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Adam T. Berkowitz

UNITED STATES BANKRUPTCY COURT
SOUTHERN DISTRICT OF NEW YORK

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In re:

SOUND SHORE MEDICAL CENTER OF WESTCHESTER, et al[1].,	Chapter 11 Case No. 13-22840 (RDD)
Debtors.	(Jointly Administered)

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PLAN ADMINISTRATOR'S SIXTH OMNIBUS OBJECTION TO ALLOWANCE OF CERTAIN ADMINISTRATIVE PROOFS OF CLAIM (Duplicative Claims)

Monica Terrano, as Plan Administrator (the "PA") for the estate of Sound Shore Medical Center of Westchester, and its affiliated debtors (collectively, the "Estates"), by and through her counsel, respectfully moves this court (the "Sixth Objection") for entry of an Order pursuant to 11 USC § 502 and Fed. R. Bankr. P. 3007 disallowing and expunging certain administrative proofs of claim identified on Exhibit A, annexed hereto, on the basis that such claims are duplicative of earlier filed claims, as respectively set forth on such exhibit.

[1] The debtors in these chapter 11 cases, along with the last four digits of each debtor's federal tax identification number include: Sound Shore Health System, Inc. (1398), Sound Shore Medical Center of Westchester (0117), The Mount Vernon Hospital (0115), Howe Avenue Nursing Home, Inc., d/b/a Helen and Michael Schaffer Extended Care Center (0781), NRHMC Services Corporation (9137), The M.V.H. Corporation (1514) and New Rochelle Sound Shore Housing, LLC (0117). There are certain additional affiliates of the Debtors who are not debtors and have not sought relief under Chapter 11.

Background

1. On May 29, 2013 (the "Petition Date"), each Debtor filed with this court a voluntary petition for relief under chapter 11 of title 11 of the United States Code (the "Bankruptcy Code") with the United States Bankruptcy Court for the Southern District of New York (the "Court"). Pursuant to sections 1107 and 1108 of the Bankruptcy Code, the Debtors are continuing to administer their affairs as debtors-in-possession.

2. On June 10, 2013, the United States Trustee appointed an Official Committee of Unsecured Creditors (the "Committee"). [Docket No. 67]. The Committee has retained Alston & Bird, LLP as its counsel. No Trustee or examiner has been appointed in this case.

3. On June 3, 2013, this Court granted an order to employ GCG, Inc. ("GCG"), as the Debtors' Claims and Noticing Agent [Docket No. 41].

4. By order of this Court dated July 25, 2013 (the "General Bar Date Order") [Docket No. 194], with certain exceptions, the general deadline for the filing of proofs of claim against the Debtors was established as September 16, 2013 (the "General Bar Date") and the deadline for governmental units to file claims against the estate was established as of November 25, 2015 (the "Governmental Bar Date" and collectively with the General Bar Date, the "Bar Date"). On August 13, 2013, the Debtors caused written notice of the Bar Date to be mailed to the Debtors' known and potential creditors [Docket No. 265]. In addition, on August 15, 2013, the Debtors caused notice of the Bar Date to be published in The New York Times [Docket No. 299].

5. Thereafter, on December 13, 2013, an order was entered establishing January 31, 2014 (the "Administrative Bar Date") as the deadline for the filing of all administrative proofs of claim against the Debtors (the "Administrative Bar Date Order") [Docket No. 490]. On December 19, 2013, the Debtors caused written notice of the Administrative Bar Date to be mailed to the Debtors' known and potential administrative creditors [Docket No. 516]. Additionally, on December 26, 2013, the Debtors caused notice of the Administrative Bar Date to be published in The New York Times Local Edition [Docket No. 622].

6. On November 6, 2014, the Court entered an Order (the "Confirmation Order") confirming the Debtors' First Amended Plan of Liquidation Under Chapter 11 of the Bankruptcy Code of Sound Shore Medical Center of Westchester *et al.* (the "Plan") [Docket No. 908]. Pursuant to the Confirmation Order, Monica Terrano has been appointed as Plan Administrator. Pursuant to the Plan, the Plan Administrator has the authority, among other things, to object to claims on behalf of the Debtors' estates.

7. On December 9, 2014, the Debtors filed their Notice of (I) Entry of Order Confirming Debtors' First Amended Plan of Liquidation; (II) Occurrence of Effective Date of Plan; (III) Supplemental Administrative Claims Bar Date; (IV) Professional Fee Claims Bar Date; and (V) Bar Date for Proofs of Claim Relating to Executory Contracts Rejected Pursuant to Plan declaring the Plan to be "effective" [Docket No. 940].

Jurisdiction

8. This Court has jurisdiction over this Application pursuant to 28 U.S.C. § 1408. This is a core proceeding pursuant to 28 U.S.C. § 157(b)(2)(B). The statutory predicates for the

relief requested herein are Section 502 of the Bankruptcy Code and Rules 3002 and 3007 of the Federal Rules of Bankruptcy Procedure (the "Bankruptcy Rules").

Relief Requested

9. Since the passing of the Bar Date, the Plan Administrator together with the Estate, and its counsel and advisors, have conducted a review of all filed Proofs of Claim (including any supporting documentation), along with the Estate's books and records to identify objectionable claims. As a result of the review, numerous objectionable claims have been uncovered which are addressed by this Sixth Objection. The claims that are the subject of this Objection are certain administrative claims which are duplicative of other earlier filed corresponding administrative claims.

10. Upon examining the proofs of claim identified on Exhibit B under the heading "*Claims to be Expunged*" (the "Duplicate Administrative Claims"), the Plan Administrator determined that each such claim is duplicative of earlier-filed corresponding administrative claims, as identified under the heading "Surviving Administrative Claims" (collectively, the "Surviving Administrative Claims").

11. The Plan Administrator is thus seeking entry of an order disallowing and expunging from the claims register each of the Duplicate Administrative Claims. The Surviving Administrative Claims are not affected by the relief sought herein and this Objection does not constitute any admission or finding with respect to any of the Surviving Administrative Claims, which will remain pending against the Estate, and may be subject to future objection.

Basis for Relief Requested

12. As part of the claims reconciliation process, the Plan Administrator has identified certain Proofs of Claim which should be disallowed and expunged on the basis that such claims are duplicative of earlier filed administrative claims. By this Objection, the Plan Administrator thus (a) objects to each Proof of Claim listed on Exhibit A attached hereto as being duplicative of earlier filed claims and (b) seeks entry of an order or orders pursuant to Section 502 of the Bankruptcy Code and Rule 3007 of the Federal Rules of Bankruptcy Procedure disallowing and expunging each such claim as identified on Exhibit A attached hereto.

13. A filed proof of claim is deemed allowed unless a party in interest objects thereto. *See* 11 U.S.C. § 502(a). If an objection refuting at least one of the claim's essential allegations is asserted, the claimant then has the burden to demonstrate the validity of the claim. *See In re Oneida Ltd.*, 400 B.R. 384, 389 (Bankr. S.D.N.Y. 2009); *In re Adelphia Commc'ns Corp.*, No. 02-41729, 2007 Bankr. LEXIS 660 at *15 (Bankr. S.D.N.Y. Feb. 20, 2007); *In re Rockefeller Ctr. Props.*, 272 B.R. 524, 539 (Bankr. S.D.N.Y. 2000).

14. Section 502(a) of the Bankruptcy Code provides, in pertinent part, as follows:

> (a) A claim or interest, proof of which is filed, under section 501 of this title, is deemed allowed, unless a party in interest, including a creditor of a general partner in a partnership, that is a debtor in a case under chapter 7 of this title, objects.

11 U.S.C. § 502(a).

15. If an objection refuting at least one of the claim's essential allegations is asserted, the claimant has the burden to demonstrate validity of the claim. *See In re Oneida Ltd.*, 400 B.R. 384, 389 (Bankr. S.D.N.Y. 2009); *In re Rockefeller Ctr. Props.*, 272 B.R. 524, 539 (Bankr. S.D.N.Y. 2000). The objecting party need only provide sufficient evidence to negate *prima facie*

validity of the claim by refuting one or more facts in the filed claim. *In re Waterman Steamship Corp.*, 200 B.R. 770 (Bankr. S.D.N.Y. 1996). Once the *prima facie* validity of a claim has been refuted, the ultimate burden of persuasion shifts back to the claimant. *Id. See also, In re St. Johnsbury Trucking Co.*, 206 B.R. 318, 323 (Bankr. S.D.N.Y. 1997). Additionally, if the objecting party shifts the burden it is up to the claimant to prove its claim, not the objector to disprove the claim. *In re King*, 305 B.R. 152 (Bankr. S.D.N.Y. 2004).

16. Section 502(b)(1) of the Bankruptcy Code further provides, in relevant part, that a claim may not be allowed to the extent that "such claim is unenforceable against the debtor and property of the debtor, under any agreement or applicable law." 11 U.S.C. § 502(b)(1). The Debtors cannot be required to pay on the same claim more than once. *See, e.g., In re Finley*, 160 B.R. 882, 894 (Bankr. S.D.N.Y. 1993) ("In bankruptcy, multiple recoveries for an identical injury are generally disallowed.").

17. As indicated above, the Plan Administrator, the Estate and its advisors have diligently and carefully reviewed and scrutinized each of the proofs of claim filed in this case and have determined that the administrative claims set forth on Exhibit A are duplicative of the earlier filed corresponding Surviving Administrative Claim.

18. To avoid the possibility of multiple recoveries by the same creditor, the Plan Administrator thus seek to disallow and expunge all Duplicative Administrative Claims, as identified on Exhibit A hereto. All Surviving Administrative Claims will remain on the claims register subject to further objection on any basis.

Reservation of Rights

19. The Plan Administrator reserves all rights to object to any Surviving Administrative Claims, as identified on the annexed exhibits, by any of the claimants affected by the Sixth Objection against the Estate. Should one or more of the objections addressed herein be denied or dismissed, the Plan Administrator reserves its rights to further object to the disputed claim on any other grounds, discovered by the Plan Administrator during the pendency of this case.

Notice

20. Notice of this Sixth Objection will be given by mailing a copy of this Sixth Objection and the proposed order to (i) the Office of the United States Trustee for this district, (ii) counsel for the Post Effective Date Committee, (iii) each of the claimants listed on Exhibit A at the respective addresses set forth on such exhibit, and (iv) each of the entities who have filed a notice of appearance in accordance with Bankruptcy Rule 2002. The Plan Administrator submits that such notice is sufficient under the circumstances and no other or further notice need be provided.

21. No previous request for the relief sought has been made by the Plan Administrator to this or any other Court.

WHEREFORE, the Plan Administrator respectfully request that the relief requested herein be granted and this Court enter an order, substantially in the form annexed hereto as

Exhibit B, and grant such other and further relief as is just and proper.

Dated: Great Neck, New York
June 30, 2015

GARFUNKEL WILD, P.C.
Counsel for the Plan Administrator and Estates

By: _____
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Afsheen A. Shah
Adam T. Berkowitz
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Burton S. Weston
Afsheen A. Shah
Adam T. Berkowitz

Counsel for the Estate

UNITED STATES BANKRUPTCY COURT
SOUTHERN DISTRICT OF NEW YORK

----------x

In re:

SOUND SHORE MEDICAL CENTER OF WESTCHESTER, et al.[1]	Chapter 11 Case No. 13-22840 (RDD)
Debtors.	(Jointly Administered)

----------x

DECLARATION OF MONICA TERRANO IN SUPPORT OF SIXTH OMNIBUS OBJECTIONS TO CLAIMS

STATE OF NEW YORK)

) ss.:

COUNTY OF NASSAU)

Pursuant to 28 U.S.C. § 1746, I, Monica Terrano, hereby declare:

1. I am the Plan Administrator ("PA") for the Estates of Sound Shore Medical Center of Westchester, and its debtor affiliates (the "Estates"). In my capacity as the PA, I am authorized to submit this declaration (the "Declaration") in support of the Estates' Sixth Omnibus Objection to Claims (the "Sixth Objection")[2].

[1] The debtors in these chapter 11 cases, along with the last four digits of each debtor's federal tax identification number include: Sound Shore Health System, Inc. (1398), Sound Shore Medical Center of Westchester (0117), The Mount Vernon Hospital (0115), Howe Avenue Nursing Home, Inc., d/b/a Helen and Michael Schaffer Extended Care Center (0781), NRHMC Services Corporation (9137), The M.V.H. Corporation (1514) and New Rochelle Sound Shore Housing, LLC (0117). There are certain additional affiliates of the Debtors who are not debtors and have not sought relief under Chapter 11.

[2] Capitalized terms, unless herein defined, shall have the meaning ascribed to them in the Seventh Omnibus Objection.

2. Except as otherwise indicated, all facts set forth in this Declaration are based upon: (a) my personal knowledge; (b) my review of relevant documents, including Proofs of Claim, (as defined below); (c) my experience and knowledge of the Estates' prior operations, books and records and personnel; and (d) as to matters involving United States bankruptcy law or rules or other applicable laws, my reliance on the advice of counsel or other advisors to the Estates. If called upon to testify, I could and would testify to the facts set forth herein on that basis.

3. I am a Certified Public Accountant with over 15 years of experience in the healthcare industry. Over the past five years, I have worked primarily on Chapter 11 cases relating to hospital restructurings and/or liquidations. During this time, I have specialized in all aspects of bankruptcy case administration, including claims review and reconciliation, and the preparation of related statements and required schedules and have been focusing primarily on bankrupt hospitals.

CLAIMS ADMINISTRATION PROCESS

4. Since the expiration of the Administrative Bar Date, considerable time and effort has been expended by the Estates and their professionals and advisors in connection with the claims administration process to ensure a high level of diligence in reviewing and reconciling approximately 500 administrative proofs of claim (the "Proofs of Claim") filed in connection with these Chapter 11 cases. Over the next several months, working directly with the Estates' professionals and advisors, I personally reviewed, analyzed and considered the merits of each Proof of Claim and determined that the claims covered by the Sixth Objection were objectionable. Throughout the process, I regularly interfaced with the Estates' professionals and

advisors to address potential legal issues impacting the Proofs of Claim, asses the validity of the Proofs of Claim and obtain additional source documents when necessary.

THE DUPLICATIVE CLAIMS

5. I am generally familiar with the information contained in the Sixth Objection. Based on my review of the Proofs of Claim, I assisted the Estates' bankruptcy counsel in the preparation of the Sixth Objection and related schedules by identifying all filed administrative claims that were duplicative of earlier filed administrative claims and thus should be disallowed, expunged, or otherwise reduced (the "Duplicative Administrative Claims").

6. In evaluating the Duplicative Administrative Claims, my advisors and I performed an in-depth review of and comparison of the claims as listed on the Debtors' books and records, on one hand, and each of the filed proofs of claim (including supporting documentation) on the other hand. It was ultimately determined that each Duplicative Administrative Claim was identical to a corresponding and earlier filed administrative claim. Therefore, I believe that disallowance, expungement, reclassification, reduction, or modification of each Duplicative Administrative Claim, for the reasons set forth in the Sixth Objection, is appropriate.

I declare under penalty of perjury under the laws of the United States of America that the foregoing is true and correct.

Dated: June ___, 2015
Great Neck, New York

Monica Terrano

Monica Terrano

Sound Shore Medical Center of Westchester, *et al* .,
Exhibit A - Duplicate Claims
Administrative Claims

Note: Claimants are listed alphabetically by last name or by entity name.

SEQ NO.	CLAIMS TO BE EXPUNGED				SURVIVING CLAIMS			
	NAME	CLAIM NO.	CASE NUMBER	CLAIM AMOUNT	NAME	CLAIM NO.	CASE NUMBER	CLAIM AMOUNT
1	CW NORTH RIDGE PLAZA LLC C/O GLEICH SIEGEL & FARKAS LLP 36 SOUTH STATION PLAZA GREAT NECK, NY 11021 Date Filed: 09/16/13 Debtor: Sound Shore Medical Center of Westchester	787	13-22840	Admin: $14,166.22* Unsecured: $68,130.10*	CW NORTH RIDGE PLAZA LLC C/O GLEICH SIEGEL & FARKAS LLP 36 SOUTH STATION PLAZA GREAT NECK, NY 11021 Date Filed: 09/16/13 Debtor: NRHMC Services Corporation	786	13-22845	Admin: $14,166.22* Unsecured: $68,130.10*
2	DEVINE, PATRICIA ANN 8 HAGEMAN CT KATONAH, NY 10536 Date Filed: 01/30/14 Debtor: Sound Shore Medical Center of Westchester	1401	13-22840	Admin: $185,113.55	DEVINE, PATRICIA ANN 8 HAGEMAN CT KATONAH, NY 10536 Date Filed: 01/28/14 Debtor: Sound Shore Medical Center of Westchester	1247	13-22840	Admin: $185,113.55
3	HEALOGICS WOUND CARE & HYPERBARIC SERVICES INC FKA NATIONAL WOUND CARE & HYPERBARIC SERVICES INC C/O AKERMAN LLP ATTN JOHN B MACDONALD, ESQ 50 N LAURA ST STE 3100 JACKSONVILLE, FL 32202 Date Filed: 01/27/14 Debtor: Sound Shore Medical Center of Westchester	1245	13-22840	Admin: $123,929.94	HEALOGICS WOUND CARE & HYPERBARIC SERVICES INC FKA NATIONAL WOUND CARE & HYPERBARIC SERVICES INC C/O AKERMAN LLP ATTN JOHN B MACDONALD, ESQ 50 N LAURA ST STE 3100 JACKSONVILLE, FL 32202 Date Filed: 01/27/14 Debtor: The Mount Vernon Hospital, Inc.	1244	13-22841	Admin: $123,929.94
4	HEALOGICS WOUND CARE & HYPERBARIC SERVICES INC FKA NATIONAL WOUND CARE & HYPERBARIC SERVICES INC C/O AKERMAN LLP ATTN JOHN B MACDONALD, ESQ 50 N LAURA ST STE 3100 JACKSONVILLE, FL 32202 Date Filed: 01/27/14 Debtor: Sound Shore Health System, Inc.	1246	13-22844	Admin: $123,929.94	HEALOGICS WOUND CARE & HYPERBARIC SERVICES INC FKA NATIONAL WOUND CARE & HYPERBARIC SERVICES INC C/O AKERMAN LLP ATTN JOHN B MACDONALD, ESQ 50 N LAURA ST STE 3100 JACKSONVILLE, FL 32202 Date Filed: 01/27/14 Debtor: The Mount Vernon Hospital, Inc.	1244	13-22841	Admin: $123,929.94
5	MEDLINE INDUSTRIES INC ATTN ANNE KISHA ONE MEDLINE PLACE MUNDELEIN, IL 60060 Date Filed: 07/09/13 Debtor: Sound Shore Medical Center of Westchester	259	13-22840	Admin: $316,043.29	MEDLINE INDUSTRIES INC C/O ARENT FOX LLP ATTN ROBERT M HIRSH, ESQ 1675 BROADWAY NEW YORK, NY 10019 Date Filed: 08/21/13 Debtor: Sound Shore Medical Center of Westchester	231	13-22840	Admin: $316,043.29
6	OBISPO-COMAS, JUANA 249 S 10TH AVE MT VERNON, NY 10550 Date Filed: 01/13/14 Debtor: Sound Shore Medical Center of Westchester	1155	13-22840	Admin: $300.00	OBISPO-COMAS, JUANA 249 SOUTH 10TH AVENUE MT VERNON, NY 10550 Date Filed: 10/08/13 Debtor: The Mount Vernon Hospital, Inc.	1026	13-22841	Admin: $300.00

Sound Shore Medical Center of Westchester, *et al* .,
Exhibit A - Duplicate Claims
Administrative Claims

Note: Claimants are listed alphabetically by last name or by entity name.

SEQ NO.	CLAIMS TO BE EXPUNGED				SURVIVING CLAIMS			
	NAME	CLAIM NO.	CASE NUMBER	CLAIM AMOUNT	NAME	CLAIM NO.	CASE NUMBER	CLAIM AMOUNT
7	OPOKU, BENJAMIN 4050 GRACE AVE #1 BRONX, NY 10466 Date Filed: 01/11/14 Debtor: Sound Shore Medical Center of Westchester	1147	13-22840	Admin: $2,100.00	OPOKU, BENJAMIN 4050 GRACE AVE #1 BRONX, NY 10466 Date Filed: 01/11/14 Debtor: Sound Shore Medical Center of Westchester	1146	13-22840	Admin: $2,100.00
8	URSTADT BIDDLE PROPERTIES INC C/O KROLL MCNAMARA EVANS & DELEHANTY LLP ATTN DOUGLAS M EVANS, ESQ 65 MEMORIAL RD STE 300 WEST HARTFORD, CT 06107 Date Filed: 09/13/13 Debtor: NRHMC Services Corporation	588	13-22845	Admin: $5,288.54*	URSTADT BIDDLE PROPERTIES INC C/O KROLL MCNAMARA EVANS & DELEHANTY LLP ATTN DOUGLAS M EVANS ESQ 65 MEMORIAL RD STE 300 WEST HARTFORD, CT 06107 Date Filed: 09/13/13 Debtor: Sound Shore Medical Center of Westchester	589	13-22840	Admin: $5,288.54*
* Denotes an unliquidated component.								

UNITED STATES BANKRUPTCY COURT FOR THE SOUTHERN DISTRICT OF NEW YORK

PROOF OF CLAIM

Name of Debtor (Check Only One):	Case No.
☒ Sound Shore Medical Center of Westchester	13-22840
☐ The Mount Vernon Hospital, Inc.	13-22841
☐ Howe Avenue Nursing Home, d/b/a Helen and Michael Schaffer Extended Care Center	13-22842
☐ The M.V.H. Corporation	13-22843
☐ Sound Shore Health System, Inc.	13-22844
☐ NRHMC Services Corporation	13-22845
☐ New Rochelle Sound Shore Housing, LLC	13-22846

NOTE: *Other than claims asserting administrative priority under 11 U.S.C. § 503(b)(9), this form should not be used to make a claim for administrative expenses arising after the commencement of the case. You may file a request for payment of an administrative expense pursuant to 11 U.S.C. § 503(b).*

Name of Creditor (the person or other entity to whom the Debtor owes money or property): CW North Ridge Plaza LLC

☐ Check this box to indicate that this claim amends a previously filed claim.

