITYWIDE	REG NY NY SALES REGISTER			HPS HEALTH PI BILL WEEK ENI		5/11/12
				SALES REGISIER			DILL MEEK ENI	JING	5/11/12
INVOICE#	DATE	CUST NO	CUSTOMER NAME	REFERENCE	HOURS	TAX AMT	AMOUNT	TYP	SURPLUS
104500	F /04 /10	000130		D-11111 CO11 111111	00.00		45.6.00	_	
194503	5/04/12	000138	HEALTH PLUS PHSP, INC	DENNISON, KELVI	28.00		476.00	Τ	
194504	5/04/12	000138	HEALTH PLUS PHSP, INC	ESPERSON, CLAUD	4.00		68.00	I	
194505	5/04/12	000138	HEALTH PLUS PHSP, INC	HARDING, EDNA	6.00		102.00	I	
194506	5/04/12	000138	HEALTH PLUS PHSP, INC	HARDING, EDNA	24.00		408.00	I	
194507	5/04/12	000138	HEALTH PLUS PHSP, INC	WALTERS, BYRON	25.00		425.00	I	
194508	5/04/12	000138	HEALTH PLUS PHSP, INC	YOUNG, KALEILE	18.00		306.00	I	
					105.00		1 505 00		
				CUSTOMER	105.00	0.00	1,785.00		
				CATEGORY	105.00	0.00	1,785.00		

			YSIDE CITYWIDE				PAGE 1 -	311
SALES JRN	L # 0280	LOC 001	SUNNYSIDE CITYWIDE	REG NY NY			MPH METROPLUS HE	ALTH
				SALES REGISTER			PAGE I - MPH METROPLUS HE BILL WEEK ENDING	5/11/12
INVOICE#	DATE	CUST NO	CUSTOMER NAME	REFERENCE	HOURS	TAX AMT	AMOUNT TYP	SURPLUS
194509	4/27/12	000130	METROPLUS HEALTH	ANDERSON, BETH			823.20 I	
194510	5/04/12	000130	METROPLUS HEALTH	ARIAS, NORA	68.00		1,166.20 I	
194511	5/04/12	000130	METROPLUS HEALTH	BEDOYA, MONICA	28.00		480.20 I	
194512	5/04/12	000130	METROPLUS HEALTH	BRACERO, HELEN	56.00		960.40 I	
194513	5/04/12	000130	METROPLUS HEALTH	BRIGGS, LOUIS	36.00		617.40 I	
194514	5/04/12	000130	METROPLUS HEALTH METROPLUS HEALTH METROPLUS HEALTH METROPLUS HEALTH METROPLUS HEALTH	BRIGGS, LOUIS	17.00		291.55 I	
194515	5/04/12	000130	METROPLUS HEALTH	CHAPMAN, ESTREL	18.00		308.70 I	
194516	5/04/12	000130	METROPLUS HEALTH	CORDERO, ROSEND	70.00		1,200.50 I	
194517	5/04/12	000130	METROPLUS HEALTH	DAVIS, ANGIE	114.00		1,955.10 I	
194518	5/04/12	000130	METROPLUS HEALTH	DEWANJEE, MIRA	20.00		343.00 I	
194519	5/04/12	000130	METROPLUS HEALTH	DURHAM, CYNTHIA	4.00		68.60 I	
194520	5/04/12	000130	METROPLUS HEALTH	GALAS, TERESA	35.00		600.25 I	
194521	4/27/12	000130	METROPLUS HEALTH	ARIAS, NORA BEDOYA, MONICA BRACERO, HELEN BRIGGS, LOUIS BRIGGS, LOUIS CHAPMAN, ESTREL CORDERO, ROSEND DAVIS, ANGIE DEWANJEE, MIRA DURHAM, CYNTHIA GALAS, TERESA MURDOCK, GERTRU DERSAD USHA	48.00		823.20 I	
194522	5/04/12	000130	METROPLUS HEALTH	MURDOCK, GERTRU PERSAD, USHA PUCHUELA, MARIA RAMPERSAID, ALI RYALS, CHARLES SANTORO, MATTHE SHUMON, NUK-FNU VALLE, BLASINA	60.00		1,029.00 I	
194523	5/04/12	000130	METROPLUS HEALTH	PUCHUELA, MARIA	56.00		960.40 I	
194524	5/04/12	000130	METROPLUS HEALTH	RAMPERSAID, ALI	24.00		411.60 I	
194525	5/04/12	000130	METROPLUS HEALTH	RYALS, CHARLES	12.00		205.80 I	
194526	5/04/12	000130	METROPLUS HEALTH	SANTORO, MATTHE	12.00		205.80 I	
194527	5/04/12	000130	METROPLUS HEALTH	SHUMON, NUK-FNU	28.00		480.20 I	
194528	5/04/12	000130	METROPLUS HEALTH	VALLE, BLASINA	29.00		497.35 I	
	-,,							
				CUSTOMER	783.00	0.00	13,428.45	
				CATEGORY	783 00	0.00	13 428 45	
				CALEGORI	103.00	0.00	13,440.43	

RUN DATE	05/09/12 -	- SUP SUNN	YSIDE CITYWIDE					PAGE 1	- 31	.2
SALES JRN	L # 0280	LOC 001	SUNNYSIDE CITYWIDE	REG	NY NY			WEL WELCARE C	F NY	
				SALE	S REGISTEF	8		BILL WEEK END	ING	5/11/12
INVOICE#	DATE	CUST NO	CUSTOMER NAME		REFERENCE	HOURS	TAX AMT	AMOUNT	TYP	SURPLUS
194529	5/04/12	000124	WELCARE OF NEW YORK,	INC.	GENAO, DANIELA	32.00		550.40	I	
194530	5/04/12	000124	WELCARE OF NEW YORK,	INC.	GUERRERO, MIRTH	27.00		464.40	I	
194531	5/04/12	000124	WELCARE OF NEW YORK,	INC.	MARTINEZ, MARIA	36.00		619.20	I	
194532	5/04/12	000124	WELCARE OF NEW YORK,	INC.	RAMIREZ, ALIDA	59.00		1,014.80	I	
					CUSTOMER	154.00	0.00	2,648.80		
					CATEGORY	154.00	0.00	2,648.80		

			YSIDE CITYWIDE					PAGE 1 -	
SALES JRN	L # 0280	LOC 001	SUNNYSIDE CITYWIDE	REG				NPS NY PRESBYTE	-
				SALE	S REGISTER			BILL WEEK ENDIN	G 5/11/12
INVOICE#	DATE	CUST NO	CUSTOMER NAME		REFERENCE	HOURS	TAX AMT	AMOUNT TY	P SURPLUS
194533	5/04/12	000134	NIV DDECDVEEDIAN OVCEEN	CDIDO	MADAGGAMIDIG A	14.00		240.24 I	
194533	5/04/12	000134	NY-PRESBYTERIAN SYSTEM	I SELECT	KARASSAVIDIS, A	14.00		240.24 1	
					CATEGORY	14.00	0.00	240.24	

RUN DATE SALES JRN		- SUP SUNN	YSIDE CITYWIDE SUNNYSIDE CITYWIDE	REG NY NY			PAGE 1 AMG AMERIGRO	- 31	.4
Bridde Grav	1 0200	100 001	SOMNIOIDE CITIVIDE	SALES REGISTER			BILL WEEK EN		5/11/12
INVOICE#	DATE	CUST NO	CUSTOMER NAME	REFERENCE	HOURS	TAX AMT	AMOUNT	TYP	SURPLUS
194534	5/04/12	000132	AMERIGROUP	FERNANDEZ, NORK	41.00		691.67	I	
194535	5/04/12	000132	AMERIGROUP	GUERRA, LORRAIN	30.00		506.10	I	
194536	5/04/12	000132	AMERIGROUP	GUERRA, LORRAIN	40.00		674.80	I	
194537	5/04/12	000132	AMERIGROUP	HAWKINS S, MA	63.00		1,062.81	I	
194538	5/04/12	000132	AMERIGROUP	LINARES, NANCY	18.00		303.66	I	
194539	5/04/12	000132	AMERIGROUP	PRUITT, JOHNNY	4.00		67.52	I	
194540	5/04/12	000132	AMERIGROUP	PRUITT, JOHNNY	4.00		67.52	I	
				CUSTOMER	200.00	0.00	3,374.08		
				CATEGORY	200.00	0.00	3,374.08		