Court Claim Number: _____ (If known)

Filed on: _____

Name and address where notices should be sent:
Gleich, Siegel & Farkas, LLP
36 South Station Plaza
Great Neck, NY 11021

Telephone number: 516-482-4436 ext. 222
Email Address: l.emouna@nylawfirm.com

Name and address where payment should be sent (if different from above):

FILED - 80787
U.S. BANKRUPTCY COURT FOR THE SOUTHERN DISTRICT OF NEW YORK
SOUND SHORE MEDICAL CENTER OF WESTCHESTER
ROBERT D. DRAIN

Telephone number:
Email Address:

☐ Check this box if you are aware that anyone else has filed a proof of claim relating to this claim. Attach copy of statement giving particulars.

THE GARDEN CITY GROUP
SEP 16 2013

Your Claim is Scheduled As Follows:

If an amount is identified above, you have a claim scheduled by one of the Debtors as shown. (This scheduled amount of your claim may be an amendment to a previously scheduled amount.) If you agree with the amount and priority of your claim as scheduled by the Debtor and you have no other claim against the Debtor, you do not need to file this proof of claim form, EXCEPT AS FOLLOWS: If the amount shown is listed as any of DISPUTED, UNLIQUIDATED, or CONTINGENT, a proof of claim MUST be filed in order to receive any distribution in respect of your claim. If you have already filed a proof of claim in accordance with the attached instructions, you need not file again.

1. **Amount of Claim as of Date Case Filed (May 29, 2013):** $ 82,296.32

If all or part of the claim is secured, complete item 4.

If all or part of the claim is entitled to priority, complete item 5.

If all or part of the claim arises from the value of any goods received by the Debtor within 20 days before May 29, 2013, the date of commencement of the above case, in which the goods have been sold to the Debtor in the ordinary course of such Debtor's business, pursuant to 11 U.S.C. § 503(b)(9), complete item 6.

☐ Check this box if the claim includes interest or other charges in addition to the principal amount of the claim. Attach a statement that itemizes interest or charges.

2. **Basis for Claim:** Guaranty dated June 4, 1996, and Guaranty dated August 27, 1996
(See instruction #2)

3. **Last four digits of any number by which creditor identifies Debtor:** ____ ____ ____ ____

3a. **Debtor may have scheduled account as:** CW Northridge
(See instruction #3a)

3b. **Uniform Claim Identifier (optional):** _____
(See instruction #3b)

4. **Secured Claim** (See instruction #4)
Check the appropriate box if the claim is secured by a lien on property or a right of setoff, attach required redacted documents, and provide the requested information.

Nature of property or right of setoff: ☐ Real Estate ☐ Motor Vehicle ☐ Other

Describe: _____

Value of Property: $_____

Annual Interest Rate _____% ☐ Fixed or ☐ Variable
(when case was filed)

Amount of arrearage and other charges, as of the time case was filed, included in secured claim, if any: $_____

Basis for perfection: _____

Amount of Secured Claim: $_____

Amount Unsecured: $_____

5. **Amount of Claim Entitled to Priority under 11 U.S.C. § 507 (a). If any part of the claim falls into one of the following categories, check the box specifying the priority and state the amount.**

☐ Domestic support obligations under 11 U.S.C. § 507 (a)(1)(A) or (a)(1)(B).

☐ Up to $2,775* of deposits toward purchase, lease, or rental of property or services for personal, family, or household use – 11 U.S.C. § 507 (a)(7).

☐ Wages, salaries, or commissions (up to $12,475*) earned within 180 days before the case was filed or the Debtor's business ceased, whichever is earlier – 11 U.S.C. § 507 (a)(4).

☐ Taxes or penalties owed to governmental units – 11 U.S.C. § 507 (a)(8).

☐ Contributions to an employee benefit plan – 11 U.S.C. § 507 (a)(5).

☒ Other – Specify applicable paragraph of 11 U.S.C. § 507 (a)(2).

Amount entitled to priority:
$ 14,166.22

*Amounts are subject to adjustment on 4/1/16 and every 3 years thereafter with respect to cases commenced on or after the date of adjustment.

6. **Claim Pursuant to 11 U.S.C. § 503(b)(9):** Indicate the amount of your claim arising from the value of any goods received by the Debtor within 20 days before May 29, 2013, the date of commencement of the above cases, in which the goods have been sold to the Debtor in the ordinary course of such Debtor's business. Attach documentation supporting such claim. $_____

7. **Credits.** The amount of all payments on this claim has been credited for the purpose of making this proof of claim. (See instruction #7)

ORIGINAL

8. **Documents:** Attached are **redacted** copies of any documents that support the claim, such as promissory notes, purchase orders, invoices, itemized statements of running accounts, contracts, judgments, mortgages, and security agreements. [If the claim is secured, box 4 has been completed, and **redacted** copies of documents providing evidence of perfection of a security interest are attached. (*See instruction #8, and the definition of "**redacted**"*)]

DO NOT SEND ORIGINAL DOCUMENTS. ATTACHED DOCUMENTS MAY BE DESTROYED AFTER SCANNING.

If the documents are not available, please explain: _____

9. **Signature:** (See instruction #9) Check the appropriate box.

☐ I am the creditor ☒ I am the creditor's authorized agent. (Attach copy of power of attorney, if any) ☐ I am the trustee, or the Debtor, or their authorized agent. (See Bankruptcy Rule 3004) ☐ I am a guarantor, surety, indorser, or other codebtor. (See Bankruptcy Rule 3005)

I declare under penalty of perjury that the information provided in this claim is true and correct to the best of my knowledge, information, and reasonable belief.

Print Name: Lara P. Emouna

Title: Attorney in fact

Company: Gleich, Siegal & Farkas LLP

Address and telephone number (if different from notice address above):

_____

_____

_____

Telephone number: _____ email: _____

Lara P. Emouna 9/12/13
(Signature) (Date)

Penalty for presenting fraudulent claim: Fine of up to $500,000 or imprisonment for up to 5 years, or both. 18 U.S.C. §§ 152 and 3571.

INSTRUCTIONS FOR PROOF OF CLAIM FORM

The instructions and definitions below are general explanations of the law. In certain circumstances, such as bankruptcy cases not filed voluntarily by the Debtor, exceptions to these general rules may apply. The attorneys for the Debtors and their court-appointed claims agent, GCG, are not authorized and are not providing you with any legal advice.

PLEASE SEND YOUR ORIGINAL, COMPLETED CLAIM FORM AS FOLLOWS: **IF BY MAIL:** Sound Shore Medical of Westchester, *et al.*, c/o GCG, Inc., P.O. Box 9982, Dublin, Ohio 43017-5982. **IF BY HAND OR OVERNIGHT COURIER:** Sound Shore Medical of Westchester, *et al.*, c/o GCG, 5151 Blazer Parkway, Suite A, Dublin, OH 43017. ANY PROOF OF CLAIM SUBMITTED BY FACSIMILE OR EMAIL WILL NOT BE ACCEPTED.

THE GENERAL BAR DATE IN THESE CHAPTER 11 CASES IS SEPTEMBER 16, 2013 AT 4:00 P.M. (PREVAILING EASTERN TIME)
THE GOVERNMENTAL BAR DATE IN THESE CHAPTER 11 CASES IS NOVEMBER 25, 2013 AT 4:00 P.M. (PREVAILING EASTERN TIME)

Items to be completed in Proof of Claim Form

Court, Name of Debtor, and Case Number:
These chapter 11 cases were commenced in the United States Bankruptcy Court for the Southern District of New York on May 29, 2013 (the "Commencement Date"). You should select the Debtor against which you are asserting your claim.

A SEPARATE PROOF OF CLAIM FORM MUST BE FILED AGAINST EACH DEBTOR.

Creditor's Name and Address:
Fill in the name of the person or entity asserting a claim and the name and address of the person who should receive notices issued during the bankruptcy case. Please provide us with a valid email address. A separate space is provided for the payment address if it differs from the notice address. The creditor has a continuing obligation to keep the court informed of its current address. See Federal Rule of Bankruptcy Procedure (FRBP) 2002(g).

1. Amount of Claim as of Date Case Filed:
State the total amount owed to the creditor on the Petition Date. Follow the instructions concerning whether to complete items 4, 5 and 6. Check the box if interest or other charges are included in the claim.

2. Basis for Claim:
State the type of debt or how it was incurred. Examples include goods sold, money loaned, services performed, personal injury/wrongful death, car loan, mortgage note, and credit card. If the claim is based on delivering health care goods or services, limit the disclosure of the goods or services so as to avoid embarrassment or the disclosure of confidential health care information. You may be required to provide additional disclosure if an interested party objects to your claim.

3. Last Four Digits of Any Number by Which Creditor Identifies Debtor: State only the last four digits of the Debtor's account or other number used by the creditor to identify the Debtor.

3a. Debtor May Have Scheduled Account As:
Report a change in the creditor's name, a transferred claim, or any other information that clarifies a difference between this proof of claim and the claim as scheduled by the Debtor.

3b. Uniform Claim Identifier:
If you use a uniform claim identifier, you may report it here. A uniform claim identifier is an optional 24-character identifier that certain large creditors use to facilitate electronic payment in chapter 13 cases.

4. Secured Claim:
Check whether the claim is fully or partially secured. Skip this section if the claim is entirely unsecured. (See Definitions.) If the claim is secured, check the box for the nature and value of property that secures the claim, attach copies of lien documentation, and state, as of the date of the bankruptcy filing, the annual interest rate (and whether it is fixed or variable), and the amount past due on the claim.

5. Amount of Claim Entitled to Priority Under 11 U.S.C. § 507(a):
If any portion of your claim falls in one or more of the listed categories, check the appropriate box(es) and state the amount entitled to priority. (See DEFINITIONS, below) A claim may be partly priority and partly non-priority. For example, in some of the categories, the law limits the amount entitled to priority.

6. Claim Pursuant to 11 U.S.C. § 503 (b)(9):
If you have a claim arising from the value of any goods received by the Debtor within 20 days before May 29, 2013, the date of commencement of the above cases, in which the goods have been sold to the Debtor in the ordinary course of the Debtor's business, state the amount of such claim and attach documentation supporting such claim. (See DEFINITIONS, below)

7. Credits:
An authorized signature on this proof of claim serves as an acknowledgment that when calculating the amount of the claim, the creditor gave the Debtor credit for any payments received toward the debt.

8. Documents:
Attach redacted copies of any documents that show the debt exists and a lien secures the debt. You must also attach copies of documents that evidence perfection of any security interest. You may also attach a summary in addition to the documents themselves. FRBP 3001(c) and (d). If the claim is based on delivering health care goods or services, limit disclosing confidential healthcare information. Do not send original documents, as attachments may be destroyed after scanning.

9. Date and Signature:
The individual completing this proof of claim must sign and date it. FRBP 9011. If the claim is filed electronically, FRBP 5005(a)(2) authorizes courts to establish local rules specifying what constitutes a signature. If you sign this form, you declare under penalty of perjury that the information provided is true and correct to the best of your knowledge, information, and reasonable belief. Your signature is also a certification that the claim meets the requirements of FRBP 9011(b). Whether the claim is filed electronically or in person, if your name is on the signature line, you are responsible for the declaration. Print the name and title, if any, of the creditor or other person authorized to file this claim. State the filer's address and telephone number if it differs from the address given on the top of the form for purposes of receiving notices. If the claim is filed by an authorized agent, attach a complete copy of any power of attorney, and provide both the name of the individual filing the claim and the name of the agent. If the authorized agent is a servicer, identify the corporate servicer as the company. Criminal penalties apply for making a false statement on a proof of claim.

GLEICH, SIEGEL & FARKAS LLP

ATTORNEYS AT LAW
36 SOUTH STATION PLAZA
GREAT NECK, NEW YORK 11021-3531

TEL. (516) 482-4436
FAX (516) 482-8916

STEPHAN B. GLEICH
JANE COHEN SIEGEL
JONATHAN H. FREIBERGER

LARA P. EMOUNA
GABRIEL A. LEVENTHAL

OF COUNSEL
LAWRENCE W. FARKAS

VIA FED-EX

September 13, 2013

Sound Shore Medical Center of Westchester, et al.
c/o GCG, Inc.
5151 Blazer Parkway, Suite A
Dublin, OH 43017

Re: In Re: Sound Shore Medical Center of Westchester, et al.
Chapter 11 Case # 13-22840 (RDD)

We represent CW NORTH RIDGE PLAZA LLC the landlord/creditor.

Enclosed are the following:

1. Proof of Claim to be filed against debtor Sound Shore Medical Center of Westchester, Case No. 13-22840; and

2. Proof of Claim to be filed against debtor NRHMC Services Corporation, Case No. 13-22845.

Thank you for your cooperation.

Very truly yours,

GLEICH, SIEGEL & FARKAS LLP

Lara P. Emouna

LPE:SMR
Enclosures

SUMMARY OF CLAIM

The following is a summary of the claim by CW NORTH RIDGE PLAZA LLC ("LANDLORD"):

1. This summary sets forth LANDLORD's claims as respects the debtor, Sound Shore Medical Center of Westchester (also referred to as the "Debtor" or "Guarantor").

2. On May 29, 2013 (the "Petition Date"), the Debtor and certain of its debtor affiliates each filed a voluntary petition for relief under Chapter 11 of the Bankruptcy Code.

3. LANDLORD is/was the landlord of the affiliated debtor, NRHMC Services Corp. ("Tenant") at two premises (further detailed below):

A. Store #200-A located in the North Ridge Shopping Plaza
B. Store Nos. 205 and 207 located in the North Ridge Shopping Center

The basis for this claim is certain Guarantees executed by the Guarantor with respect to Tenant's Leases for the respective premises. LANDLORD's proof of claim filed against Tenant is annexed as Exhibit "1" hereto and incorporated here by this reference (the "Landlord Claim").

4. Annexed as Exhibit "A" to the Landlord Claim is the 200-A Lease.[1] Also annexed as part of such Exhibit "A" is a Guaranty dated June 4, 1996, by

[1] Capitalized terms are ascribed the same meaning as set forth in the Landlord Claim.

New Rochelle Hospital Medical Center, as reaffirmed by Guarantor on September 6, 2011, and July 24, 2012 (the 200-A Guaranty).

5. Annexed as Exhibit "C" to the Landlord Claim is the Store 205 Lease. Also annexed as part of such Exhibit "C" is a Guaranty dated August 27, 1996 as reaffirmed by Guarantor on February 27, 2012, and August 20, 2012 (the "Store 205 Guaranty").

6. By virtue of the 200-A Guaranty, the Guarantor is liable to pay to LANDLORD all obligations due and owing from the Tenant to the LANDLORD pursuant to the 200-A Lease (set forth on Exhibit "B" to the Landlord Claim, plus attorneys' fees and expenses set forth on Exhibit "E" to the Landlord Claim).

7. By virtue of the Store 205 Guaranty, the Guarantor is liable to pay to LANDLORD all obligations due and owing from the Tenant to the LANDLORD pursuant to the Store 205 Lease (set fort on Exhibit "D" to the Landlord Claim, plus attorneys' fees and expenses set forth on Exhibit "E" to the Landlord Claim).

8. Thus as set forth in the Landlord Claim, the Tenant is liable to the LANDLORD upon the Leases in an amount no less than $82,296.32.

9. Therefore, by virtue of the respective Guarantees, the LANDLORD's claim against the Guarantor now totals at least $82,296.32 for outstanding rent and additional rent, attorneys' fees, and expenses. Of this amount, $14,166.22 is an administrative period claim subject to priority.

10. The LANDLORD reserves the right to amend this claim and/or to specify amounts of costs that are now unknown, are accruing, or will be incurred pursuant to the Lease.

Dated: Great Neck, New York
September 12, 2013

LARA P. EMOUNA
GLEICH & SIEGEL & FARKAS LLP
36 South Station Plaza
Great Neck, New York 11021
(516) 482-4436

SUMMARY OF CLAIM

The following is a summary of the claim by CW NORTH RIDGE PLAZA LLC ("LANDLORD"):

1. This summary sets forth LANDLORD's claims as respects debtor, NRHMC Services Corp. (also referred to as the "Tenant" or "Debtor").

2. On May 29, 2013 (the "Petition Date"), Sound Shore Medical Center of Westchester and certain of its debtor affiliates, including the Tenant, each filed a voluntary petition for relief under Chapter 11 of the Bankruptcy Code.

3. LANDLORD is/was the Debtor's landlord at two premises (further detailed below):

(A) Store #200-A located in the North Ridge Shopping Center
(B) Store Nos. 205 and 207 located in the North Ridge Shopping Center

4. This Proof of Claim sets for LANDLORD's claims as to both leases and premises.

A. THE CLAIM ARISING FROM LEASE FOR PREMISES REFERED TO AS Store #200-A located in the North Ridge Shopping Center

5. The first basis for this claim is a Lease dated June 4, 1996, between KRT Property Holdings, Inc., by and through its managing agent, Kranzo Realty Trust, as landlord, and NRHMC Services Corp., as tenant, for premises referred to as Store #200-A located in the North Ridge Shopping Center in 77 Quaker Ridge Road, in New Rochelle, New York 10804, as amended September 6, 2011 and July 24, 2012; LANDLORD is the landlord's successor-in-interest (the "200-A Lease"). A copy of the

200-A Lease, as amended, is annexed hereto as Exhibit "A". (LANDLORD's Lease No. 04055023)

6. The Tenant entered into possession of the premises pursuant to the 200-A Lease. In or about July 2012, the Tenant defaulted in the payment of rent, or sums identified as "additional rent," due pursuant to the 200-A Lease, which default continued in the succeeding months, through and including the Petition Date.

7. The 200-A Lease expired by it terms on June 30, 2013, and the Tenant's possession accordingly ended.

8. LANDLORD also incurred attorney's fees and expenses during the pendency of this proceeding as a result of Tenant's post-petition obligations defaults, and to enforce compliance by the Tenant with terms, conditions and covenants of the 200-A Lease, which fees and expenses are due pursuant to the Lease (see ¶ 19 of 200-A Lease and Section R8 of the Rider) as further detailed below.[1]

9. The schedule attached here as Exhibit "B" shows the Tenant's estimated outstanding pre-petition obligations with respect to the 200-A Lease through May 28, 2013 totaling $56,563.65.

10. LANDLORD does not hold a security deposit on the 200-A Lease.

11. Therefore, the 200-A Lease claim now totals at least $56,563.65 for outstanding rent and additional rent, plus additional attorney's fees and expenses as set forth below. Of this amount, the attorney's fees and expenses set forth below are a

[1] Pursuant to ¶ 19 and § R8 of the Lease, attorneys' fees and expenses are deemed to be "additional rent."

priority administrative claim, and the remaining balance of $56,563.65 is an unsecured claim.

B. THE CLAIM ARISING FROM LEASE FOR PREMISES REFERRED TO AS Store Nos. 205 and 207 located in the North Ridge Shopping Center

12. The Debtor is also indebted to LANDLORD pursuant to a Lease dated August 27, 1996, between KRT Property Holdings, Inc., by and through its managing agent, Kranzco Realty Trust, as landlord, and NRHMC Services Corp., as tenant, for premises referred to as Store Nos. 205 and 207, located in the North Ridge Shopping Center in 77 Quaker Ridge Road, in New Rochelle, New York 10804, as amended February 27, 2012 and August 20, 2012; CW North Ridge Plaza LLC is the landlord's successor-in-interest (the "Store 205 Lease"). A copy of the Store 205 Lease, as amended, in annexed hereto as Exhibit "C". (LANDLORD's Lease No. 04055022)

13. The Tenant entered into possession of the premises pursuant to the Store 205 Lease.[2] In or about November, 2011, the Tenant defaulted in the payment of rent, or sums identified as "additional rent," due pursuant to the Store 205 Lease, which default continued in the succeeding months, through and including the Petition Date.

14. The schedule attached here as Exhibit "D" shows the Tenant's estimated outstanding obligations with respect to the Store 205 Lease, including outstanding pre-petition obligations through May 28, 2013 of $13,732.67, of this amount, the following is post-petition administrative period rent and additional rent:

$2,166.22 Rent reconciliation billed July 2013, due October 2013

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[2] The premises referred to as Store No. 207 was subsequently surrendered pursuant to the First Amendment of Lease dated February 27, 2012.

Also, LANDLORD has incurred attorney's fees and expenses during the pendency of this proceeding as a result of Tenant's post-petition obligations and defaults, and to enforce compliance by the tenant with terms, conditions and covenants of the Lease, which fees and expenses are due pursuant to the Lease (see Store 205 Lease ¶ 19, and Section R8 of the Rider) and further detailed below.[3]

15. The LANDLORD does not hold a security deposit.

16. Therefore, the 200-A Lease claim now totals $13,732.67 plus attorneys' fees and expenses set forth below. Of this amount, $2,166.22 plus the attorneys' fees and expenses are a priority administrative claim, and the remaining balance of $11,566.45 is an unsecured claim.

17. Pursuant to the Second Amendment of Lease the Store 205 Lease will expire by its terms on August 31, 2014. At this time it is unknown whether the Store 205 Lease will be assumed (in which case the administrative part of the claim should be cured) or rejected (in which case the LANDLORD will set forth rejection damages). Therefore, LANDLORD reserves the right to amend this claim accordingly.

C. CLAIMS COMMON TO BOTH LEASES

18. LANDLORD has incurred attorneys' fees and expenses as result of Tenant's defaults and to enforce compliance by the tenant with terms, conditions and covenants of the Lease, which fees and expenses are now due pursuant to the respective Leases in the amount of $10,776.25 as of September 10, 2013, plus additional fees and expenses estimated to be incurred while this proceeding is pending, resulting in a claim

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[3] Pursuant to ¶ 19 and § R8 of the Lease, attorneys' fees and expenses are deemed to be "additional rent."

for same of no less than $12,000.00. A Statement of Legal Fees through September 10, 2013 is annexed as Exhibit "E".