-	05/09/12 - L # 0280		YSIDE CITYWIDE SUNNYSIDE CITYWIDE REG	NY NY			PAGE 1 PAR PRIVATE	- 33	15
DALLS OIL	11 # 0200	HOC 001	S A L E				BILL WEEK ENI	DING	5/11/12
INVOICE#	DATE	CUST NO	CUSTOMER NAME	REFERENCE	HOURS	TAX AMT	AMOUNT	TYP	SURPLUS
194541 194542 194543 194544	5/04/12 5/04/12 5/04/12 5/04/12	000002 000002 000002 000002	SUNNYSIDE COMMUNITY SERVICES SUNNYSIDE COMMUNITY SERVICES SUNNYSIDE COMMUNITY SERVICES SUNNYSIDE COMMUNITY SERVICES	•	4.00 4.00 1.00 8.00		58.00 58.00 14.50 116.00	I I I	
				CUSTOMER	17.00	0.00	246.50		
194545 194546	5/04/12 5/04/12	000040 000040	DUISIN, CHRISTINE DUISIN, CHRISTINE	DUISIN, XENIA DUISIN, XENIA	4.00 16.00		62.00 248.00	I I	
				CUSTOMER	20.00	0.00	310.00		
194547 194548	5/04/12 5/04/12	000049 000049	ELIZABETH SETON PEDIATRIC CTR ELIZABETH SETON PEDIATRIC CTR	DIOP, SERIGNE DIOP, SERIGNE	5.00 20.00		68.95 275.80	I I	
				CUSTOMER	25.00	0.00	344.75		
194549 194550	5/04/12 5/04/12	000069 000069	AMY L. WELTMAN AMY L. WELTMAN	LUSKIND, FRANCE LUSKIND, FRANCE	3.00 4.00		594.00 744.00	I I	
				CUSTOMER	7.00	0.00	1,338.00		
194551	5/04/12	000078	MCDERMOTT, LOUISE	MCDERMOTT, LOUI	4.00		62.00	I	
				CATEGORY	73.00	0.00	2,301.25		

			YSIDE CITYWIDE				-	- 31	
SALES JRN	L # 0280	LOC 001	SUNNYSIDE CITYWIDE	REG NY NY ALES REGISTER			CAS CHILDREN' BILL WEEK END		SOCIETY 5/11/12
			5	ALES KEGISIEK			DILL WEEK END	ING	3/11/12
INVOICE#	DATE	CUST NO	CUSTOMER NAME	REFERENCE	HOURS	TAX AMT	AMOUNT	TYP	SURPLUS
104550	F /04 /10	000000	CILL DREWAG ATD COCTEMN	DIMME MAZETCHA	F 00		77 50	_	
194552	5/04/12	000088	CHILDREN'S AID SOCIETY	DUNNE, MYEISHA	5.00		77.50	Т	
194553	5/04/12	000088	CHILDREN'S AID SOCIETY	DUNNE, MYEISHA	20.00		310.00	I	
194554	5/04/12	000088	CHILDREN'S AID SOCIETY	GIL, GENEVIEVE	4.00		62.00	I	
194555	5/04/12	000088	CHILDREN'S AID SOCIETY	GIL, MARANGELI	4.00		62.00	I	
194556	5/04/12	000088	CHILDREN'S AID SOCIETY	SALAS, HELENA	8.00		124.00	I	
194557	5/04/12	000088	CHILDREN'S AID SOCIETY	SALAS, HELENA	16.00		248.00	I	
				CUSTOMER	57.00	0.00	883.50		
				CATEGORY	57.00	0.00	883.50		

RUN DATE SALES JRN		- SUP SUNN LOC 001	YSIDE CITYWIDE SUNNYSIDE CITYWIDE	REG NY NY SALES REGISTER			PAGE 1 PAR PRIVATE BILL WEEK END		.7
INVOICE#	DATE	CUST NO	CUSTOMER NAME	REFERENCE	HOURS	TAX AMT		TYP	SURPLUS
194558 194559	5/04/12 5/04/12	000098 000098	MILDRED PANSE MILDRED PANSE	PANSE, MILDRED PANSE, MILDRED	4.00 16.00		62.00 248.00	I I	
				CUSTOMER	20.00	0.00	310.00		
				CATEGORY	20.00	0.00	310.00		

RUN DATE SALES JRN		- SUP SUNN LOC 001	YSIDE CITYWIDE SUNNYSIDE CITYWIDE	REG NY NY SALES REGISTER			PAGE 1 - 3 ELD ELDERSERVEHEA BILL WEEK ENDING	318 ALTH 5/11/12
INVOICE#	DATE	CUST NO	CUSTOMER NAME	REFERENCE	HOURS	TAX AMT	AMOUNT TYP	SURPLUS
194560 194561 194562 194563	5/04/12 5/04/12 5/04/12 5/04/12	000101 000101 000101 000101	ELDERSERVEHEALTH ELDERSERVEHEALTH ELDERSERVEHEALTH ELDERSERVEHEALTH	BEAN, ELMIRA BEAN, ELMIRA BLACK, DOROTHY BLACK, DOROTHY	3.50 19.00 4.00 15.75		49.88 I 270.75 I 57.00 I 224.44 I	
				CUSTOMER	42.25	0.00	602.07	
				CATEGORY	42.25	0.00	602.07	

RUN DATE 05/09/12 - SUP SUNNYSIDE CITYWIDE SALES JRNL # 0280 LOC 001 SUNNYSIDE CITYWIDE REG NY NY							PAGE 1 - 319 PAR PRIVATE		
Bridde Grav	1 0200	100 001	SOUNTEDE CITIVIDE	SALES REGISTER			BILL WEEK ENDIN	G 5/11/12	
INVOICE#	DATE	CUST NO	CUSTOMER NAME	REFERENCE	HOURS	TAX AMT	AMOUNT TY	P SURPLUS	
194564 194565	5/04/12 5/04/12	000143 000143	ETTORE COPPOLA ETTORE COPPOLA	COPPOLA, ETTORE COPPOLA, ETTORE	10.00 9.75		162.50 I 151.13 I		
				CUSTOMER	19.75	0.00	313.63		
194566 194567	5/04/12 5/04/12	000145 000145	LARRY EISENBERG LARRY EISENBERG	BERGER, TESS BERGER, TESS	25.00 28.00		414.50 I 434.00 I		
				CUSTOMER	53.00	0.00	848.50		
				CATEGORY	72.75	0.00	1,162.13		

RUN DATE	05/09/12 -	- SUP SUNN	YSIDE CITYWIDE					PAGE 1	- 32	20
SALES JRN	L # 0280	LOC 001	SUNNYSIDE CITYWIDE	REG	NY NY			CCM COMPREHE	NSIVE	CARE MGMT
				SALE	S REGISTER	<u>!</u>		BILL WEEK EN	DING	5/11/12
INVOICE#	DATE	CUST NO	CUSTOMER NAME		REFERENCE	HOURS	TAX AMT	AMOUNT	TYP	SURPLUS
194568	5/04/12	000150	COMPREHENSIVE CARE	MANAGEMENT	BONES, ANA	4.00		56.40	I	
194569	5/04/12	000150	COMPREHENSIVE CARE	MANAGEMENT	BONES, ANA	9.00		126.90	I	
194570	5/04/12	000150	COMPREHENSIVE CARE	MANAGEMENT	ROSARIO, CELEST	12.00		169.20	I	
194571	5/04/12	000150	COMPREHENSIVE CARE	MANAGEMENT	ROSARIO, CELEST	24.00		338.40	I	
194572	5/04/12	000150	COMPREHENSIVE CARE	MANAGEMENT	SIERRA, ROSEMAR	30.00		423.00	I	
					CUSTOMER	79.00	0.00	1,113.90		
					CATEGORY	79.00	0.00	1,113.90		