19. LANDLORD received a check from Tenant in July 2013 in the amount of about $18,660.42, which amount was not attributable to specific outstanding amounts owed by the Tenant. LANDLORD returned this check to the Debtor prior to the Bar Date.

20. Therefore, the claim now totals at least $82,296.32[4] for outstanding rent and additional rent, attorneys' fees, and expenses. Of this amount, approximately $14,166.22 is the priority administrative claim, and the remaining balance of $68,130.10[5] is an unsecured claim.

21. LANDLORD is filing a separate claim pursuant to two certain guaranties of the subject leases by co-debtor Sound Shore Medical Center of Westchester.

22. LANDLORD reserves the right to amend this claim and/or to specify amounts of costs that are now unknown, are accruing, or will be incurred pursuant to the Leases.

Dated: Great Neck, New York
September 12, 2013

LARA P. EMOUNA
GLEICH, SIEGEL & FARKAS LLP
36 South Station Plaza
Great Neck, New York 11021
(516) 482-4436

[4] $56,563.65 + $13,732.67 + $12,000
[5] $56,563.65 + $13,732.67 - $2,166.22

SECOND AMENDMENT OF LEASE

Second Amendment of Lease, dated July 24, 2012 (the "Amendment"), by and between CW NORTH RIDGE PLAZA LLC, a Delaware limited liability company, (the "Landlord") and NRHMC SERVICES CORP., a New York corporation, (the "Tenant").

WHEREAS, Landlord's predecessor-in-interest, KRT Property Holdings, Inc., and Tenant entered into a lease, dated June 4, 1996, with respect to the premises occupied by Tenant and located at the North Ridge Professional Building, 77 Quaker Ridge Road, New Rochelle, New York, 10804 (the "Premises"); and

WHEREAS, the lease was amended by a certain First Amendment of Lease, dated September 6, 2011 (the original lease and the First Amendment collectively are referred to as the "Lease"); and

WHEREAS, Landlord and Tenant hereby elect to amend the terms of said Lease.

NOW, THEREFORE, for and in consideration of the covenants herein contained and other good and valuable consideration, the receipt and adequacy of which are hereby acknowledged, it is agreed as follows:

1. LEASE TERM. The Lease is amended to extend the term thereof for a period of one year commencing July 1, 2012 and terminating June 30, 2013.

2. MUTUAL RIGHT OF EARLY TERMINATION.

(a) After December 31, 2012, Landlord and Tenant each shall have the right to terminate the Lease, with or without cause, upon written notice given to the other (the "Termination Notice"). If such Termination Notice shall be given, then the Lease shall terminate on the last day of the month that is 90 days following such party's receipt thereof (the "Termination Date"). On the Termination Date, the Lease shall terminate with all the same force and effect as if the termination date originally had been set forth in the Lease as the Lease expiration date; and Tenant shall surrender and deliver the Demised Premises to Landlord in accordance with the Lease.

(b) If Tenant shall terminate the Lease, then as a condition to the validity thereof, Tenant's notice shall be accompanied by a termination payment equal to $5,000 for each month remaining in the term after the Termination Date. In the interest of the clarity, such Termination Payment is not pre-paid rent; and Tenant shall continue to fulfill all of Tenant's obligations under the Lease, including the payment of Rent as it becomes due, through the Termination Date.

3. MINIMUM RENT. The Lease is amended to provide that the Minimum Rent shall be $9,142.50 per month from July 1, 2012 through June 30, 2013.

4. MISCELLANEOUS. Except as otherwise provided herein, all other terms and conditions of the Lease shall be deemed to be incorporated herein and made part of this Amendment and shall continue in full force and effect. The submission of this Amendment for examination does not constitute an offer to amend the Lease; and shall become effective only upon execution and legal delivery thereof by both Landlord and Tenant. Once executed, this Amendment shall be binding upon the parties hereto and their heirs, successors and assigns. This Amendment may be executed in more than one counterpart, and each such counterpart shall be deemed to be an original document.

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JUL 26 2012
NEL

IN WITNESS WHEREOF, Landlord and Tenant have executed this Amendment as of the day and year first above written.

LANDLORD: CW NORTH RIDGE PLAZA LLC, a Delaware limited liability company

By: _____
Barry Rodenstein
Senior Vice President

TENANT: NRHMC SERVICES CORP., a New York corporation,

By: _____
Name: JOHN R SPICER
Title: President

REAFFIRMATION OF GUARANTY

The undersigned, as guarantor of the Lease under that certain Guaranty, dated June 4, 1996, hereby approves of the within Amendment; and ratifies and affirm its continuing obligations under said Guaranty as guarantor of the Lease as amended hereby.

GUARANTOR: SOUND SHORE MEDICAL CENTER, a New York corporation,

By: _____
Name: John P Mamangakis
Title: Senior Vice President

FIRST AMENDMENT OF LEASE

First Amendment of Lease, dated ~~May~~ Sept 6, 2011 (the "Amendment"), by and between CW NORTH RIDGE PLAZA LLC, a Delaware limited liability company, (the "Landlord") and NRHMC SERVICES CORP., a New York corporation, (the "Tenant").

WHEREAS, Landlord's predecessor-in-interest, KRT Property Holdings, Inc., and Tenant entered into a lease, dated June 4, 1996 (the "Lease"), with respect to the premises occupied by Tenant and located at the North Ridge Professional Building, 77 Quaker Ridge Road, New Rochelle, New York, 10804 (the "Premises"); and

WHEREAS, Landlord and Tenant hereby elect to amend the terms of said Lease.

NOW, THEREFORE, for and in consideration of the covenants herein contained and other good and valuable consideration, the receipt and adequacy of which are hereby acknowledged, it is agreed as follows:

1. LEASE TERM. The Lease is amended to extend the term thereof for a period of one year commencing July 1, 2011 and terminating June 30, 2012.

2. MINIMUM RENT. The Lease is amended to provide that the Minimum Rent shall be $7,950.00 per month from July 1, 2011 through June 30, 2012.

3. NOTICE ADDRESSES. The Lease is updated to provide that the applicable addresses for the giving of notice under the Lease are as follows:

If to Landlord:	CW North Ridge Plaza LLC % Centro Properties Group 420 Lexington Avenue, 7th Floor New York, NY 10170 Attention: Office of General Counsel
with a copy to:	Centro Properties Group 131 Dartmouth Street Boston, MA 02116-5134 Attention: Office of Regional Counsel
If to Tenant:	NRHMC Services Corp. 16 Guion Place New Rochelle, NY 10802

In the interest of clarity, the address for the payment of rent has not changed.

4. MISCELLANEOUS. Except as otherwise provided herein, all other terms and conditions of the Lease shall be deemed to be incorporated herein and made part of this Amendment and shall continue in full force and effect. In the interest of clarity, any and all options to extend the term of the Lease as right contained in the Lease (*see*, Rider ¶3) are deleted as no longer applicable. The submission of this Amendment for examination does not constitute an offer to amend the Lease; and shall become effective only upon execution and legal delivery thereof by both Landlord and Tenant. Once executed, this Amendment shall be binding upon the parties hereto and their heirs, successors and assigns. This

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SEP 09 2011
RECORDS DEPT.

Amendment may be executed in more than one counterpart, and each such counterpart shall be deemed to be an original document.

IN WITNESS WHEREOF, Landlord and Tenant have executed this Amendment as of the day and year first above written.

LANDLORD: CW NORTH RIDGE PLAZA LLC, a Delaware limited liability company

By: _____
Barry Rodenstein
Senior Vice President

TENANT: NRHMC SERVICES CORP., a New York corporation,

By: _____
Name: _____
Title: _____

REAFFIRMATION OF GUARANTY

The undersigned, as guarantor of the Lease under that certain Guaranty, dated June 4, 1996, hereby approves of the within Amendment; and ratifies and affirm its continuing obligations under said Guaranty as guarantor of the Lease as amended hereby.

GUARANTOR: Sound Shore ~~NEW ROCHELLE HOSPITAL~~ MEDICAL CENTER, a New York corporation,

By: _____
Name: ALBERT FARINA CFO
Title: CFO

LANDLORD'S COPY

Lease

NORTH RIDGE SHOPPING CENTER
NEW ROCHELLE, NEW YORK

Shopping Center

KRT PROPERTY HOLDINGS, INC., BY AND THROUGH ITS MANAGING AGENT, KRANZCO REALTY TRUST

Landlord

AND

NRHMC SERVICES CORP.

Tenant

Date: June 4, 1996

File: NORT - 136

Kranzco

Kranzco Form 100 KRT

This Lease dated this 4th day of June 19 96 between
KRT PROPERTY HOLDINGS, INC., A MD. CORPORATION, BY AND THROUGH ITS MANAGING AGENT, KRANZCO REALTY TRUST, A MD. REAL ESTATE INVESTMENT TRUST,
having an address at 128 Fayette Street, Conshohocken, Pennsylvania 19428 ("Landlord"), and
NRHMC SERVICES CORP., a New York Corporation,

having an address at 16 Guion Place; New Rochelle, New York 10802 Tenant.

Certain Fundamental Lease Provisions are presented in this Section and represent the agreement of the parties hereto, subject to further definition and elaboration in the respective referred Sections elsewhere in this Lease:

Shopping Center: Located in the North Ridge Shopping Center in
77 Quaker Ridge Road; New Rochelle, New York 10804

Demised Premises: Containing approximately 5,300 square feet with
approximate dimensions of x as shown as
Store # 200-A and outlined in red on Exhibit "A" attached hereto.

Permitted Use: Any lawfully permitted office use,

~~under the style and trade name of~~
~~New Rochelle Hospital Medical Center~~

and for no other purpose. (See Paragraph Twenty)

Minimum Annual Rent: $ 79,500.00 (Yrs. 1-5) (See Paragraph Two)
90,100.00 (Yrs. 6-10)
95,400.00 (Yrs. 11-15)
(See Rider for Option)

Monthly Rent Payment: $ 6,625.00 (Yrs. 1-5) (See Paragraph Two)
7,508.33 (Yrs. 6-10)
7,950.00 (Yrs. 11-15)
(See Rider for Option)

Initial Common Area Charge: $ 1,546.00 per month Subject to Adjustment (See Paragraph Nine)

Initial Tax Share: $ 1,524.00 per month Subject to Adjustment (See Paragraph Twenty-Six)

Merchant's Association: $ N/A Subject to Adjustment (See Paragraph Thirty)

Initial Monthly Remittance: $ 9,695.00

Percentage Rent Factor: N/A (See Paragraph Nineteen)

Term: Fifteen (15) years (See Paragraph One)

Security Deposit: $ None (See Paragraph Twenty-Five)

References appearing in the Fundamental Lease Provisions are to designate some of the other places in this Lease where additional provisions applicable to the particular Fundamental Lease Provisions appear. Each reference in this Lease to any of the Fundamental Lease Provisions on Pages 1 and 2 shall be construed to incorpoate all of the terms provided for under such provisions, and such provisions shall be read in conjunction with all other provisions of this Lease applicable thereto. If there is any conflict between any of the Fundamental Lease Provisions set forth on Pages 1 and 2 and any other provisons of this Lease, the latter shall control. The listing on Page 1 of the monetary charges payable by Tenant shall not be construed to be an exhaustive list of all monetary amounts payable by Tenant under this Lease.

100-9/92

DEPT	OK
Legal	
Exec.	
Accnt.	
Const.	
Leasing	
Oper.	

Agreement of Lease, made as of this 7th day of October 1998, between KRT PROPERTY HOLDINGS, INC., a MD corporation, by and through its managing agent, KRANZCO REALTY TRUST, a MD real estate investment trust, having an address at 128 Fayette Street, Conshohocken, PA 19428

party of the first part, hereinafter referred to as OWNER, and NRHMC SERVICES CORP., a New York Corporation, having an address at 16 Guion Place, New Rochelle, New York 10802

party of the second part, hereinafter referred to as TENANT,

Witnesseth: Owner hereby leases to Tenant and Tenant hereby hires from Owner Suite 200-A in the North Ridge Shopping Center, having an address at 77 Quaker Ridge Road, New Rochelle, New York 10804 (hereinafter referred to as the "Demised Premises" or demised premises")

in the building known as
in the Borough of , City of New York, for the term of fifteen (15) years, commencing on the date this Lease is fully executed ~~the earlier of 120 days after possession or when Tenant opens for business, whichever occurs first~~, provided ~~(or until such term shall sooner cease and expire as hereinafter provided) to commence on the~~ however, that Tenant shall not be required to pay rent, additional rent, or any other sums due under the Lease attributable to the period prior to the earlier of 120 days after Tenant is given possession of the Demised Premises, or when Tenant commences business operations, whichever occurs first.

See Page 1 of Lease Agreement for Annual Rental Rates.

which Tenant agrees to pay in lawful money of the United States which shall be legal tender in payment of all debts and dues, public and private, at the time of payment, in equal monthly installments in advance on the first day of each month during said term, at the office of Owner or such other place as Owner may designate, without any set off or deduction whatsoever, except that Tenant shall pay the first monthly installment(s) on the execution hereof (unless this lease be a renewal).

~~In the event that, at the commencement of the term of this lease, or thereafter, Tenant shall be in default in the payment~~ of rent to Owner pursuant to the terms of another lease with Owner or with Owner's predecessor in interest, Owner may at Owner's option and ~~without notice to Tenant~~ add the amount of such arrears to any monthly installment of rent payable ~~hereunder and the same shall be payable to Owner as additional rent.~~

The parties hereto, for themselves, their heirs, distributees, executors, administrators, legal representatives, successors and assigns, hereby covenant as follows:

Rent 1. Tenant shall pay the rent as above and as hereinafter provided.

Occupancy 2. Tenant shall use and occupy demised premises for any lawfully permitted office use, and for no other purpose.

Tenant Alterations: 3. Tenant shall make no changes in or to the demised premises of any nature without Owner's prior written consent. Subject to the prior written consent of Owner, and to the provisions of this article, Tenant at Tenant's expense, may make alterations, installations, additions or improvements which are non-structural and which do not affect utility services or plumbing and electrical lines, in or to the interior of the demised premises by using contractors or mechanics first approved by Owner. Tenant shall, before making any alterations, additions, installations or improvements, at its expense, obtain all permits, approvals and certificates required by any governmental or quasi-governmental bodies and (upon completion) certificates of final approval thereof and shall deliver promptly duplicates of all such permits, approvals and certificates to Owner and Tenant agrees to carry and will cause Tenant's contractors and sub-contractors to carry such workman's compensation, general liability, personal and property damage insurance as Owner may require. If any mechanic's lien is filed against the demised premises, or the building of which the same forms a part, for work claimed to have been done for, or materials furnished to, Tenant, whether or not done pursuant to this article, the same shall be discharged by Tenant within thirty days thereafter, at Tenant's expense, by filing the bond required by law. All fixtures and all paneling, partitions, railings and like installations, installed in the premises at any time, either by Tenant or by Owner in Tenant's behalf, shall, upon installation, become the property of Owner and shall remain upon and be surrendered with the demised premises unless Owner, by notice to Tenant no later than twenty days prior to the date fixed as the termination of this lease, elects to relinquish Owner's right thereto and to have them removed by Tenant, in which event the same shall be removed from the premises by Tenant prior to the expiration of the lease, at Tenant's expense. Nothing in this Article shall be construed to give Owner title to or to prevent Tenant's removal of trade fixtures, moveable office furniture and equipment, but upon removal of any such from the premises or upon removal of other installations as may be required by Owner, Tenant shall immediately and at its expense, repair and restore the premises to the condition existing prior to installation and repair any damage to the demised premises or the building due to such removal. All property permitted or required to be removed, by Tenant at the end of the term remaining in the premises after Tenant's removal shall be deemed abandoned and may, at the election of Owner, either be retained as Owner's property or may be removed from the premises by Owner, at Tenant's expense.

which consent shall not be unreasonably withheld.

Maintenance and Repairs 4. Tenant shall, throughout the term of this lease, take good care of the demised premises and the fixtures and appurtenances therein. Tenant shall be responsible for all damage or injury to the demised premises or any other part of the building and the systems and equipment thereof, whether requiring structural or nonstructural repairs caused by or resulting from carelessness, omission, neglect or improper conduct of Tenant, Tenant's subtenants, agents, employees, invitees or licensees, or which arise out of any work, labor, service or equipment done for or supplied to Tenant or any subtenant or arising out of the installation, use or operation of the property or equipment of Tenant or any subtenant. Tenant shall also repair all damage to the building and the demised premises caused by the moving of Tenant's fixtures, furniture and equipment. Tenant shall promptly make, at Tenant's expense, all repairs in and to the demised premises for which Tenant is responsible, using only the contractor for the trade or trades in question, selected from a list of at least two contractors per trade submitted by Owner. Any other repairs in or to the building or the facilities and systems thereof for which Tenant is responsible shall be performed by Owner at the Tenant's expense. Owner shall maintain in good working order and repair the exterior and the structural portions of the building, including the structural portions of its demised premises, and the public portions of the building interior and the building plumbing, electrical, heating and ventilating systems (to the extent such systems presently exist) serving the demised premises. Tenant agrees to give prompt notice of any defective condition in the premises for which Owner may be responsible hereunder. There shall be no allowance to Tenant for diminution of rental value and no liability on the part of Owner by reason of inconvenience, annoyance or injury to business arising from Owner or others making repairs, alterations, additions or improvements in or to any portion of the building or the demised premises or in and to the fixtures, appurtenances or equipment thereof. It is specifically agreed that Tenant shall not be entitled to any setoff or reduction of rent by reason of any failure of Owner to comply with the covenants of this or any other article of this Lease. Tenant agrees that Tenant's sole remedy at law in such instance will be by way of an action for damages for breach of contract. The provisions of this Article 4 shall not apply in the case of fire or other casualty which are dealt with in Article 9 hereof.

reasonably

payment, or by

Owner shall use commercially reasonable and diligent efforts to complete any repairs required to be made by Owner under the Lease.

Window Cleaning: 5. Tenant will not clean nor require, permit, suffer or allow any window in the demised premises to be cleaned from the outside in violation of Section 202 of the Labor Law or any other applicable law or of the Rules of the Board of Standards and Appeals, or of any other Board or body having or asserting jurisdiction.

Requirements of Law, Fire Insurance, Floor Loads: 6. Prior to the commencement of the lease term, if Tenant is then in possession, and at all times thereafter, Tenant, at Tenant's sole cost and expense, shall promptly comply with all present and future laws, orders and regulations of all state, federal, municipal and local governments, departments, commissions and boards and any direction of any public officer pursuant to law, and all orders, rules and regulations of the New York Board of Fire Underwriters, Insurance Services Office, or any similar body which shall impose any violation, order or duty upon Owner or Tenant with respect to the demised premises, whether or not arising out of Tenant's use or manner of use thereof, (including Tenant's permitted use) or, with respect to the building if arising out of Tenant's

Structural repairs or alterations required by reason of Tenant's manner of use of the demised premises or method of operation therein, violated any such laws, ordinances, orders, rules, regulations or requirements with respect thereto. Tenant may, after securing Owner to Owner's satisfaction against all damages, interest, penalties and expenses, including, but not limited to, reasonable attorney's fees, by cash deposit or by surety bond in an amount and in a company satisfactory to Owner, contest and appeal any such laws, ordinances, orders, rules, regulations or requirements provided same is done with all reasonable promptness and provided such appeal shall not subject Owner to prosecution for a criminal offense or constitute a default under any lease or mortgage under which Owner may be obligated, or cause the demised premises or any part thereof to be condemned or vacated. Tenant shall not do or permit any act or thing to be done in or to the demised premises which is contrary to law, or which will invalidate or be in conflict with public liability, fire or other policies of insurance at any time carried by or for the benefit of Owner with respect to the demised premises or the building of which the demised premises form a part, or which shall or might subject Owner to any liability or responsibility to any person or for property damage. Tenant shall not keep anything in the demised premises except as now or hereafter permitted by the Fire Department, Board of Fire Underwriters, Fire Insurance Rating Organization or other authority having jurisdiction, and then only in such manner and such quantity so as not to increase the rate for fire insurance applicable to the building, nor use the premises in a manner which will increase the insurance rate for the building or any property located therein over that in effect prior to the commencement of Tenant's occupancy. Tenant shall pay all costs, expenses, fines, penalties, or damages, which may be imposed upon Owner by reason of Tenant's failure to comply with the provisions of this article and if by reason of such failure the fire insurance rate shall, at the beginning of this lease or at any time thereafter, be higher than it otherwise would be, then Tenant shall reimburse Owner, as additional rent hereunder, for that portion of all fire insurance premiums thereafter paid by Owner which shall have been charged because of such failure by Tenant. In any action or proceeding wherein Owner and Tenant are parties, a schedule or "make-up" of rate for the building or demised premises issued by the New York Fire Insurance Exchange, or other body making fire insurance rates applicable to said premises shall be conclusive evidence of the facts therein stated and of the several items and charges in the fire insurance rates then applicable to said premises. Tenant shall not place a load upon any floor of the demised premises exceeding the floor load per square foot area which it was designed to carry and which is allowed by law. Owner reserves the right to prescribe the weight and position of all safes, business machines and mechanical equipment. Such installations shall be placed and maintained by Tenant, at Tenant's expense, in settings sufficient, in Owner's judgement, to absorb and prevent vibration, noise and annoyance.

Subordination: 7. This lease is subject and subordinate to all ground or underlying leases and to all mortgages which may now or hereafter affect such leases or the real property of which demised premises are a part and to all renewals, modifications, consolidations, replacements and extensions of any such underlying leases and mortgages. This clause shall be self-operative and no further instrument of subordination shall be required by any ground or underlying lessor or by any mortgagee, affecting any lease or the real property of which the demised premises are a part. In confirmation of such subordination, Tenant shall execute promptly any certificate that Owner may request.

Property—Loss, Damage, Reimbursement, Indemnity: 8. Owner or its agents shall not be liable for any damage to property of Tenant or of others entrusted to employees of the building, nor for loss of or damage to any property of Tenant by theft or otherwise, nor for any injury or damage to persons or property resulting from any cause of whatsoever nature, unless caused by or due to the negligence of Owner, its agents, servants or employees. Owner or its agents will not be liable for any such damage caused by other tenants or persons in, upon or about said building or caused by operations in construction of any private, public or quasi public work.
If at any time any windows of the demised premises are temporarily closed, darkened or bricked up (or permanently closed, darkened or bricked up, if required by law) for any reason whatsoever including, but not limited to Owner's own acts, Owner shall not be liable for any damage Tenant may sustain thereby and Tenant shall not be entitled to any compensation therefor nor abatement or diminution of rent nor shall the same release Tenant from its obligations hereunder nor constitute an eviction. Tenant shall indemnify and save harmless Owner against and from all liabilities, obligations, damages, penalties, claims, costs and expenses for which Owner shall not be reimbursed by insurance, including reasonable attorneys fees, paid, suffered or incurred as a result of any breach by Tenant, Tenant's agents, contractors, employees, invitees, or licensees, of any covenant or condition of this lease, or the carelessness, negligence or improper conduct of the Tenant, Tenant's agents, contractors, employees, invitees or licensees. Tenant's liability under this lease extends to the acts and omissions of any sub tenant, and any agent, contractor, employee, invitee or licensee of any sub-tenant. In case any action or proceeding is brought against Owner by reason of any such claim, Tenant, upon written notice from Owner, will, at Tenant's expense, resist or defend such action or proceeding by counsel approved by Owner in writing, such approval not to be unreasonably withheld.

Destruction, Fire and Other Casualty: 9. (a) If the demised premises or any part thereof shall be damaged by fire or other casualty, Tenant shall give immediate notice thereof to Owner and this lease shall continue in full force and effect except as hereinafter set forth. (b) If the demised premises are partially damaged or rendered partially unusable by fire or other casualty, the damages thereto shall be repaired by and at the expense of Owner and the rent, until such repair shall be substantially completed, shall be apportioned from the day following the casualty according to the part of the premises which is usable. (c) If the demised premises are totally damaged or rendered wholly unusable by fire or other casualty, then the rent shall be proportionately paid up to the time of the casualty and thenceforth shall cease until the date when the premises shall have been repaired and restored by Owner, subject to Owner's right to elect not to restore the same as hereinafter provided. (d) Notwithstanding the foregoing, including Owner's right to elect not to restore the same, in the event that the demised premises are damaged in whole or in part) if the building shall be so damaged that Owner shall decide to demolish it or to rebuild it, then, in any of such events, Owner may elect to terminate this lease by written notice to Tenant, given within 90 days after such fire or casualty, specifying a date for the expiration of the lease, which date shall not be more than 60 days after the giving of such notice, and upon the date specified in such notice the term of this lease shall expire as fully and completely as if such date were the date set forth above for the termination of this lease and Tenant shall forthwith quit, surrender and vacate the premises without prejudice however, to Landlord's rights and remedies against Tenant under the lease provisions in effect prior to such termination, and any rent owing shall be paid up to such date and any payments of rent made by Tenant which were on account of any period subsequent to such date shall be returned to Tenant. Unless Owner shall serve a termination notice as provided for herein, Owner shall make the repairs and restorations under the conditions of (b) and (c) hereof, with all reasonable expedition, subject to delays due to adjustment of insurance claims, labor troubles and causes beyond Owner's control. After any such casualty, Tenant shall cooperate with Owner's restoration by removing from the premises as promptly as reasonably possible, all of Tenant's salvageable inventory and movable equipment, furniture, and other property. Tenant's liability for rent shall resume five (5) days after written notice from Owner that the premises are substantially ready for Tenant's occupancy. (e) Nothing contained hereinabove shall relieve Tenant from liability that may exist as a result of damage from fire or other casualty. Notwithstanding the foregoing, each party shall look first to any insurance in its favor before making any claim against the other party for recovery for loss or damage resulting from fire or other casualty, and to the extent that such insurance is in force and collectible and to the extent permitted by law, Owner and Tenant each hereby releases and waives all right of recovery against the other or any one claiming through or under each of them by way of subrogation or otherwise. The foregoing release and waiver shall be in force only if both releasors' insurance policies contain a clause providing that such a release or waiver shall not invalidate the insurance. If, and to the extent, that such waiver can be obtained only by the payment of additional premiums, then the party benefitting from the waiver shall pay such premium within ten days after written demand or shall be deemed to have agreed that the party obtaining insurance coverage shall be free of any further obligation under the provisions hereof with respect to waiver of subrogation. Tenant acknowledges that Owner will not carry insurance on Tenant's furniture and/or furnishings or any fixtures or equipment, improvements, or appurtenances removable by Tenant and agrees that Owner will not be obligated to repair any damage thereto or replace the same. (f) Tenant hereby waives the provisions of Section 227 of the Real Property Law and agrees that the provisions of this article shall govern and control in lieu thereof.

Eminent Domain: 10. If the whole or any part of the demised premises shall be acquired or condemned by Eminent Domain for any public or quasi public use or purpose, then and in that event, the term of this lease shall cease and terminate from the date of title vesting in such proceeding and Tenant shall have no claim for the value of any unexpired term of said lease and assigns to Owner, Tenant's entire interest in any such award.

Assignment, Mortgage, Etc.: 11. Tenant, for itself, its heirs, distributees, executors, administrators, legal representatives, successors and assigns, expressly covenants that it shall not assign, mortgage or encumber this agreement, nor underlet, or suffer or permit the demised premises or any part thereof to be used by others, without the prior written consent of Owner in each instance. Transfer of the majority of the stock of a corporate Tenant shall be deemed an assignment. If this lease be assigned, or if the demised premises or any part thereof be underlet or occupied by anybody other than Tenant, Owner may, after default by Tenant, collect rent from the assignee, under-tenant or occupant, and apply the net amount collected to the rent herein reserved, but no such assignment, underletting, occupancy or collection shall be deemed a waiver of this covenant, or the acceptance of the assignee, under-tenant or occupant as tenant, or a release of Tenant from the further performance by Tenant of covenants on the part of Tenant herein contained. The consent by Owner to an assignment or underletting shall not in any wise be construed to relieve Tenant from obtaining the express consent in writing of Owner to any further assignment or underletting.

Electric Current: 12. Rates and conditions in respect to submetering or rent inclusion, as the case may be, to be added in RIDER attached hereto. Tenant covenants and agrees that at all times its use of electric current shall not exceed the capacity of existing feeders to the building or the risers or wiring installation and Tenant may not use any electrical equipment which, in Owner's opinion, reasonably exercised, will overload such installations or interfere with the use thereof by other tenants of the building. The change at any time of the character of electric service shall in no wise make Owner liable or responsible to Tenant, for any loss, damages or expenses which Tenant may sustain.

Access to Premises: 13. Owner or Owner's agents shall have the right (but shall not be obligated) to enter the demised premises in any emergency at any time, and, at other reasonable times, to examine the same and to make such repairs, replacements and improvements as Owner may deem necessary and reasonably desirable to the demised premises or to any other portion of the building or which Owner may elect to perform. Tenant shall permit Owner to use and maintain and replace pipes and conduits in and through the demised premises and to erect new pipes and conduits therein provided they are concealed within the walls, floor, or ceiling. Owner may, during the progress of any work in the demised premises, take all necessary materials and equipment into said premises without the same constituting an eviction nor shall the Tenant be entitled to any abatement of rent while such work is in progress nor to any damages by reason of loss or interruption of business or otherwise. Throughout the term hereof Owner shall have the right to enter the demised premises at reasonable hours for the purpose of showing the

reasonably

which consent shall not be unreasonably withheld or delayed.

except Owner shall use reasonable efforts to minimize any interference with Tenant's business. Any such right of access shall not include a right of access to patient records located in the Demised Premises.

after reasonable written or telephone notice, except in the case of emergency,

to substantially the condition existing prior to such fire or other casualty

after reasonable written or telephone notice

Riders to be added if necessary.

...to prospective tenants. If Tenant shall not promptly open and occupy the premises, Owner or Owner's agents may enter the same whenever such entry may be necessary or permissible by master key or forcibly and provided reasonable care is exercised to safeguard Tenant's property, such entry shall not render Owner or its agents liable therefor, nor in any event shall the obligations of Tenant hereunder be affected. If during the last month of the term Tenant shall have removed all or substantially all of Tenant's property therefrom Owner may immediately enter, alter, renovate or redecorate the demised premises without limitation or abatement of rent, or incurring liability to Tenant for any compensation and such act shall have no effect on this lease or Tenant's obligations hereunder.

Vault, Vault Space, Area: 14. No Vaults, vault space or area, whether or not enclosed or covered, not within the property line of the building is leased hereunder, anything contained in or indicated on any sketch, blue print or plan, or anything contained elsewhere in this lease to the contrary notwithstanding, Owner makes no representation as to the location of the property line of the building. All vaults and vault space and all such areas not within the property line of the building, which Tenant may be permitted to use and/or occupy, is to be used and/or occupied under a revocable license, and if any such license be revoked, or if the amount of such space or area be diminished or required by any federal, state or municipal authority or public utility, Owner shall not be subject to any liability nor shall Tenant be entitled to any compensation or diminution or abatement of rent, nor shall such revocation, diminution or requisition be deemed constructive or actual eviction. Any tax, fee or charge of municipal authorities for such vault or area shall be paid by Tenant.

Occupancy: 15. Tenant will not at any time use or occupy the demised premises in violation of the certificate of occupancy issued for the building of which the demised premises are a part. Tenant has inspected the premises and accepts them as is, subject to the riders annexed hereto with respect to Owner's work, if any. In any event, Owner makes no representation as to the condition of the premises and Tenant agrees to accept the same subject to violations, whether or not of record.

Bankruptcy: 16. (a) Anything elsewhere in this lease to the contrary notwithstanding, this lease may be cancelled by Owner by the sending of a written notice to Tenant within a reasonable time after the happening of any one or more of the following events: (1) the commencement of a case in bankruptcy or under the laws of any state naming Tenant as the debtor; or (2) the making by Tenant of an assignment or any other arrangement for the benefit of creditors under any state statute. Neither Tenant nor any person claiming through or under Tenant, or by reason of any statute or order of court, shall thereafter be entitled to possession of the premises demised but shall forthwith quit and surrender the premises. If this lease shall be assigned in accordance with its terms, the provision of this Article 16 shall be applicable only to the party then owning Tenant's interest in this lease.

(b) It is stipulated and agreed that in the event of the termination of this lease pursuant to (a) hereof, Owner shall forthwith, notwithstanding any other provisions of this lease to the contrary, be entitled to recover from Tenant as and for liquidated damages an amount equal to the difference between the rent reserved hereunder for the unexpired portion of the term demised and the fair and reasonable rental value of the demised premises for the same period. In the computation of such damages the difference between any installment of rent becoming due hereunder after the date of termination and the fair and reasonable rental value of the demised premises for the period for which such installment was payable shall be discounted to the date of termination at the rate of four percent (4%) per annum. If such premises or any part thereof be relet by the Owner for the unexpired term of said lease, or any part thereof, before presentation of proof of such liquidated damages to any court, commission or tribunal, the amount of rent reserved upon such reletting shall be deemed to be the fair and reasonable rental value for the part or the whole of the premises so re-let during the term of the re-letting. Nothing herein contained shall limit or prejudice the right of the Owner to prove for and obtain as liquidated damages by reason of such termination, an amount equal to the maximum allowed by any statute or rule of law in effect at the time when, and governing the proceedings in which, such damages are to be proved, whether or not such amount be greater, equal to, or less than the amount of the difference referred to above.

Default: 17. (1) If Tenant defaults in fulfilling any of the covenants of this lease other than the covenants for the payment of rent or additional rent; or if the demised premises become vacant or deserted; or if any execution or attachment shall be issued against Tenant or any of Tenant's property whereupon the demised premises shall be taken or occupied by someone other than Tenant; or if this lease be rejected under § 235 of Title 11 of the U.S. Code (bankruptcy code); or if Tenant shall fail to move into or take possession of the premises within fifteen (15) days after the commencement of the term of this lease, then, in any one or more of such events, upon Owner serving a written five (5) days notice upon Tenant specifying the nature of said default and upon the expiration of said five (5) days, if Tenant shall have failed to comply with or remedy such default, or if the said default or omission complained of shall be of a nature that the same cannot be completely cured or remedied within said five (5) day period, and if Tenant shall not have diligently commenced curing such default within such five (5) day period, and shall not thereafter with reasonable diligence and in good faith, proceed to remedy or cure such default, then Owner may serve a written three (3) days' notice of cancellation of this lease upon Tenant, and upon the expiration of said three (3) days this lease and the term thereunder shall end and expire as fully and completely as if the expiration of such three (3) day period were the day herein definitely fixed for the end and expiration of this lease and the term thereof and Tenant shall then quit and surrender the demised premises to Owner but Tenant shall remain liable as hereinafter provided.

(2) If the notice provided for in (1) hereof shall have been given, and the term shall expire as aforesaid; or if Tenant shall make default in the payment of the rent reserved herein or any part of either or in making any other payment herein required; then and in any of such events Owner may without notice, re-enter the demised premises either by force or otherwise, and dispossess Tenant by summary proceedings or otherwise, and the legal representative of Tenant or other occupant of demised premises and remove their effects and hold the premises as if this lease had not been made, and Tenant hereby waives the service of notice of intention to re-enter or to institute legal proceedings to that end. If Tenant shall make default hereunder prior to the date fixed as the commencement of any renewal or extension of this lease, Owner may cancel and terminate such renewal or extension agreement by written notice.

in ten (10) days after due date

Remedies of Owner and Waiver of Redemption: 18. In case of any such default, re-entry, expiration and/or dispossess by summary proceedings or otherwise, (a) the rent shall become due thereupon and be paid up to the time of such re-entry, dispossess and/or expiration; (b) Owner may re-let the premises or any part or parts thereof, either in the name of Owner or otherwise, for a term or terms, which may at Owner's option be less than or exceed the period which would otherwise have constituted the balance of the term of this lease and may grant concessions or free rent or charge a higher rental than that in this lease, and/or (c) Tenant or the legal representatives of Tenant shall also pay Owner as liquidated damages for the failure of Tenant to observe and perform said Tenant's covenants herein contained, any deficiency between the rent hereby reserved and/or covenanted to be paid and the net amount, if any, of the rents collected on account of the lease or leases of the demised premises for each month of the period which would otherwise have constituted the balance of the term of this lease. The failure of Owner to re-let the premises or any part or parts thereof shall not release or affect Tenant's liability for damages. In computing such liquidated damages there shall be added to the said deficiency such expenses as Owner may incur in connection with re-letting, such as legal expenses, attorneys' fees, brokerage, advertising and for keeping the demised premises in good order or for preparing the same for re-letting. Any such liquidated damages shall be paid in monthly installments by Tenant on the rent day specified in this lease and any suit brought to collect the amount of the deficiency for any month shall not prejudice in any way the rights of Owner to collect the deficiency for any subsequent month by a similar proceeding. Owner, in putting the demised premises in good order or preparing the same for re-rental may, at Owner's option, make such alterations, repairs, replacements, and/or decorations in the demised premises as Owner, in Owner's sole judgement, considers advisable and necessary for the purpose of re-letting the demised premises, and the making of such alterations, repairs, replacements, and/or decorations shall not operate or be construed to release Tenant from liability hereunder as aforesaid. Owner shall in no event be liable in any way whatsoever for failure to re-let the demised premises, or in the event that the demised premises are re-let, for failure to collect the rent thereof under such re-letting, and in no event shall Tenant be entitled to receive any excess, if any, of such net rents collected over the sums payable by Tenant to Owner hereunder. In the event of a breach or threatened breach by Tenant of any of the covenants or provisions hereof, Owner shall have the right of injunction and the right to invoke any remedy allowed at law or in equity as if re-entry, summary proceedings and other remedies were not herein provided for. Mention in this lease of any particular remedy, shall not preclude Owner from any other remedy, in law or in equity. Tenant hereby expressly waives any and all rights of redemption granted by or under any present or future laws in the event of Tenant being evicted or dispossessed for any cause, or in the event of Owner obtaining possession of demised premises, by reason of the violation by Tenant of any of the covenants and conditions of this lease, or otherwise.

Fees and Expenses 19. If Tenant shall default in the observance or performance of any term or covenant on Tenant's part to be observed or performed under or by virtue of any of the terms or provisions in any article of this lease, then, unless otherwise provided elsewhere in this lease, Owner may immediately or at any time thereafter and without notice perform the obligation of Tenant thereunder. If Owner, in connection with the foregoing or in connection with any default by Tenant in the covenant to pay rent hereunder, makes any expenditures or incurs any obligations for the payment of money, including but not limited to attorney's fees, in instituting, prosecuting or defending any action or proceeding, then Tenant will reimburse Owner for such sums so paid or obligations incurred with interest and costs. The foregoing expenses incurred by reason of Tenant's default shall be deemed to be additional rent hereunder and shall be paid by Tenant to Owner within five (5) days of rendition of any bill or statement to Tenant therefor. If Tenant's lease term shall have expired at the time of making of such expenditures or incurring of such obligations, such sums shall be recoverable by Owner as damages.

Building Alterations and Management: 20. Owner shall have the right at any time without the same constituting an eviction and without incurring liability to Tenant therefor to change the arrangement and/or location of public entrances, passageways, doors, doorways, corridors, elevators, stairs, toilets or other public parts of the building and to change the name, number or designation by which the building may be known. There shall be no allowance to Tenant for diminution of rental value and no liability on the part of Owner by reason of inconvenience, annoyance or injury to business arising from Owner or other Tenants making any repairs in the building or any such alterations, additions and improvements. Furthermore, Tenant shall not have any claim against Owner by reason of Owner's imposition of such controls of the manner of access to the building by Tenant's social or business visitors as the Owner may deem necessary for the security of the building and its occupants.

reasonable

No Representations by Owner: 21. Neither Owner nor Owner's agents have made any representations or promises with respect to the physical condition of the building, the land upon which

in the case of an emergency, or if same continues for ten (10) days after notice

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except as herein expressly set forth, and no easement or other right is acquired by Tenant by implication or otherwise except as expressly set forth in the provisions of this lease. Tenant has inspected the building and the demised premises and is thoroughly acquainted with their condition and agrees to take the same "as is" and acknowledges that the taking of possession of the demised premises by Tenant shall be conclusive evidence that the said premises and the building of which the same form a part were in good and satisfactory condition at the time such possession was so taken, except as to latent defects. All understandings and agreements heretofore made between the parties hereto are merged in this contract, which alone fully and completely expresses the agreement between Owner and Tenant and any executory agreement hereafter made shall be ineffective to change, modify, discharge or effect an abandonment of it in whole or in part, unless such executory agreement is in writing and signed by the party against whom enforcement of the change, modification, discharge or abandonment is sought.

End of Term: 22. Upon the expiration or other termination of the term of this lease, Tenant shall quit and surrender to Owner the demised premises, broom clean, in good order and condition, ordinary wear and damages which Tenant is not required to repair as provided elsewhere in this lease excepted, and Tenant shall remove all its property. Tenant's obligation to observe or perform this covenant shall survive the expiration or other termination of this lease. If the last day of the term of this Lease or any renewal thereof, falls on Sunday, this lease shall expire at noon on the preceding Saturday unless it be a legal holiday in which case it shall expire at noon on the preceding business day.

Quiet Enjoyment: 23. Owner covenants and agrees with Tenant that upon Tenant paying the rent and additional rent and observing and performing all the terms, covenants and conditions, on Tenant's part to be observed and performed, Tenant may peaceably and quietly enjoy the premises hereby demised, subject, nevertheless, to the terms and conditions of this lease including, but not limited to, Article 31 hereof and to the ground leases, underlying leases and mortgages hereinbefore mentioned.

Failure to Give Possession: 24. If Owner is unable to give possession of the demised premises on the date of the commencement of the term hereof, because of the holding-over or retention of possession of any tenant, undertenant or occupants or if the demised premises are located in a building being constructed, because such building has not been sufficiently completed to make the premises ready for occupancy or because of the fact that a certificate of occupancy has not been procured or for any other reason, Owner shall not be subject to any liability for failure to give possession on said date and the validity of the lease shall not be impaired under such circumstances, nor shall the same be construed in any wise to extend the term of this lease, but the rent payable hereunder shall be abated (provided Tenant is not responsible for Owner's inability to obtain possession) until after Owner shall have given Tenant written notice that the premises are substantially ready for Tenant's occupancy. If permission is given to Tenant to enter into the possession of the demised premises or to occupy premises other than the demised premises prior to the date specified as the commencement of the term of this lease, Tenant covenants and agrees that such occupancy shall be deemed to be under all the terms, covenants, conditions and provisions of this lease, except as to the covenant to pay rent. The provisions of this article are intended to constitute "an express provision to the contrary" within the meaning of Section 223-a of the New York Real Property Law.

No Waiver: 25. The failure of Owner to seek redress for violation of, or to insist upon the strict performance of any covenant or condition of this lease or of any of the Rules or Regulations, set forth or hereafter adopted by Owner, shall not prevent a subsequent act which would have originally constituted a violation from having all the force and effect of an original violation. The receipt by Owner of rent with knowledge of the breach of any covenant of this lease shall not be deemed a waiver of such breach and no provision of this lease shall be deemed to have been waived by Owner unless such waiver be in writing signed by Owner. No payment by Tenant or receipt by Owner of a lesser amount than the monthly rent herein stipulated shall be deemed to be other than on account of the earliest stipulated rent, nor shall any endorsement or statement of any check or any letter accompanying any check or payment as rent be deemed an accord and satisfaction, and Owner may accept such check or payment without prejudice to Owner's right to recover the balance of such rent or pursue any other remedy in this lease provided. No act or thing done by Owner or Owner's agents during the term hereby demised shall be deemed an acceptance of a surrender of said premises, and no agreement to accept such surrender shall be valid unless in writing signed by Owner. No employee of Owner or Owner's agent shall have any power to accept the keys of said premises prior to the termination of the lease and the delivery of keys to any such agent or employee shall not operate as a termination of the lease or a surrender of the premises.