	05/09/12 - NL # 0280	- SUP SUNN LOC 001	YSIDE CITYWIDE SUNNYSIDE CITYWIDE	REG NY NY LES REGISTER			PAGE 1 PAR PRIVATE BILL WEEK EN	- 32	21 5/11/12
			5 A	LES REGISIER	L		BILL MEEK EN	DING	5/11/12
INVOICE#	DATE	CUST NO	CUSTOMER NAME	REFERENCE	HOURS	TAX AMT	AMOUNT	TYP	SURPLUS
194573 194574	5/04/12 5/04/12	000155 000155	ROSEMARY JIBAJA ROSEMARY JIBAJA	JIBAJA, ROSEMAR JIBAJA, ROSEMAR	72.00 96.00		1,188.00 1,488.00	I I	
				CUSTOMER	168.00		2,676.00		
194575 194576	5/04/12 5/04/12	000159 000159	ALZHEIMER'S ASSOCIATION ALZHEIMER'S ASSOCIATION	TUCCI, DOROTHY TUCCI, DOROTHY	4.00		62.00 124.00	I I	
				CUSTOMER		0.00	186.00		
194577 194578	5/04/12 5/04/12	002215 002215	KEITH SALMON KEITH SALMON	LAWRANCE, LILLA LAWRANCE, LILLA	8.00 4.00		136.00 62.00	I	
				CUSTOMER	12.00	0.00	198.00		
194579 194580	5/04/12 5/04/12	003108 003108	NIGRO, CATHERINE NIGRO, CATHERINE	NIGRO, CATHERIN NIGRO, CATHERIN	4.00 12.00		62.00 186.00	I	
				CUSTOMER	16.00	0.00	248.00		
194581 194582	5/04/12 5/04/12	003743 003743	VICTOR NICASSIO VICTOR NICASSIO		3.00 6.00		46.50 93.00	I	
				CUSTOMER		0.00	139.50		
194583 194584	5/04/12 5/04/12	004784 004784	CAMILLERI, JOSEPH CAMILLERI, JOSEPH	CAMILLERI, JOSE	5.00 15.00		67.50 202.50	I	
				CUSTOMER		0.00	270.00		
194585 194586	5/04/12 5/04/12	006337 006337	STEPHEN EDEL STEPHEN EDEL		29.00 51.50		473.50 798.25	I I	
				CUSTOMER	80.50	0.00	1,271.75		
194587 194588	5/04/12 5/04/12	007630 007630	MAUREEN MAIORANA MAUREEN MAIORANA	MAIORANA, MAURE MAIORANA, MAURE			32.50 97.50	I	
				CUSTOMER	8.00	0.00	130.00		
194589 194590	5/04/12 5/04/12	007631 007631	MICHAEL MAIRANO MICHAEL MAIRANO	MAIORANA, MICHE MAIORANA, MICHE	3.00 9.00		48.75 146.25	I	
				CUSTOMER	12.00	0.00	195.00		
194591	5/04/12	007883	ABBAMONTE, RUTH	ABBAMONTE, RUTH	2.00		31.00	I	
194592 194593	5/04/12 5/04/12	009498 009498	LOUIS LE NOACH LOUIS LE NOACH	LENOACH, LOUIS LENOACH, LOUIS	6.00 3.00		102.00 46.50	I	
				CUSTOMER	9.00	0.00	148.50		

RUN DATE SALES JRN		- SUP SUNN	YSIDE CITYWIDE SUNNYSIDE CITYWIDE	REG NY NY			PAGE 2 PAR PRIVATE	- 32	22
				SALES REGISTER	2		BILL WEEK EN	DING	5/11/12
INVOICE#	DATE	CUST NO	CUSTOMER NAME	REFERENCE	HOURS	TAX AMT	AMOUNT	TYP	SURPLUS
194594 194595	5/04/12 5/04/12	009566 009566	ELIZABETH CERNY ELIZABETH CERNY	CERNY, ELIZABET CERNY, ELIZABET	5.00 15.00		77.50 232.50	I	
				CUSTOMER	20.00	0.00	310.00		
194596	5/04/12	009605	OLGA OBYMAKO	OBYMAKO, OLGA	6.00		93.00	I	
194597	5/04/12	009752	PETER CAPORASO	CAPORASO, VINCE	24.00		408.00	I	
194598 194599	5/04/12 5/04/12	009854 009854	HELEN TAYLOR HELEN TAYLOR	HERNANDEZ, FRAN HERNANDEZ, FRAN	2.00		31.00 31.00	I I	
				CUSTOMER	4.00	0.00	62.00		
194600 194601	5/04/12 5/04/12	010269 010269	ANGELINA MARASA ANGELINA MARASA	MARASA, ANGELIN MARASA, ANGELIN	3.00 6.00		46.50 93.00	I	
				CUSTOMER	9.00	0.00	139.50		
194602	5/04/12	010352	BETTIE GIACOMO	GIACOMO, BETTIE	4.00		62.00	I	
194603 194604	5/04/12 5/04/12	010375 010375	DOMINICA IRAOLA DOMINICA IRAOLA	IRAOLA, LILIAN IRAOLA, LILIAN	3.00 9.00		48.75 146.25	I I	
				CUSTOMER	12.00	0.00	195.00		
194605 194606	5/04/12 5/04/12	010377 010377	DOMINICA IRAOLA DOMINICA IRAOLA	IRAOLA, ANTONIO IRAOLA, ANTONIO	3.00 9.00		48.75 146.25	I	
				CUSTOMER	12.00	0.00	195.00		
194607	5/04/12	010422	STEPHEN WEISS	WEISS, STELLA	11.50		178.25	I	
				CATEGORY	451.00	0.00	7,136.50		
				LOCATION 2	22,237.00		344,096.53		
					22,237.00	0.00	344,096.53		

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SALES JRNL # 0280 LOC 001 SUNNYSIDE CITYWIDE REG NY NY PAR PRIVATE
SALES REGISTER BILL WEEK ENDING 5/11/12

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

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