Waiver of Trial by Jury: 26. It is mutually agreed by and between Owner and Tenant that the respective parties hereto shall and they hereby do waive trial by jury in any action, proceeding or counterclaim brought by either of the parties hereto against the other (except for personal injury or property damage) on any matters whatsoever arising out of or in any way connected with this lease, the relationship of Owner and Tenant, Tenant's use of or occupancy of said premises, and any emergency statutory or any other statutory remedy. It is further mutually agreed that in the event Owner commences any summary proceeding for possession of the premises, Tenant will not interpose any counterclaim of whatever nature or description in any such proceeding including a counterclaim under Article 4.

Inability to Perform: 27. This Lease and the obligation of Tenant to pay rent hereunder and perform all of the other covenants and agreements hereunder on part of Tenant to be performed shall in no wise be affected, impaired or excused because Owner is unable to fulfill any of its obligations under this lease or to supply or is delayed in supplying any service expressly or impliedly to be supplied or is unable to make, or is delayed in making any repairs, additions, alterations or decorations or is unable to supply or is delayed in supplying any equipment or fixtures if Owner is prevented or delayed from so doing by reason of strike or labor trouble or any cause whatsoever including, but not limited to, government preemption in connection with a National Emergency or by reason of any rule, order or regulation of any department or subdivision thereof of any government agency or by reason of the conditions of supply and demand which have been or are affected by war or other emergency.

Bills and Notices: 28. Except as otherwise in this lease provided, a bill, statement, notice or communication which Owner may desire or be required to give to Tenant, shall be deemed sufficiently given or rendered if, in writing, delivered to Tenant personally or sent by registered or certified mail addressed to Tenant at the building of which the demised premises form a part or at the last known residence address or business address of Tenant or left at any of the aforesaid premises addressed to Tenant, and the time of the rendition of such bill or statement and of the giving of such notice or communication shall be deemed to be the time when the same is delivered to Tenant, mailed, or left at the premises as herein provided. Any notice by Tenant to Owner must be served by registered or certified mail addressed to Owner at the address first hereinabove given or at such other address as Owner shall designate by written notice.

two (2) days after mailing or on the date

Services Provided by Owners: 29. As long as Tenant is not in default under any of the covenants of this lease, Owner shall provide: (a) necessary elevator facilities on business days from 8 a.m. to 6 p.m. and on Saturdays from 8 a.m. to 1 p.m. and have one elevator subject to call at all other times; ~~(b) hot water for domestic purposes only, but if Tenant uses or consumes water for any other purpose or in unusual quantities (of which fact Owner shall be sole judge) Owner may install a water meter at Tenant's expense which Tenant shall thereafter maintain at Tenant's expense in good working order and repair to register such water consumption and Tenant shall pay for water consumed as shown on said meter as additional rent and upon billing rendered~~ (d) cleaning service for the demised premises on business days at Owner's expense provided that the same are kept in order by Tenant. If, however, said premises are to be kept clean by Tenant, it shall be done at Tenant's sole expense, in a manner satisfactory to Owner and no one other than persons approved by Owner shall be permitted to enter said premises or the building of which they are a part for such purpose. Tenant shall pay Owner the cost of removal of any of Tenant's refuse and rubbish from the building; (e) if the demised premises are serviced by Owner's air conditioning/cooling and ventilating system, air conditioning/cooling will be furnished to tenant from May 15th through September 30th on business days (Mondays through Fridays, holidays excepted) from 8:00 a.m. to 6:00 p.m., and ventilation will be furnished on business days during the aforesaid hours except when air conditioning/cooling is being furnished as aforesaid. If Tenant requires air conditioning/cooling or ventilation for more extended hours or on Saturdays, Sundays or on holidays, as defined under Owner's contract with Operating Engineers Local 94-94A, Owner will furnish the same at Tenant's expense, RIDER to be added in respect to rates and conditions for such additional service; (f) Owner reserves the right to stop services of the heating, elevators, plumbing, air-conditioning, power systems or cleaning or other services, if any, when necessary by reason of accident or for repairs, alterations, replacements or improvements necessary or desirable in the judgment of Owner for as long as may be reasonably required by reason thereof. If the building of which the demised premises are a part supplies manually-operated elevator service, Owner at any time may substitute automatic-control elevator service and upon ten days' written notice to Tenant, proceed with alterations necessary therefor without in any wise affecting this lease or the obligation of Tenant hereunder. The same shall be done with a minimum of inconvenience to Tenant and Owner shall pursue the alteration with due diligence.

actual

such

reasonably

Captions: 30. The Captions are inserted only as a matter of convenience and for reference and in no way define, limit or describe the scope of this lease nor the intent of any provision thereof.

Definitions: 31. The term "office", or "offices", wherever used in this lease, shall not be construed to mean premises used as a store or stores, for the sale or display, at any time, of goods, wares or merchandise, of any kind, or as a restaurant, shop, booth, bootblack or other stand, barber shop, or for other similar purposes or for manufacturing. The term "Owner" means a landlord or lessor, and as used in this lease means only the owner, or the mortgagee in possession, for the time being of the land and building (or the owner of a lease of the building or of the land and building) of which the demised premises form a part, so that in the event of any sale or sales of said land and building or of said lease, or in the event of a lease of said building, or of the land and building, the said Owner shall be and hereby is entirely freed and relieved of all covenants and obligations of Owner hereunder, and it shall be deemed and construed without further agreement between the parties or their successors in interest, or between the parties and the purchaser, at any such sale, or the said lessee of the building, or of the land and building, that the purchaser or the lessee of the building has assumed and agreed to carry out any and all covenants and obligations of Owner, hereunder. The words "re-enter" and "re-entry" as used in this lease are not restricted to their technical legal meaning. The term "business days" as used in this lease shall exclude Saturdays (except such portion thereof as is covered by specific hours in Article 29 hereof), Sundays and all days observed by the State or Federal Government as legal holidays and those designated as holidays by the applicable building service union employees service contract or by the applicable Operating Engineers contract with respect to HVAC service.

and on Saturdays from 8:00 a.m. to 5:00 P.M

17* Rider to be added if necessary.

opening; and [illegible] upon the person causing such opening to thereafter cause such examination, license to enter upon the demised premises for the purpose of doing such work as said person shall deem necessary to preserve the wall or the building of which demised premises form a part from injury or damage and to support the same by proper foundations without any claim for damages or indemnity against Owner, or diminution or abatement of rent.

Rules and Regulations 33. Tenant and Tenant's servants, employees, agents, visitors, and licensees shall observe faithfully, and comply strictly with, the Rules and Regulations and such other and further reasonable Rules and Regulations as Owner or Owner's agents may from time to time adopt. Notice of any additional rules or regulations shall be given in such manner as Owner may elect. In case Tenant disputes the reasonableness of any additional Rule or Regulation hereafter made or adopted by Owner or Owner's agents, the parties hereto agree to submit the question of the reasonableness of such Rule or Regulation for decision to the New York office of the American Arbitration Association, whose determination shall be final and conclusive upon the parties hereto. The right to dispute the reasonableness of any additional Rule or Regulation upon Tenant's part shall be deemed waived unless the same shall be asserted by service of a notice, in writing upon Owner within ten (10) days after the giving of notice thereof. Nothing in this lease contained shall be construed to impose upon Owner any duty or obligation to enforce the Rules and Regulations or terms, covenants or conditions in any other lease, as against any other tenant and Owner shall not be liable to Tenant for violation of the same by any other tenant, its servants, employees, agents, visitors or licensees.

Security: 34. Tenant has deposited with Owner the sum of $ None as security for the faithful performance and observance by Tenant of the terms, provisions and conditions of this lease; it is agreed that in the event Tenant defaults in respect of any of the terms, provisions and conditions of this lease, including, but not limited to, the payment of rent and additional rent, Owner may use, apply or retain the whole or any part of the security so deposited to the extent required for the payment of any rent and additional rent or any other sum

Space to be filled in or deleted.

[illegible] or for any sum which Owner may expend or may be required to expend by reason of Tenant's default in respect of [illegible] terms, covenants and conditions of this lease, including but not limited to, any damages or deficiency in the re-letting of the premises, whether such damages or deficiency accrued before or after summary proceedings or other re-entry by Owner. In the event that Tenant shall fully and faithfully comply with all of the terms, provisions, covenants and conditions of this lease, the security shall be returned to Tenant after the date fixed as the end of the Lease and after delivery of entire possession of the demised premises to Owner. In the event of a sale of the land and building or leasing of the building, of which the demised premises form a part, Owner shall have the right to transfer the security to the vendee or lessee and Owner shall thereupon be released by Tenant from all liability for the return of such security; and Tenant agrees to look to the new Owner solely for the return of said security, and it is agreed that the provisions hereof shall apply to every transfer or assignment made of the security to a new Owner. Tenant further covenants that it will not assign or encumber or attempt to assign or encumber the monies deposited herein as security and that neither Owner nor its successors or assigns shall be bound by any such assignment, encumbrance, attempted assignment or attempted encumbrance.

Estoppel Certificate 35. Tenant, at any time, and from time to time, upon at least 10 days' prior notice by Owner, shall execute, acknowledge and deliver to Owner, and/or to any other person, firm or corporation specified by Owner, a statement certifying that this Lease is unmodified and in full force and effect (or, if there have been modifications, that the same is in full force and effect as modified and stating the modifications), stating the dates to which the rent and additional rent have been paid, and stating whether or not there exists any default by Owner under this Lease, and, if so, specifying each such default.

Successors and Assigns: 36. The covenants, conditions and agreements contained in this lease shall bind and inure to the benefit of Owner and Tenant and their respective heirs, distributees, executors, administrators, successors, and except as otherwise provided in this lease, their assigns.

In Witness Wherenf, Owner and Tenant have respectively signed and sealed this lease as of the day and year first above written.

KRT PROPERTY HOLDINGS, INC.,
BY AND THROUGH ITS MANAGING AGENT,
KRANZCO REALTY TRUST

Witness for Owner:

By: .....
Hermina G. Kranzdorf, Secretary

By: .....
Norman M. Kranzdorf, President

NRHMC SERVICES CORP.

Witness for Tenant:

By: .....

By: .....

ACKNOWLEDGMENTS

CORPORATE OWNER
STATE OF NEW YORK, ss.:
County of

On this day of , 19 , before me

personally came
to me known, who being by me duly sworn, did depose and say that he resides

in ;

that he is the of

the corporation described in and which executed the foregoing instrument, as OWNER; that he knows the seal of said corporation; that the seal affixed to said instrument is such corporate seal; that it was so affixed by order of the Board of Directors of said corporation, and that he signed his name thereto by like order.

.....

INDIVIDUAL OWNER
STATE OF NEW YORK, ss.:
County of

On this day of , 19 , before me

personally came

to me known and known to me to be the individual
described in and who, as OWNER, executed the foregoing instrument and acknowledged to me that he executed the same.

.....

CORPORATE TENANT
STATE OF NEW YORK, ss.:
County of

On this day of , 19 , before me

personally came
to me known, who being by me duly sworn, did depose and say that he resides

in ;

that he is the of

the corporation described in and which executed the foregoing instrument, as TENANT; that he knows the seal of said corporation; that the seal affixed to said instrument is such corporate seal; that it was so affixed by order of the Board of Directors of said corporation, and that he signed his name thereto by like order.

.....

INDIVIDUAL TENANT
STATE OF NEW YORK, ss.:
County of

On this day of , 19 , before me

personally came

to me known and known to me to be the individual
described in and who, as TENANT, executed the foregoing instrument and acknowledged to me that he executed the same.

.....

.... and in consideration for, ... upon being induced to Owner making the within lease with Tenant, the undersigned guarantees to Owner, Owner's successors and assigns, the full performance and observance by Tenant of all the covenants, conditions and agreements, therein provided to be performed and observed by Tenant, including the "Rules and Regulations" as therein provided, without requiring any notice of non payment, non performance, or non-observance, or proof, or notice, or demand, whereby to charge the undersigned therefor, all of which the undersigned hereby expressly waives and expressly agrees that the validity of this agreement and the obligations of the guarantor hereunder shall in no wise be terminated, affected or impaired by reason of the assertion by Owner against Tenant of any of the rights or remedies reserved to Owner pursuant to the provisions of the within lease. The undersigned further covenants and agrees that this guaranty shall remain and continue in full force and effect as to any renewal, modification or extension of this lease and during any period when Tenant is occupying the premises as a "statutory tenant." As a further inducement to Owner to make this lease and in consideration thereof, Owner and the undersigned covenant and agree that in any action or proceeding brought by either Owner or the undersigned against the other on any matters whatsoever arising out of, under, or by virtue of the terms of this lease or of this guarantee that Owner and the undersigned shall and do hereby waive trial by jury.

Dated: .....19.....

.....
Guarantor

.....
Witness

.....
(Guarantor's Residence)

.....
Business Address

.....
Firm Name

STATE OF NEW YORK)
COUNTY OF) ss.:

On this day of , 19 , before me personally came .....
to me known and known to me to be the individual described in, and who executed the foregoing Guaranty and acknowledged to me that he executed the same.

.....
Notary

IMPORTANT - PLEASE READ

RULES AND REGULATIONS ATTACHED TO AND MADE A PART OF THIS LEASE IN ACCORDANCE WITH ARTICLE 33.

1. The sidewalks, entrances, driveways, passages, courts, elevators, vestibules, stairways, corridors or halls shall not be obstructed or encumbered by any Tenant or used for any purpose other than for ingress or egress from the demised premises and for delivery of merchandise and equipment in a prompt and efficient manner using elevators and passageways designated for such delivery by Owner. There shall not be used in any space, or in the public hall of the building, either by any Tenant or by jobbers or others in the delivery or receipt of merchandise, any hand trucks, except those equipped with rubber tires and sideguards. If said premises are situated on the ground floor of the building, Tenant thereof shall further, at Tenant's expense, keep the sidewalk and curb in front of said premises clean and free from ice, snow, dirt and rubbish.

2. The water and wash closets and plumbing fixtures shall not be used for any purposes other than those for which they were designed or constructed and no sweepings, rubbish, rags, acids or other substances shall be deposited therein, and the expense of any breakage, stoppage, or damage resulting from the violation of this rule shall be borne by the Tenant who, or whose clerks, agents, employees or visitors, shall have caused it.

3. No carpet, rug or other article shall be hung or shaken out of any window of the building; and no Tenant shall sweep or throw or permit to be swept or thrown from the demised premises any dirt or other substances into any of the corridors or halls, elevators, or out of the doors or windows or stairways of the building and Tenant shall not use, keep or permit to be used or kept any foul or noxious gas or substance in the demised premises, or permit or suffer the demised premises to be occupied or used in a manner offensive or objectionable to Owner or other occupants of the building by reason of noise, odors, and/or vibrations, or interfere in any way with other Tenants or those having business therein, nor shall any animals or birds be kept in or about the building. Smoking or carrying lighted cigars or cigarettes in the elevators of the building is prohibited.

4. No awnings or other projections shall be attached to the outside walls of the building without the prior written consent of Owner.

5. No sign, advertisement, notice or other lettering shall be exhibited, inscribed, painted or affixed by any Tenant on any part of the outside of the demised premises or the building or on the inside of the demised premises if the same is visible from the outside of the premises without the prior written consent of Owner, except that the name of Tenant may appear on the entrance door of the premises. In the event of the violation of the foregoing by any Tenant, Owner may remove same without any liability, and may charge the expense incurred by such removal to Tenant or Tenants violating this rule. Interior signs on doors and directory tablet shall be inscribed, painted or affixed for each Tenant by Owner at the expense of such Tenant, and shall be of a size, color and style acceptable to Owner.

6. No Tenant shall mark, paint, drill into, or in any way deface any part of the demised premises or the building of which they form a part. No boring, cutting or stringing of wires shall be permitted, except with the prior written consent of Owner, and as Owner may direct. No Tenant shall lay linoleum, or other similar floor covering, so that the same shall come in direct contact with the floor of the demised premises, and, if linoleum or other similar floor covering is desired to be used an interlining of builder's deadening felt shall be first affixed to the floor, by a paste or other material, soluble in water, the use of cement or other similar adhesive material being expressly prohibited.

7. No additional locks or bolts of any kind shall be placed upon any of the doors or windows by any Tenant, nor shall any changes be made in existing locks or mechanism thereof. Each Tenant must, upon the termination of his Tenancy, restore to Owner all keys of stores, offices and toilet rooms, either furnished to, or otherwise procured by, such Tenant, and in the event of the loss of any keys, so furnished, such Tenant shall pay to Owner the cost thereof.

8. Freight, furniture, business equipment, merchandise and bulky matter of any description shall be delivered to and removed from the premises only on the freight elevators and through the service entrances and corridors, and only during hours and in a manner approved by Owner. Owner reserves the right to inspect all freight to be brought into the building and to exclude from the building all freight which violates any of these Rules and Regulations of the lease or which these Rules and Regulations are a part.

9. Canvassing, soliciting and peddling in the building is prohibited and each Tenant shall cooperate to prevent the same.

10. Owner reserves the right to exclude from the building between the hours of 6 P.M. and 8 A.M. and at all hours on Sundays, and legal holidays all persons who do not present a pass to the building signed by Owner. Owner will furnish passes to persons for whom any Tenant requests same in writing. Each Tenant shall be responsible for all persons for whom he requests such pass and shall be liable to Owner for all acts of such persons.

11. Owner shall have the right to prohibit any advertising by any Tenant which in Owner's opinion, tends to impair the reputation of the building or its desirability as a as a building for offices, and upon written notice from Owner, Tenant shall refrain from or discontinue such advertising.

12. Tenant shall not bring or permit to be brought or kept in or on the demised premises, any inflammable, combustible or explosive fluid, material, chemical or substance, or cause or permit any odors of cooking or other processes, or any unusual or other objectionable odors to permeate in or emanate from the demised premises.

13. If the building contains central air conditioning and ventilation, Tenant agrees to keep all windows closed at all times and to abide by all rules and regulations issued by the Owner with respect to such services. If Tenant requires air conditioning or ventilation after the usual hours, Tenant shall give notice in writing to the building superintendent prior to 3:00 P.M. in the case of services required on week days, and prior to 3:00 P.M. on the day prior in the case of after hours service required on weekends or on holidays.

14. Tenant shall not move any safe, heavy machinery, heavy equipment, bulky matter, or fixtures into or out of the building without Owner's prior written consent. If such safe, machinery, equipment, bulky matter or fixtures requires special handling, all work in connection therewith shall comply with the Administrative Code of the City of New York and all other laws and regulations applicable thereto and shall be done during such hours as Owner may designate.

Address

Premises

TO

STANDARD FORM OF Office Lease

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Dated 19

Rent per Year

Rent per Month

Term
From
To

Drawn by .....Checked by .....

Entered by .....Approved by .....

**RIDER ATTACHED TO AND MADE A PART OF LEASE AGREEMENT
BY AND BETWEEN
KRT PROPERTY HOLDINGS, INC.,
BY AND THROUGH ITS MANAGING AGENT,
KRANZCO REALTY TRUST ("LANDLORD")
AND
NRHMC SERVICES CORP. ("TENANT")**

LEASE DATED: June 4, 1996

R1. Additional Lease Provisions

The following additional lease provisions are hereby incorporated into the Lease as though fully set forth therein. In the event of any conflict or inconsistency between the terms of the Lease, all exhibits thereto and the terms of the following provisions, the terms of the following provisions shall be controlling. Any reference within the Lease to specific provisions herein is for convenience only, and shall have no bearing upon the weight accorded to those provisions herein to which specific reference is not made.

R2. Acceptance Of Possession

The Tenant acknowledges that it has examined the Demised Premises and agrees to accept the same without any representations, warranties or covenants on the part of Landlord except as set forth in this Lease and in the condition commonly referred to as "AS IS", except Landlord at its cost and expense shall perform the following work in and to the Demised Premises:

NONE.

Except as hereinabove provided, Landlord shall have no obligations for any construction or installations which may otherwise be required by Tenant to prepare the Demised Premises for its occupancy.

R3. Option to Extend Term

Provided this Lease shall then be in full force and effect, and Tenant shall not be in default in the performance and/or observance of any of the terms, covenants and conditions by it to be performed and/or observed hereunder, it is agreed that Tenant shall have the option to extend the original term of this Lease for one (1) additional period of five (5) years following the expiration of the Original Term hereof or the extended term, as the case may be, on the same terms and conditions herein contained, except that the guaranteed minimum rent due and payable by Tenant for and during each period of such lease term extension shall be readjusted as follows:

The Minimum Annual Rent payable during option period shall be (i) the Minimum Annual Rent in effect at end of the fifteenth (15th) year of the Lease multiplied by a fraction of the numerator of which shall be the Index (hereinafter defined) in effect on the date that is fourteen (14) years and four (4) months after the Tenant had taken possession of the Premises and the denominator of which shall be the Index in effect on the date that is ten (10) years after the tenant had taken possession of the Premises. In no event shall the Minimum Annual Rent for any calendar year be less than the Minimum Annual Rental as of in effect at end of the fifteenth (15th) year of the Lease. As used herein, the term "Index" shall mean the Consumer Price Index-Urban Wage Earners and Clerical Workers for New York, New York - Northeastern, New Jersey (1982-84 = 100) issued by the Bureau of Labor Statistics, or other governmental agency then publishing the Index (or if the Index is no longer published, the index of consumer prices in New York City most comparable to the Index) for the smallest period for which the Index is published that includes the date in question.

If Tenant shall elect to so extend the original term of this Lease pursuant to this Paragraph R3, Tenant shall give written notice to Landlord as provided elsewhere herein, at least six (6) months prior to the expiration of the Original Term or the extended term, as the case may be.

R4. Common Areas

In addition to the Demised Premises, the Landlord shall make available to the Tenant such Common Areas within or adjacent to the building of which the Demised Premises is a part and elsewhere upon the Shopping Center, together with any Common Areas provided by means of cross or reciprocal easement agreements (herein "REA") as Landlord shall, from time to time, deem to be appropriate for the Shopping Center, and Landlord shall operate and maintain such Common Areas for their intended purposes, subject at all times to, and reserving unto the Landlord the right, exercisable in its sole discretion, but not more frequently than one (1) day in each calendar year, to close off the Common Areas and deny access thereto in order to prevent a public dedication thereof by operation of law and to assure that the same will remain private property. Tenant shall have the nonexclusive right during the term to use (for their intended purposes) the Common Areas for itself, its employees, agents, customers, and invitees, subject however, to the provisions of this Lease. Landlord shall have the right, at any time and from time to time, to change the size and/or location and/or elevation and/or nature of the Common Areas, or any part thereof, including, without limitation, the right to locate thereon kiosks and/or other structures of any type. All Common Areas shall be subject to the exclusive reasonable control and management of Landlord, and Landlord shall have the right, at any time and from time to time, to establish, modify, amend and enforce uniform rules and regulations with respect to the Common Areas and the use thereof. Tenant agrees to abide by and to conform with such rules and regulations upon notice thereof, to cause its business agents, invitees, licensees, employees and agents, so to abide and conform. Landlord reserves the right, from time to time, to utilize portions of the Common Areas for such activities as in the judgement of Landlord would promote the business activities of the Shopping Center to the general public, provided same do not unreasonably interfere with Tenant's use of the Demised Premises.

The Landlord shall maintain or cause to be maintained the building in which the Demised Premises are located in a neat, clean and orderly manner, the said Common Areas in a neat, clean, orderly and operable condition, properly lighted, heated and air conditioned (if appropriate) and by providing the services set forth in this paragraph including, but not limited to, providing snow and ice removal for the Common Areas, but all expenses in connection therewith shall be charged and prorated in the manner hereinafter set forth. It is understood and agreed that the term "expenses" in the immediately preceding sentence, shall be construed to include but not be limited to, all sums expended or incurred by Landlord in connection with the Shopping Center and/or the Common Areas for all general maintenance and repairs, resurfacing, painting, re-striping, cleaning, sweeping and providing janitorial services; management services, maintenance and repair of sidewalks, curbs, Shopping Center signs, sprinkler systems, planting and landscaping; providing lighting and other utilities, directional signs and other markers and bumpers; the operation, maintenance and repair of any fire protection (including sprinkler) systems, storm drainage systems and other utility systems; the cost of all personnel to implement such services including, if Landlord deems necessary, the cost of providing security guard service; any and all personal property taxes and assessments on the improvements and land comprising said Common Areas, as well as any governmental imposition or surcharge imposed upon Landlord or assessed against the Common Areas or any portion thereof; the fees, costs or expenses, if any, required for the maintenance and preservation of any rights arising under any REA; the costs or expenses, if any, of providing and maintaining any security alarm system for the benefit of the tenants of the Shopping Center; depreciation of any machinery and equipment used in the maintenance and the operation of the Common Areas (if owned) and/or the rental paid for such machinery and equipment (if rented); premiums for insurance coverage for the Shopping Center (including the building of which the Demised Premises is a part) under such policies with such companies and in such limits as Landlord may in its judgement determine or select (including but not limited to fire insurance with extended coverage, liability insurance covering personal injury, death, and property damage with a personal injury endorsement covering false arrest, detention or imprisonment, malicious prosecution, libel and slander, and wrongful entry or eviction, workmen's compensation insurance, plate glass insurance, rent insurance, contractual liability insurance and fidelity bonds); the cost of removing snow, ice, rubbish and debris from the Shopping Center, as well as the cost of inspecting the same and regulating traffic thereon; the cost of heating, ventilating and air conditioning enclosed Common Areas; the cost of providing and replacing uniforms for, as well as the gross compensation of all personnel required to supervise and accomplish the foregoing; the rental paid for any music service programs and /or loudspeaker systems provided for the Shopping Center generally, including the cost of furnishing the electricity therefor; plus an amount equal to fifteen (15%) percent of the total of all such expenses, whether herein specifically mentioned or otherwise contemplated by the intent hereof, to reimburse Landlord for its administrative and overhead costs in providing the accounting, bookkeeping and collection functions required in connection therewith.

In consideration of Landlord's agreement to operate and maintain the Common Areas, Tenant covenants and agrees to pay a proportionate share of the expenses advanced and/or incurred by Landlord therefor in each lease year or partial lease year during the term of this Lease, as hereinfore provided. While the Tenant's proportionate share of such expenses shall not exceed a sum equal to the product obtained by multiplying (i) the total of all expenses advanced or incurred in each Lease Year by (ii) a fraction the numerator of which shall be the number of square feet of floor area in the Demised Premises and denominator of which shall be the number of square feet of leasable floor area in the Shopping Center. The Landlord shall annually estimate the total cost of such expenses for the Shopping Center on the basis of its experience and reasonably anticipated expenses therefor, and the Tenant shall pay to the Landlord, on the first day of each calendar month, together with its monthly installment of minimum rent due hereunder, an amount equal to 1/12 of its proportionate share thereof. As soon as practicable following the close of each Lease Year, Landlord shall submit to Tenant a statement indicating the actual amount of the expenses advanced and/or incurred by Landlord in performing its obligations hereunder for the immediately preceding Lease Year, the actual amount of Tenant's proportionate share thereof, the amount of the Landlord's estimate thereof for such immediately preceding Lease Year, and the amount of the resulting balance due thereon, or over-payment thereof, as the case may be. Appropriate adjustment shall thereupon be made between the parties, within thirty (30) days of receipt of the amount of deficiency or overpayment, on the basis of such statement. Each statement shall be binding upon Tenant, it successors and assigns, as to the matters set forth therein, if no objection is raised with respect thereto ninety (90) days after submission of each statement to Tenant. Tenant shall have the right to examine Landlord's books and records at the offices of Landlord during ordinary business hours not more than once in each Lease Year for the purpose of verifying the matters set forth in the statement for the immediately preceding Lease Year. For and during the first Lease Year (or Partial Lease Year) as the case may be, the Tenant's estimated proportionate share of the expenses for operating and maintaining the Common Areas of the Shopping Center shall be payable monthly in the amounts set forth as "Initial Common Area Charge" on Page One hereof, the same to be deemed additional rent hereunder and subject to the annual adjustment heretofore provided. Tenant covenants and agrees that if the Lease is terminated by reason of default on its part, or if it fails to take possession of Demised Premises or vacates the Demised Premises prior to the expiration of the term hereof, it shall remain liable to pay its proportionate share of such expenses. Tenant agrees that this is not to be construed as a penalty, but rather as a portion of the proper measure of Landlord's damages in the event of a breach of this Lease by Tenant as aforesaid.

R5. Liability For Damages

The Tenant agrees to be responsible for any damage to the property of the Landlord which may result from any use of the Demised Premises, or any act done thereon by the Tenant or any person coming or being thereon by the license or permission of the Tenant, express or implied; to save the Landlord harmless from any liability to any person or estate, for damage to person or property, resulting from any such causes, and to protect such liability with comprehensive public liability and property damage insurance, having a single limit liability of at least $1,000,000 for damage to all property and for any occurrence resulting in bodily and/or personal injury to or the death of one or more persons and consequential damages resulting therefrom, and to furnish Landlord on the Commencement Date a certificate issued by the insurance carrier evidencing such insurance in force, with Landlord and its Agents covered thereby.

In the event that Tenant does not procure such insurance as aforesaid, Landlord may at its option purchase the same in the name of Tenant and/or may at its option include such coverage in any master policy carried by Landlord. If Landlord exercises its rights hereunder the Tenant shall, upon demand, pay all costs thereof to Landlord together with an administrative charge of $50.00 for each such coverage made by Landlord on behalf of Tenant.

R6. Real Estate Taxes

As used herein, the term "Taxes" shall mean and include all real estate taxes, assessments, license and permit fees, charges for any easement, including an REA (as herein elsewhere defined), maintained for the benefit of the Demised Premises and other governmental levies and charges of every kind and nature whatsoever, general and special, extraordinary as well as ordinary, foreseen and unforeseen, and each and every installment thereof which shall or may during the term of this Lease be levied, assessed, imposed, become due and payable or liens upon, or arise in connection with the use, occupancy or possession of, or grow due and payable out of, or for, the entire Shopping Center or any part thereof, or any rent or income received therefrom, or any land, buildings or other improvements therein, including interest on installment payments and all costs and fees (including reasonable attorneys' fees) incurred by Landlord in contesting Taxes, assessments and/or negotiating with public authorities with respect to the same. If at any time during the term of this Lease the methods and/or bases of taxation prevailing at the Commencement

Date shall be altered so that in addition to, or in lieu of or as a substitute for the whole or any part of the Taxes now levied, assessed or imposed on real estate as such, there shall be levied, assessed or imposed (i) a tax on the rents received from such real estate, or (ii) a license fee measured by the rents receivable by Landlord from the Shopping Center or any portion thereof, or (iii) a tax or license fee imposed upon Landlord which is otherwise measured by or based in whole or in part upon rents derived from the whole Shopping Center or any portion thereof, then and in any of such events, the same shall be included in the computation hereunder of Taxes. The word "taxes" shall not include any charge, such as water meter charge and sewer rent based thereon, which measured by the consumption by the actual user of the item or service for which the charge is made.

Tenant shall pay in each Tax Year during the term of this Lease as additional rent, a proportionate share of all such Taxes, at the times and in the manner hereinafter provided. While the Tenant's proportionate share of such Taxes shall not exceed a sum equal to the product obtained by multiplying (i) the total of all Taxes assessed or imposed against the Shopping Center in each Tax year by (ii) a fraction of the numerator of which shall be the number of square feet of floor area in the Demised Premises and the denominator of which shall be the number of square feet of leasable floor area in the Shopping Center, the Landlord shall annually estimate the total amount of such Taxes for the Shopping Center on the basis of its experience and reasonably anticipated charges therefor, and the Tenant shall pay to the Landlord, on the first day of each calendar month, together with its monthly installment of minimum rent due hereunder, an amount equal to 1/12 of its proportionate share thereof. As soon as practicable following the close of each Tax Year, Landlord shall submit to Tenant a statement indicating the actual amount of the Taxes assessed or imposed against the Shopping Center for the immediately preceding Tax year, the actual amount of Tenant's proportionate share thereof, the amount of the Landlord's estimate thereof for such immediately preceding Tax year, and the amount of the resulting balance due thereon, or overpayment thereof, as the case may be, with an appropriate adjustment to thereupon be made between the parties, within thirty (30) days of receipt of the amount of deficiency or overpayment, on the basis of such statement. Each statement shall be binding upon Tenant, its successors and assigns, as to the matters set forth therein, if no objection is raised with respect thereto within ninety (90) days after submission of each statement to Tenant. The term "Taxes" shall not include any interest or other charge imposed by any taxing authority as a penalty or delinquency charge, based upon late payment of any tax obligation by the Landlord.

The failure of Landlord to provide such statement to Tenant as required above shall not relieve Tenant of its obligations hereunder or for the specific Tax Year in which any such failure occurs, nor shall such failure in any way relieve the Landlord from its obligation to provide such statement, provided however, that Tenant's obligations to pay such taxes shall only survive expiration or mutual termination of this Lease for a period of six (6) months.

As used herein, the term "Tax Year" shall be deemed to mean each twelve (12) month period (deemed, for the purposes of this Paragraph 26 to have 365 days) established as the real estate Tax Year by the taxing authorities having lawful jurisdiction over the property comprising the Shopping Center. For and during the first Tax Year (or Partial Tax Year, as the case may be) occurring during the term of this Lease, the Tenant's estimated proportionate share of the Taxes applicable to the Shopping Center shall be payable monthly in the amounts set forth on Page One hereof as "Initial Tax Share," payable monthly as above provided, the same to be deemed additional rent hereunder and subject to the annual adjustment hereinbefore provided. Tenant covenants and agrees that if this Lease is terminated by reason of default on its part, or if it fails to take possession of Demised Premises or leaves the Demised Premises prior to the expiration of the term hereof, it shall remain liable to pay its proportionate share of such Taxes. Tenant agrees that this is not to be construed as a penalty, but rather as a portion of the proper measure of Landlord's damages in the event of a breach of this Lease by Tenant as aforesaid.

If at any time during the term of this Lease, or any extension or renewal thereof, the laws of any one or more of the jurisdictions in which the Shopping Center is located imposes, charges, assesses or levies upon or against the rents (whether guaranteed minimum, percentage rent or additional rent, or any or all of the foregoing), or any other consideration in lieu of the rent payable hereunder, a tax, imposition, charge, assessment, levy, excise fee or license fee, then in the absence of any provision to the contrary specifically contained in such laws, the same shall be paid in full by the Tenant and such obligation may be enforced by Landlord in the same way and manner as provided for the enforcement of the payment of minimum rent, percentage rent and additional rent hereunder.

R7. Utilities

Tenant shall be solely responsible for and shall promptly pay upon the bills being rendered therefor by the supplier thereof, and before the same become delinquent, any and all separately metered or measured (or in the case of a master meter, pro-rated) charges for the use and consumption by the tenants of the Shopping Center of heat, air conditioning, sewer, water, gas, electricity or any other utility services utilized in the use and occupancy of the Demised Premises by the Tenant.

Should Landlord elect or be required to supply or make available any utility used or consumed at the Demised Premises, Tenant agrees to purchase and pay for the same, as additional rent, every month in the term hereof; provided that tenant shall not be obligated to pay Landlord an aggregate annual sum in excess of the aggregate annual amount therefor which tenant would otherwise be obligated to pay for similar utility usage and service as a retail customer of the public utility or municipal authority then supplying such utility to the shopping center.

R8. Net Lease

Landlord and Tenant confirm and agree that it is the intention of the parties that the Lease shall be a net lease, with the Tenant responsible for a pro rata share of the cost of all maintenance, real estate taxes, management, repairs and other charges of any nature whatsoever in connection with the Common Area and the Demised Premises.

R9. Attorney's Fees

Tenant agrees that in the event that any default by it in performance of any of the terms, conditions or covenants of this Lease beyond applicable grace periods requires the Landlord, in the exercise of its sole reasonable discretion, to engage the services of any attorney, whether or not an employee of Landlord, to enforce compliance by the Tenant with terms, conditions and covenants hereof, the Tenant will reimburse Landlord for any and all expenses incurred in its use of such attorney and in any action which said attorney may pursue. Such expenses shall include, but are not limited to: reasonable legal fees, court costs, costs of filing and serving summons and/or complaints, etc. The term "default" as used in this paragraph shall mean, but shall not be construed as being limited in meaning to nonpayment of: minimum rent, utility bills, Taxes, and common area expense contribution.

Tenant further agrees that should it commit any default or defaults under this Lease beyond applicable grace periods, Landlord may, at its election, immediately or at any time thereafter, without waiving any claim for breach of agreement, and without notice to Tenant, cure such default or defaults for the account of Tenant. If the Landlord shall institute an action or summary proceeding against the Tenant based upon such default, or if the Landlord shall cure such default or defaults for the account of Tenant, then the Tenant will reimburse the Landlord for the expense of attorneys' fees and disbursements thereby incurred by the Landlord, so far as the same are reasonable in amount. The cost to the Landlord thereof shall be due and payable on demand, shall be deemed to be additional rent hereunder and shall be added to the installment of rent next accruing or to any subsequent installment of rent due and payable hereunder, at the election of Landlord. Landlord shall not be responsible to Tenant for any loss or damage resulting in any manner by reason of its undertaking and pursuing any of the rights and remedies which by the terms hereof are reserved to and for the benefit of Landlord.

R10. Holdover

Provided Landlord and Tenant are not negotiating in good faith an extension or renewal of the Lease Term, if the Tenant shall occupy said demised premises without the written consent of the Landlord after the expiration of the term of this Lease, and rent is accepted from said Tenant, such occupancy and payment shall be construed as an extension of this Lease for the term of one month only from the date of such expiration, and occupation and payment thereafter shall operate to extend the term of this Lease for but one month at a time unless other terms of such extension are reduced to and expressed in writing and signed by the parties hereto. In such event if either Landlord or Tenant desires to terminate said occupancy at the end of any month after the termination of this Lease, the party so desiring to terminate the same shall give the other party at least twenty (20) days written notice to that effect. Failure on the part of Tenant to give such notice shall obligate it to pay rent for an additional calendar month, following the month in which the Tenant has vacated the demised premises. If after such notice, such occupancy continues without the consent of the Landlord, Tenant shall pay to Landlord, as liquidated damages, 1-1/2 times the amount of rent and all other charges at the highest rate specified in this Lease for the time Tenant retains possession of the demised premises or any part thereof after termination of the term by lapse of time or otherwise.

R11. Landlord Reimbursement

Landlord shall reimburse Tenant for costs associated with leasehold improvements, fixtures, equipment, and new space build-out the sum of Twenty-five Thousand Dollars ($25,000.00). The foregoing amount shall be payable in the following manner:

1. $5,000.00 upon full execution of the Lease, and the Landlord's receipt of the first month's rent;

2. $20,000.00 within ten (10) days after the Lease commences on a rent-paying basis, and Tenant is open for business in the Premises.

R12. Limitation of Liability

In the event that the Landlord may be or elect to be or to adopt the form of a limited or general partnership or of a Real Estate Investment Trust, Tenant agrees that Tenant shall make no claim against any partner (whether general or limited) or against any trustee thereof by reason of any matter arising under the terms of this Lease or arising in connection with the use or occupancy of the Demised Premises. No personal asset or any partner (general or limited) in such partnership or of any trustee of such Real Estate Investment Trust shall be subject to levy, execution, attachment or other enforcement procedures by Tenant or any successor or assign of Tenant on account of any matter whatsoever relating to this Lease or to the use or occupancy of the Demised Premises.

Consistent with the intention expressed in the immediately preceding paragraph, and notwithstanding anything to the contrary in this Lease elsewhere set forth, either express or implied, Tenant agrees that in all events it shall look solely to the estate and property of the Landlord (regardless of whether the entity is a corporation, partnership, trust, individual or otherwise) in the Shopping Center for the collection of any judgement (or other judicial process) requiring payment of money by Landlord in the event of a default or breach by Landlord with respect to any of the terms, covenants and conditions of this Lease to be observed and/or performed by Landlord, and no other property or assets of Landlord shall become subject to levy, execution, attachment or other enforcement procedures for the satisfaction of Tenant's remedies. If the building is transferred or conveyed, Landlord shall be relieved of all covenants and obligations under this Lease thereafter occurring and Tenant shall thereafter look to such transferee for the performance and observance thereof.

R13. Brokerage

Landlord and Tenant warrant and represent to each other that neither has dealt with any broker or brokers regarding the negotiation of this Lease other than Scotmar Associates, Inc. Landlord shall pay such broker a commission pursuant to a separate agreement. Tenant and Landlord agree to indemnify and hold harmless the other from and against any claim for a commission or other compensation by any other broker in connection with the Demised Premises.

R14. Assignment, Sublet and Non-Disturbance

(a) Notwithstanding anything to the contrary contained herein, Tenant shall have the right, without Landlord's consent, to assign this Lease or sublet all or part of the Demised Premises to an affiliate of Tenant, provided the Tenant and Guarantor remain primarily liable under the Lease and remain responsible for all payments and responsibilities thereunder. "Affiliate" shall mean a person or entity controlling, controlled by or under common control with another person or entity or, in the case of an individual, a member of such individual's immediate family.

(b) Notwithstanding anything to the contrary contained herein, Landlord acknowledges and approves of the immediate subletting of the Demised Premises by Tenant to one or more physicians. Within thirty (30) days after execution of this Lease, Landlord shall deliver a non-disturbance agreement to Tenant in the standard form utilized in the Shopping Center.

R15. Parking

Landlord shall designate two (2) parking spaces in the proximity of the entrance to the building as handicapped parking spaces in conformance with applicable laws, regulations and ordinances. Landlord agrees to make the building in which the Demised Premises is located accessible to disabled persons by providing a curb-cut near the handicapped parking spaces.

R16. Tenant Signs

Tenant shall have the right to display in the Demised Premises or on a portion of the office building portion of the Shopping Center any exterior or interior signs, provided that the Tenant shall be required to obtain the Landlord's prior written consent which will not be unreasonably withheld in connection with the location, size, type, and material of each sign, and each sign shall conform to all municipal ordinances and regulations with the proper municipal approvals being obtained therefore by the Tenant at its sole cost and expense.

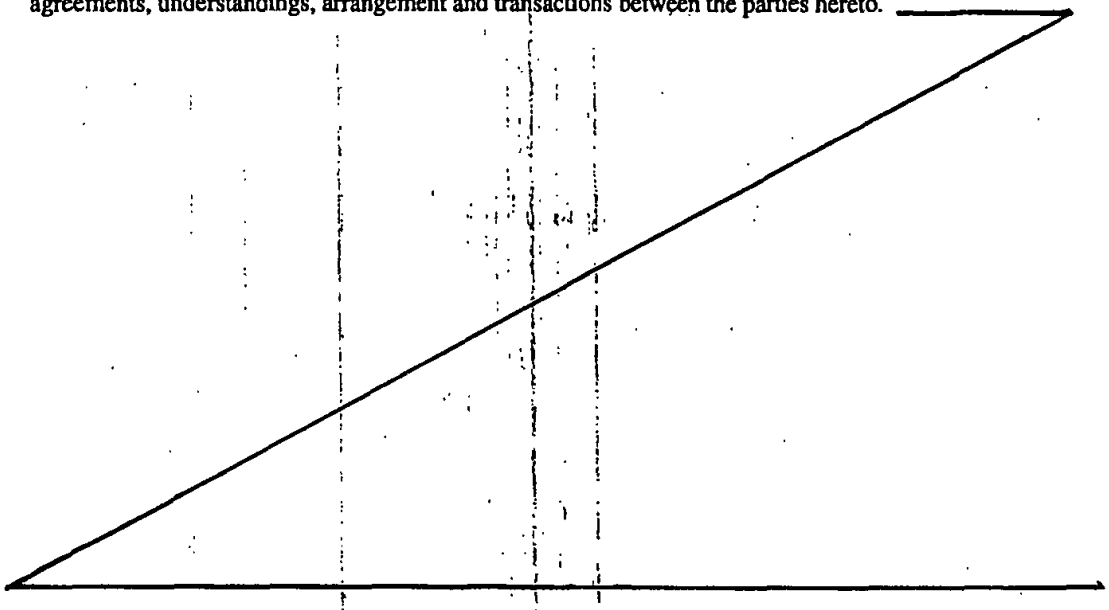
R17. Tenant Alterations

Notwithstanding anything to the contrary contained herein, Tenant may build-out the Demised Premises and make other alterations and improvements necessary to ready the Demised Premises for occupancy without Landlord's prior approval, provided that all such alterations and improvements: (1) do not affect or impair the structural integrity of the Demised Premises; (2) conform to all municipal ordinances and regulations with the proper municipal approvals being obtained therefore by Tenant at its sole cost and expense prior to beginning any construction; (3) do not increase or decrease the size of the Demised Premises; and (4) unreasonably disturb any other tenants in the Shopping Center. In connection with such build-out, Landlord agrees to use reasonable efforts to secure on behalf of Tenant the right to access the premises located immediately below the Demised Premises so that Tenant may conduct plumbing installation. Tenant understands and agrees that in connection with said plumbing installation, the Tenant may be required to perform such work on weekends or evenings and only after the Landlord has obtained the consent of the tenants directly beneath the Demised Premises.

R18. Landlord's Work

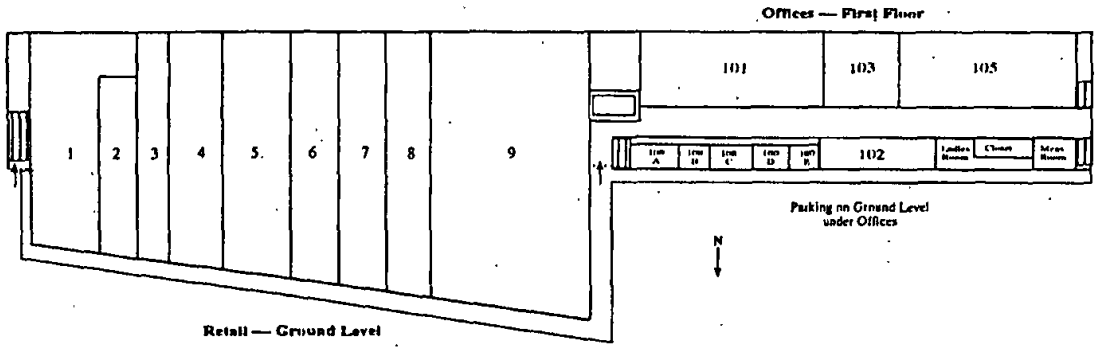
Landlord agrees to maintain the Shopping Center, including the building in which the Demised Premises is located, in a neat, clean, and safe manner. Consistent therewith, Landlord agrees to upgrade the bathrooms in the Common Area.

This Agreement and all documents, agreements, understandings and arrangements relating to this transaction have been executed by the undersigned in his capacity as an officer or trustee of Kranzco Realty Trust or its affiliates (the "Trust") which has been formed as a Maryland real estate investment trust pursuant to a Declaration of Trust of Kranzco Realty Trust dated June 17, 1992, and not individually, and neither the trustees, officers or shareholders of the Trust shall be bound or have any personal liability hereunder or thereunder. Each party hereto shall look solely to the assets of the Landlord and/or Trust for satisfaction of any liability of the Trust in respect of this Agreement and all documents, agreements, understandings and arrangements relating to this transaction and will not seek recourse or commence any action against any of the trustees, officers or shareholders of the Trust or any of their personal assets for the performance or payment of any obligation hereunder or thereunder. The foregoing shall also apply to any future documents, agreements, understandings, arrangement and transactions between the parties hereto.

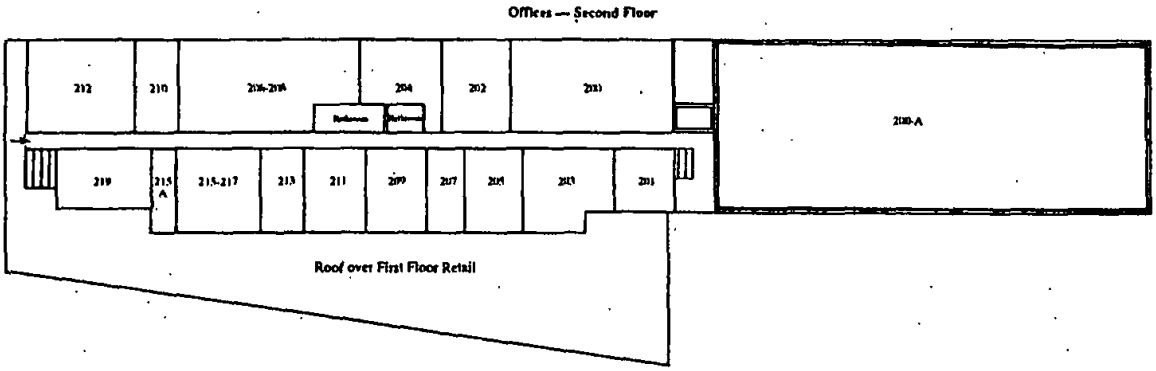


North Ridge Shopping Center

New Rochelle, New York (Part 1)



Ground Level & First Floor



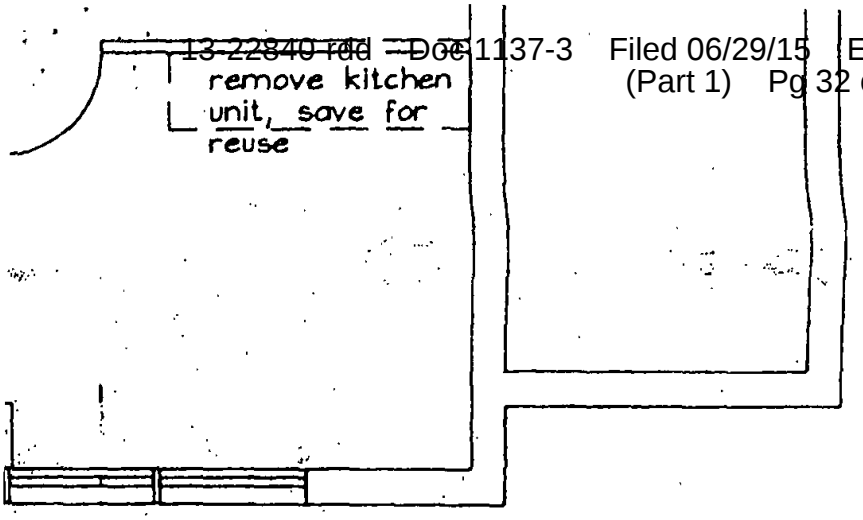
Second Floor

Kranzco

128 FAYETTE STREET
CONSHOHOCKEN, PA 19428
TELEPHONE: 610/941-9292
FAX: 610/941-9193

Exhibit "A"

Landlord does not covenant that any occupant indicated hereon will become a tenant or occupant in either the space marked on this plan, nor that the shopping center will be constructed as shown hereon. Nothing contained herein, or depicted hereon, shall be deemed to limit, waive, restrict or lessen the rights of the landlord under the lease agreement to which this plan is attached.



Original in Records Dept

Medical Offices
77 Quaker Ridge Road
New Rochelle, NY

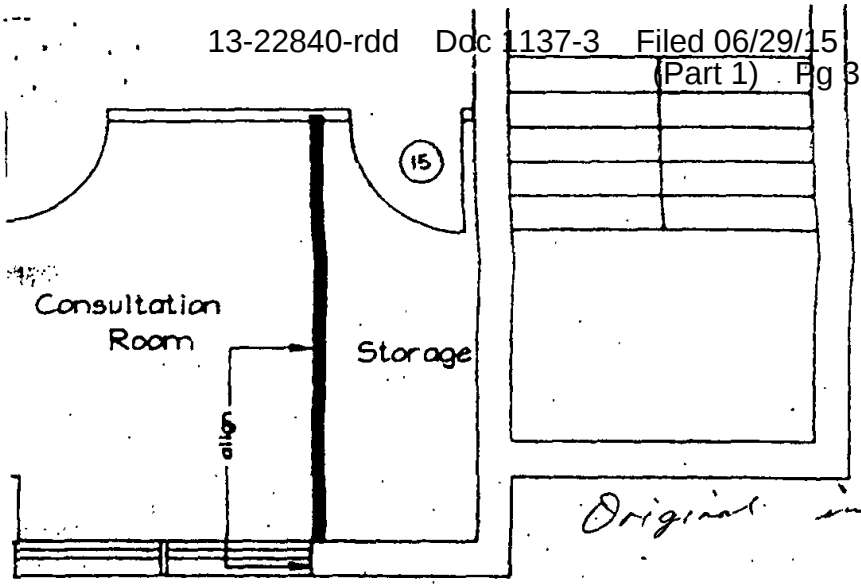
New Rochelle Hsopital
Medical Center

DEMOLITION PLAN

1/4"=1'-0"

osmolskis architecture
162 carlles avenue pelham, ny 10803
914 738-5658
interior design architecture

A-1



Original in Records Dept.

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Medical Offices
77 Quaker Ridge Road
New Rochelle, NY

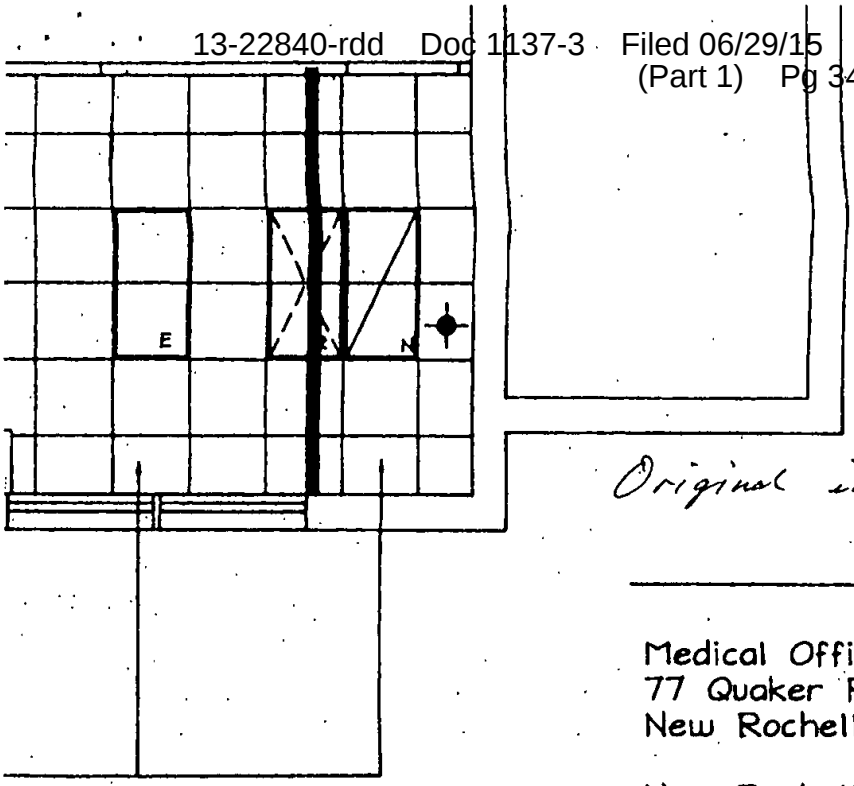
New Rochelle Hsopital
Medical Center

CONSTRUCTION PLAN

1/4"=1'-0"

osmolskis architecture
162 corlies avenue pelham, ny 10803
914 738-5658
interior design architecture

A-2



Original in Records Dept

Medical Offices
77 Quaker Ridge Road
New Rochelle, NY

New Rochelle Hsopital
Medical Center

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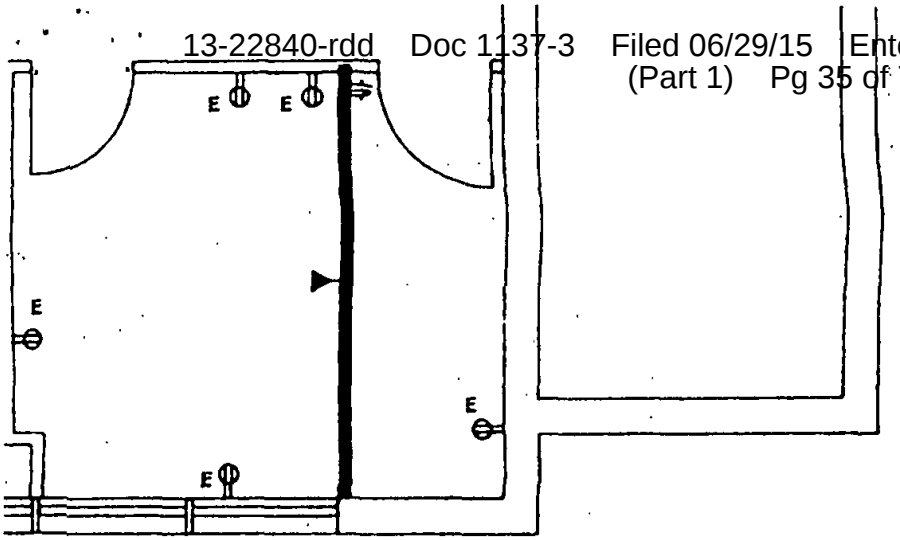
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REFLECTED CEILING PLAN

1/4"=1'-0"

osmolskis architecture
162 corlies avenue pelham, ny 10803
914 738-5658
interior design architecture

A-3



Original in Records Dept

Medical Offices
77 Quaker Ridge Road
New Rochelle, NY

New Rochelle Hsopital
Medical Center

POWER & TELEPHONE PLAN

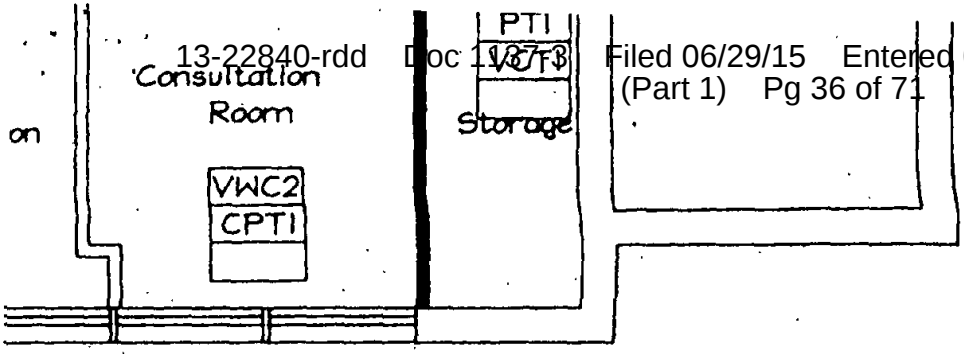
1/4"=1'-0"

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In contract

osmolskis architecture
162 carlles avenue pelham, ny 10803
914 738-5658
interior design architecture

A-4



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Medical Offices
77 Quaker Ridge Road
New Rochelle, NY

New Rochelle Hsopital
Medical Center

FINISH PLAN

1/4"=1'-0"

osmolskis architecture
162 carlies avenue pelham, ny 10803
914 738-5658
interior design architecture

A-5

GUARANTY

FOR VALUE RECEIVED and in consideration for, and as an inducement to, the Landlord for entering into the Lease dated the 4th day of June, 19 96, with

NRHMC SERVICES CORP., a New York Corporation

as the tenant, executed simultaneously herewith and to which this gurarranty is attached, the undersigned,

NEW ROCHELLE HOSPITAL MEDICAL CENTER, a New York non-profit organization

as "Guarantor", having and address at

16 Guion Place; New Rochelle, New York 10802

hereby guarantees to the Landlord, its successors and assigns, the full performance and observance of all the covenants, conditions and agreements therein provided to be performed and observed by the Tenant, its successors and assigns, and expressly agrees that the validity of this agreement and the obligations of the Guarantor hereunder shall in no wise be terminated, affected or impaired by reason of the assertion by the Landlord against the Tenant of any of the rights or remedies reserved to the Landlord pursuant to the provisions of the within lease, or by reason of the waiver by the Landlord of, or the failure of the Landlord to enforce any of the terms, covenants or conditions of said lease, or the granting of any indulgence or extension of time to the Tenant, all of which may be given or done without notice to the Guarantor. The undersigned waives notice of default in the payment of rent, additional rent or any other amounts contained or reserved in said lease, or notice of a breach or non-performance of any of the covenants, conditions or agreements contained in said lease and agrees to be subject to any suit or action whatsoever by Landlord as if undersigned were Tenant and in such suit or action undersigned shall be subrogated to the rights, duties and obligations of Tenant under the terms of the above noted lease. The undersigned further covenants and agrees that this agreement and guaranty shall remain and continue in full force and effect as to any amendments, modification, renewal or extension of the within lease, to all of which the undersigned hereby consents in advance.

The undersigned further agrees that its liability under this agreement and guaranty shall, at Landlord's option, be primary and that in any right of action which shall accrue to the Landlord under the within lease, the Landlord may, at its option, proceed against the undersigned without having commenced any action, or having obtained any judgment, against the Tenant

No assignment or transfer of the within lease shall operate to extinguish or diminish the liability of the undersigned under this agreement and guaranty.

IN WITNESS WHEREOF, the undersigned has caused this agreement and guaranty to be executed in his name, and his seal to be affixed hereto this 3rd day of June, 19 96.

Witness:

NEW ROCHELLE HOSPITAL MEDICAL CENTER

BY: _____

BY: _____

TITLE: _____

STATE OF New York
COUNTY OF Westchester } SS.:

On the 3rd day of June, 19 96, before me personally came Douglas O. Landy, to me known, who by me duly sworn, did depose and say that he resides at 64 Sagamore Rd. Bronxville, NY: and acknowledges that he executed the foregoing instrument.

PATRICIA M. IGNELZI
Notary Public, State of New York
NO. 4895227
Qualified in WESTCHESTER COUNTY
My Commission Expires MAY 18, 1997

_____ (Notary)

Kranzco Form 174

Lease	G/L Offset	Remark	Invoice Date	Due Date	Gross Amt	Open Amt
04055023	RRET	2007-2012 Tax Appeal Refunds	8/15/2013	8/15/2013	-30,494.88	-30,494.88
04055023	CAM	CAM (Escrow / Deposit)	5/1/2013	5/1/2013	4,337.00	4,337.00
04055023	RETX	Real Estate Tax (Escrow)	5/1/2013	5/1/2013	3,811.02	3,811.02
04055023	AMR	Annual Minimum Rent	5/1/2013	5/1/2013	9,142.50	7,469.22
04055023	CAM	CAM (Escrow / Deposit)	4/1/2013	4/1/2013	4,337.00	4,337.00
04055023	RETX	Real Estate Tax (Escrow)	4/1/2013	4/1/2013	3,811.02	3,811.02
04055023	AMR	Annual Minimum Rent	4/1/2013	4/1/2013	9,142.50	9,142.50
04055023	AMR	Annual Minimum Rent	3/1/2013	3/1/2013	9,142.50	9,142.50
04055023	CAM	CAM (Escrow / Deposit)	3/1/2013	3/1/2013	4,337.00	4,337.00
04055023	RETX	Real Estate Tax (Escrow)	3/1/2013	3/1/2013	3,811.02	3,811.02
04055023	AMR	Annual Minimum Rent	2/1/2013	2/1/2013	9,142.50	9,142.50
04055023	CAM	CAM (Escrow / Deposit)	2/1/2013	2/1/2013	4,337.00	4,337.00
04055023	RETX	Real Estate Tax (Escrow)	2/1/2013	2/1/2013	3,811.02	3,811.02
04055023	AMR	Annual Minimum Rent	1/1/2013	1/1/2013	9,142.50	9,142.50
04055023	CAM	CAM (Escrow / Deposit)	1/1/2013	1/1/2013	4,337.00	4,337.00
04055023	RETX	Real Estate Tax (Escrow)	1/1/2013	1/1/2013	3,811.02	3,811.02
04055023	RETX	Real Estate Tax (Escrow)	11/1/2012	11/1/2012	3,811.02	3,577.50
04055023	RRET	1/11 - 12/11 Tax Rec	5/1/2012	7/30/2012	8,058.08	8,058.08
04055023	RRET	1/11 - 12/11 Tax Rec	5/1/2012	7/30/2012	126.65	126.65
04055023	RCAM	CAM Rec 1/1/10-12/31/10	5/16/2011	8/14/2011	-9,501.17	-9,501.17
04055023	RCAM	2008 RCAM Reconciliation	4/15/2009	4/15/2009	8,516.09	18.15
		Total Open Amount				56,563.65

SECOND AMENDMENT OF LEASE

Second Amendment of Lease, dated August 20, 2012 (the "Amendment"), by and between CW NORTH RIDGE PLAZA LLC, a Delaware limited liability company, (the "Landlord") and NRHMC SERVICES CORP., a New York corporation, (the "Tenant").

WHEREAS, Landlord's predecessor-in-interest, KRT Property Holdings, Inc., and Tenant entered into a lease, dated August 27, 1996, with respect to office premises occupied by Tenant at the North Ridge Professional Building, 77 Quaker Ridge Road, New Rochelle, New York, 10804;

WHEREAS, the lease was amended by a certain First Amendment of Lease, dated February 27, 2012 (the original lease and the First Amendment collectively are referred to as the "Lease"); and

NOW, THEREFORE, for and in consideration of the covenants herein contained and other good and valuable consideration, the receipt and adequacy of which are hereby acknowledged, it is agreed as follows:

1. LEASE TERM. The Lease is amended to extend the term thereof for a period of two years commencing September 1, 2012 and terminating August 31, 2014.

2. MINIMUM RENT. The Lease is amended to provide that the Minimum Rent shall be $1,265.00 per month from September 1, 2012 through August 31, 2014.

3. MISCELLANEOUS. Except as otherwise provided herein, all other terms and conditions of the Lease shall be deemed to be incorporated herein and made part of this Amendment and shall continue in full force and effect. The submission of this Amendment for examination does not constitute an offer to amend the Lease; and shall become effective only upon execution and legal delivery thereof by both Landlord and Tenant. Once executed, this Amendment shall be binding upon the parties hereto and their heirs, successors and assigns. This Amendment may be executed in more than one counterpart, and each such counterpart shall be deemed to be an original document.

IN WITNESS WHEREOF, Landlord and Tenant have executed this Amendment as of the day and year first above written.

LANDLORD: CW NORTH RIDGE PLAZA LLC, a Delaware limited liability company

By: _____
Barry Rodenstein
Senior Vice President

TENANT: NRHMC SERVICES CORP., a New York corporation,

By: _____
Name: John R Spicer
Title: President

RECEIVED
AUG 22 2012
RECORDING DEPT.

Lease #4055022
Space #205 | NRHMC at North Ridge Plaza

REAFFIRMATION OF GUARANTY

The undersigned, as guarantor of the Lease under that certain Guaranty, dated August 27, 1996, originally given by New Rochelle Hospital Medical Center, hereby approves of the within Amendment; and ratifies and affirm its continuing obligations under said Guaranty as guarantor of the Lease as amended hereby.

GUARANTOR: SOUND SHORE MEDICAL CENTER, a New York corporation,

By: _____

Name: John P Mamangakis

Title: Senior Vice President

FIRST AMENDMENT OF LEASE

First Amendment of Lease, dated February 27, 2012 (the "Amendment"), by and between CW NORTH RIDGE PLAZA LLC, a Delaware limited liability company, (the "Landlord") and NRHMC SERVICES CORP., a New York corporation, (the "Tenant").

WHEREAS, Landlord's predecessor-in-interest, KRT Property Holdings, Inc., and Tenant entered into a lease, dated August 27, 1996 (the "Lease"), with respect to office suites #205 and #207 at the North Ridge Professional Building, 77 Quaker Ridge Road, New Rochelle, New York, 10804;

WHEREAS, the term of the Lease expired on August 31, 2011;

WHEREAS, the Tenant no longer has a need for office suite #207 consisting of approximately 496 rentable square feet and surrendered the same to Landlord on August 31, 2011; and

WHEREAS, the Tenant desires to continue to Lease office suite #205 consisting of approximately 600 rentable square feet.

NOW, THEREFORE, for and in consideration of the covenants herein contained and other good and valuable consideration, the receipt and adequacy of which are hereby acknowledged, the Lease is revived and amended as follows:

1. DEMISED PREMISES. The Lease is amended to provide that Landlord leases to Tenant and Tenant rents from Landlord the office premises consisting of approximately 600 rentable square feet at North Ridge Professional Building, 77 Quaker Ridge Road, New Rochelle, New York, designated as Suite No. 205 (the "Demised Premises" or "Premises"). From and after September 1, 2011, any reference in the Lease to the Demised Premises shall mean to refer to Suite No. 205 only.

2. PROPORTIONATE SHARE ADJUSTMENT. In the interest of clarity, wherever applicable, Landlord shall make the appropriate adjustment to Tenant's proportionate share percentage to reflect the change/reduction in Premises size (*i.e.*, changing the numerator as required by Sections R3 ["Common Areas"] and R5 ["Real Estate Taxes"]).

3. LEASE TERM. The Lease is amended to extend the term thereof for a period of one year commencing September 1, 2011 and terminating August 31, 2012.

4. MINIMUM RENT. The Lease is amended to provide that the Minimum Rent shall be $1,100.00 per month from September 1, 2011 through August 31, 2012.

5. NOTICE ADDRESSES. The Lease is updated to provide that the applicable addresses for the giving of notice under the Lease are as follows:

If to Landlord:

CW North Ridge Plaza LLC
% Brixmor Property Group
420 Lexington Avenue, 7th Floor
New York, NY 10170
Attention: Office of General Counsel

RECEIVED
MAR 05 2012
RECORDS DEPT.

with a copy to: Brixmor Property Group
131 Dartmouth Street
Boston, MA 02116-5134
Attention: Office of Regional Counsel

If to Tenant: NRHMC Services Corp.
16 Guion Place
New Rochelle, NY 10802

In the interest of clarity, the address for the payment of rent has not changed.

6. MISCELLANEOUS. Except as otherwise provided herein, all other terms and conditions of the Lease shall be deemed to be incorporated herein and made part of this Amendment and shall continue in full force and effect. In the interest of clarity, all options to extend the term of the Lease as right contained in the Lease, if any, are deleted as no longer applicable. The submission of this Amendment for examination does not constitute an offer to amend the Lease; and shall become effective only upon execution and legal delivery thereof by both Landlord and Tenant. Once executed, this Amendment shall be binding upon the parties hereto and their heirs, successors and assigns. This Amendment may be executed in more than one counterpart, and each such counterpart shall be deemed to be an original document.

IN WITNESS WHEREOF, Landlord and Tenant have executed this Amendment as of the day and year first above written.

LANDLORD: CW NORTH RIDGE PLAZA LLC, a Delaware limited liability company

By: _____
Barry Rodenstein
Senior Vice President

TENANT: NRHMC SERVICES CORP., a New York corporation,

By: _____
Name: JOHN R SPICER
Title: PRESIDENT AND CEO

REAFFIRMATION OF GUARANTY

The undersigned, as guarantor of the Lease under that certain Guaranty, dated August 27, 1996, originally given by New Rochelle Hospital Medical Center, hereby approves of the within Amendment; and ratifies and affirm its continuing obligations under said Guaranty as guarantor of the Lease as amended hereby.

GUARANTOR: SOUND SHORE MEDICAL CENTER, a New York corporation,

By: _____

Name: JOHN MATHANGAKIS

Title: SENIOR VICE PRESIDENT OPERATIONS

GUARANTY

FOR VALUE RECEIVED and in consideration for, and as an inducement to, the Landlord for entering into the Lease dated the 27th day of August, 19 96, with NRHMC SERVICES CORP., a New York Corporation as the tenant, executed simultaneously herewith and to which this gurarranty is attached, the undersigned, NEW ROCHELLE HOSPITAL MEDICAL CENTER, a New York non-profit organization as "Guarantor", having and address at 16 Guion Place; New Rochelle, New York 10802

hereby guarantees to the Landlord, its successors and assigns, the full performance and observance of all the covenants, conditions and agreements therein provided to be performed and observed by the Tenant, its successors and assigns, and expressly agrees that the validity of this agreement and the obligations of the Guarantor hereunder shall in no wise be terminated, affected or impaired by reason of the assertion by the Landlord against the Tenant of any of the rights or remedies reserved to the Landlord pursuant to the provisions of the within lease, or by reason of the waiver by the Landlord of, or the failure of the Landlord to enforce any of the terms, covenants or conditions of said lease, or the granting of any indulgence or extension of time to the Tenant, all of which may be given or done without notice to the Guarantor. The undersigned waives notice of default in the payment of rent, additional rent or any other amounts contained or reserved in said lease, or notice of a breach or non-performance of any of the covenants, conditions or agreements contained in said lease and agrees to be subject to any suit or action whatsoever by Landlord as if undersigned were Tenant and in such suit or action undersigned shall be subrogated to the rights, duties and obligations of Tenant under the terms of the above noted lease. The undersigned further covenants and agrees that this agreement and guaranty shall remain and continue in full force and effect as to any amendments, modification, renewal or extension of the within lease, to all of which the undersigned hereby consents in advance.

The undersigned further agrees that its liability under this agreement and guaranty shall, at Landlord's option, be primary and that in any right of action which shall accrue to the Landlord under the within lease, the Landlord may, at its option, proceed against the undersigned without having commenced any action, or having obtained any judgment, against the Tenant

No assignment or transfer of the within lease shall operate to extinguish or diminish the liability of the undersigned under this agreement and guaranty.

IN WITNESS WHEREOF, the undersigned has caused this agreement and guaranty to be executed in his name, and his seal to be affixed hereto this 30th day of August, 19 96

Witness:

NEW ROCHELLE HOSPITAL MEDICAL CENTER

BY: Mary M Mahon

BY: Douglas Landy

TITLE: Exec. V.P./C.O.O.

STATE OF New York
COUNTY OF Westchester } SS.:

On the 30th day of August, 19 96, before me personally came Douglas O. Landy, to me known, who by me duly sworn, did depose and say that he resides at 64 Algonquin Rd New Rochelle NY 10708: and acknowledges that he executed the foregoing instrument.

PATRICIA M. IGNELZI
Notary Public State of New York
NO. 4895227
Qualified in WESTCHESTER COUNTY
My Commission Expires MAY 18, 1997

Patricia M. Ignelzi
(Notary)

Kranzco Form 174

LANDLORD'S COPY

Lease

NORTH RIDGE SHOPPING CENTER
NEW ROCHELLE, NEW YORK

Shopping Center

KRT PROPERTY HOLDINGS, INC., BY AND THROUGH ITS
MANAGING AGENT, KRANZCO REALTY TRUST

Landlord

AND

NRHMC SERVICES CORP.

Tenant

Date: August 27, 1996

File: NORT - 137

Kranzco

Kranzco Form 100 KRT

This Lease dated this 21st day of August, 19 96, between KRT PROPERTY HOLDINGS, INC., A MD. CORPORATION, BY AND THROUGH ITS MANAGING AGENT, KRANZCO REALTY TRUST, A MD. REAL ESTATE INVESTMENT TRUST, having an address at 128 Fayette Street, Conshohocken, Pennsylvania 19428 ("Landlord"), and NRHMC SERVICES CORP., a New York Corporation,

having an address at 16 Guion Place; New Rochelle, New York 10802 Tenant.

Certain Fundamental Lease Provisions are presented in this Section and represent the agreement of the parties hereto, subject to further definition and elaboration in the respective referred Sections elsewhere in this Lease:

Shopping Center: Located in the North Ridge Shopping Center in 77 Quaker Ridge Road; New Rochelle, New York 10804

Demised Premises: Containing approximately 1,096 square feet with approximate dimensions of x as shown as Store # 205 & 207 and outlined in red on Exhibit "A" attached hereto.

Permitted Use: Any lawfully permitted office use.

~~under the style and trade name of~~

and for no other purpose. (See Paragraph Twenty)

Minimum Annual Rent:	$ 20,824.00	(Yrs. 1-5)	(See Paragraph Two)
	23,016.00	(Yrs. 6-10)	
	24,112.00	(Yrs. 11-15)	
Monthly Rent Payment:	$ 1,735.33	(Yrs. 1-5)	(See Paragraph Two)
	1,918.00	(Yrs. 6-10)	
	2,009.33	(Yrs. 11-15)	
Initial Common Area Charge:	$ 297.00 per month		Subject to Adjustment (See Paragraph Nine)
Initial Tax Share:	$ 315.00 per month		Subject to Adjustment (See Paragraph Twenty-Six)
Merchant's Association:	$ N/A		Subject to Adjustment (See Paragraph Thirty)
Initial Monthly Remittance:	$ 2,347.33		
Percentage Rent Factor:	N/A		(See Paragraph Nineteen)
Term:	Fifteen (15) years		(See Paragraph One)
Security Deposit:	$ None		(See Paragraph Twenty-Five)

References appearing in the Fundamental Lease Provisions are to designate some of the other places in this Lease where additional provisions applicable to the particular Fundamental Lease Provisions appear. Each reference in this Lease to any of the Fundamental Lease Provisions on Pages 1 and 2 shall be construed to incorporate all of the terms provided for under such provisions, and such provisions shall be read in conjunction with all other provisions of this Lease applicable thereto. If there is any conflict between any of the Fundamental Lease Provisions set forth on Pages 1 and 2 and any other provisons of this Lease, the latter shall control. The listing on Page 1 of the monetary charges payable by Tenant shall not be construed to be an exhaustive list of all monetary amounts payable by Tenant under this Lease.

100-9/92

DEPT	OK
Legal	
Exec.	
Accnt.	
Const.	
Leasing	
Oper.	

Agreement of Lease, made as of this 2nd day of August 19 96, between KRT PROPERTY HOLDINGS, INC., a MD corporation, by and through its managing agent, KRANZC REALTY TRUST, a MD real estate investment trust, having an address at 128 Fayette Street Conshohocken, PA 19428

party of the first part, hereinafter referred to as OWNER, and NRUMC SERVICES CORP., a New York Corpora having an address at 16 Guion Place, New Rochelle, New York 10802

party of the second part, hereinafter referred to as TENANT,

Witnesseth: Owner hereby leases to Tenant and Tenant hereby hires from Owner Stes. 205 & 207 in North Ridge Shopping Center, having an address at 77 Quaker Ridge Road, New Rochelle, New York 10804 (hereinafter referred to as the "Demised Premises" or demised premises")

in the building known as on the date this Lease is fully executed

In the Borough of , City of New York, for the term of fifteen (15) years, commencing ~~the earlier of 120 days after possession or when Tenant opens for business, whichever occ first~~, provided ~~(or until such term shall sooner cease and expire as hereinafter provided)~~ to commence on the however, that Tenant shall not be required to pay rent, additional rent, or any other sums due under the Lease attributable to the period prior to the earlier of 120 days after Tena is given possession of the Demised Premises, or when Tenant commences business operations, whichever occurs first.

See Page 1 of Lease Agreement for Annual Rental Rates.

which Tenant agrees to pay in lawful money of the United States which shall be legal tender in payment of all debts and dues, public and private, at the time of payment, in equal monthly installments in advance on the first day of each month during said term, at the office of Owner or such other place as Owner may designate, without any set off or deduction whatsoever, except that Tenant shall pay the first monthly installment(s) on the execution hereof (unless this lease be a renewal).

~~In the event that, at the commencement of the term of this lease, or thereafter, Tenant shall be in default in the payment~~ of rent to Owner pursuant to the terms of another lease with Owner or with Owner's predecessor in interest, Owner may at Owner's option and ~~without notice to Tenant~~ add the amount of such arrears to any monthly installment of rent payable ~~hereunder until the same shall be payable to Owner as additional rent.~~

The parties hereto, for themselves, their heirs, distributees, executors, administrators, legal representatives, successors and assigns, hereby covenant as follows:

Rent 1. Tenant shall pay the rent as above and as hereinafter provided.

Occupancy 2. Tenant shall use and occupy demised premises for any lawfully permitted office use, and for no other purpose.

Tenant Alterations 3. Tenant shall make no changes in or to the demised premises of any nature without Owner's prior written consent. Subject to the prior written consent of Owner, and to the provisions of this article, Tenant at Tenant's expense, may make alterations, installations, additions or improvements which are non-structural and which do not affect utility services or plumbing and electrical lines, in or to the interior of the demised premises by using contractors or mechanics first approved by Owner. Tenant shall, before making any alterations, additions, installations or improvements, at its expense, obtain all permits, approvals and certificates required by any governmental or quasi-governmental bodies and (upon completion) certificates of final approval thereof and shall deliver promptly duplicates of all such permits, approvals and certificates to Owner and Tenant agrees to carry and will cause Tenant's contractors and sub-contractors to carry such workman's compensation, general liability, personal and property damage insurance as Owner may require. If any mechanic's lien is filed against the demised premises, or the building of which the same forms a part, for work claimed to have been done for, or materials furnished to, Tenant, whether or not done pursuant to this article, the same shall be discharged by Tenant within thirty days thereafter, at Tenant's expense, by filing the bond required by law. All fixtures and all paneling, partitions, railings and like installations, installed in the premises at any time, either by Tenant or by Owner in Tenant's behalf, shall, upon installation, become the property of Owner and shall remain upon and be surrendered with the demised premises unless Owner, by notice to Tenant no later than twenty days prior to the date fixed as the termination of this lease, elects to relinquish Owner's right thereto and to have them removed by Tenant, in which event the same shall be removed from the premises by Tenant prior to the expiration of the lease, at Tenant's expense. Nothing in this Article shall be construed to give Owner title to or to prevent Tenant's removal of trade fixtures, moveable office furniture and equipment, but upon removal of any such from the premises or upon removal of other installations as may be required by Owner, Tenant shall immediately and at its expense, repair and restore the premises to the condition existing prior to installation and repair any damage to the demised premises or the building due to such removal. All property permitted or required to be removed, by Tenant at the end of the term remaining in the premises after Tenant's removal shall be deemed abandoned and may, at the election of Owner, either be retained as Owner's property or may be removed from the premises by Owner, at Tenant's expense.

which consent shall not be unreasonably withheld.

Maintenance and Repairs 4. Tenant shall, throughout the term of this lease, take good care of the demised premises and the fixtures and appurtenances therein. Tenant shall be responsible for all damage or injury to the demised premises or any other part of the building and the systems and equipment thereof, whether requiring structural or nonstructural repairs caused by or resulting from carelessness, omission, neglect or improper conduct of Tenant, Tenant's subtenants, agents, employees, invitees or licensees, or which arise out of any work, labor, service or equipment done for or supplied to Tenant or any subtenant or arising out of the installation, use or operation of the property or equipment of Tenant or any subtenant. Tenant shall also repair all damage to the building and the demised premises caused by the moving of Tenant's fixtures, furniture and equipment. Tenant shall promptly make, at Tenant's expense, all repairs in and to the demised premises for which Tenant is responsible, using only the contractor for the trade or trades in question, selected from a list of at least two contractors per trade submitted by Owner. Any other repairs in or to the building or the facilities and systems thereof for which Tenant is responsible shall be performed by Owner at the Tenant's expense. Owner shall maintain in good working order and repair the exterior and the structural portions of the building, including the structural portions of its demised premises, and the public portions of the building interior and the building plumbing, electrical, heating and ventilating systems (to the extent such systems presently exist) serving the demised premises. Tenant agrees to give prompt notice of any defective condition in the premises for which Owner may be responsible hereunder. There shall be no allowance to Tenant for diminution of rental value and no liability on the part of Owner by reason of inconvenience, annoyance or injury to business arising from Owner or others making repairs, alterations, additions or improvements in or to any portion of the building or the demised premises or in and to the fixtures, appurtenances or equipment thereof. It is specifically agreed that Tenant shall not be entitled to any setoff or reduction of rent by reason of any failure of Owner to comply with the covenants of this or any other article of this Lease. Tenant agrees that Tenant's sole remedy at law in such instance will be by way of an action for damages for breach of contract. The provisions of this Article 4 shall not apply in the case of fire or other casualty which are dealt with in Article 9 hereof.

reasonably

payment, or by

Owner shall use commercially reasonable and diligent efforts to complete any repairs required to be made by Owner under the Lease.

Window Cleaning: 5. Tenant will not clean nor require, permit, suffer or allow any window in the demised premises to be cleaned from the outside in violation of Section 202 of the Labor Law or any other applicable law or of the Rules of the Board of Standards and Appeals, or of any other Board or body having or asserting jurisdiction.

Requirements of Law, Fire Insurance, Floor Loads: 6. Prior to the commencement of the lease term, if Tenant is then in possession, and at all times thereafter, Tenant, at Tenant's sole cost and expense, shall promptly comply with all present and future laws, orders and regulations of all state, federal, municipal and local governments, departments, commissions and boards and any direction of any public officer pursuant to law, and all orders, rules and regulations of the New York Board of Fire Underwriters, Insurance Services Office, or any similar body which shall impose any violation, order or duty upon Owner or Tenant with respect to the demised premises, whether or not arising out of Tenant's use or manner of use thereof, (including Tenant's permitted use) or, with respect to the building if arising out of Tenant's

13-22840-[illegible] Doc [illegible] Filed [illegible] Entered [illegible] Claims
(Part [illegible] Pg [illegible])

...manner as shall require Tenant to make structural repairs or alterations in order to comply with the laws, ordinances, orders, rules, regulations or requirements with respect thereto. Tenant may, after securing Owner to Owner's satisfaction against all damages, interest, penalties and expenses, including, but not limited to, reasonable attorney's fees, by cash deposit or by surety bond in an amount and in a company satisfactory to Owner, contest and appeal any such laws, ordinances, orders, rules, regulations or requirements provided same is done with all reasonable promptness and provided such appeal shall not subject Owner to prosecution for a criminal offense or constitute a default under any lease or mortgage under which Owner may be obligated, or cause the demised premises or any part thereof to be condemned or vacated. Tenant shall not do or permit any act or thing to be done in or to the demised premises which is contrary to law, or which will invalidate or be in conflict with public liability, fire or other policies of insurance at any time carried by or for the benefit of Owner with respect to the demised premises or the building of which the demised premises form a part, or which shall or might subject Owner to any liability or responsibility to any person or for property damage. Tenant shall not keep anything in the demised premises except as now or hereafter permitted by the Fire Department, Board of Fire Underwriters, Fire Insurance Rating Organization or other authority having jurisdiction, and then only in such manner and such quantity so as not to increase the rate for fire insurance applicable to the building, nor use the premises in a manner which will increase the insurance rate for the building or any property located therein over that in effect prior to the commencement of Tenant's occupancy. Tenant shall pay all costs, expenses, fines, penalties, or damages, which may be imposed upon Owner by reason of Tenant's failure to comply with the provisions of this article and if by reason of such failure the fire insurance rate shall, at the beginning of this lease or at any time thereafter, be higher than it otherwise would be, then Tenant shall reimburse Owner, as additional rent hereunder, for that portion of all fire insurance premiums thereafter paid by Owner which shall have been charged because of such failure by Tenant. In any action or proceeding wherein Owner and Tenant are parties, a schedule or "make up" of rate for the building or demised premises issued by the New York Fire Insurance Exchange, or other body making fire insurance rates applicable to said premises shall be conclusive evidence of the facts therein stated and of the several items and charges in the fire insurance rates then applicable to said premises. Tenant shall not place a load upon any floor of the demised premises exceeding the floor load per square foot area which it was designed to carry and which is allowed by law. Owner reserves the right to prescribe the weight and position of all safes, business machines and mechanical equipment. Such installations shall be placed and maintained by Tenant, at Tenant's expense, in settings sufficient, in Owner's judgment, to absorb and prevent vibration, noise and annoyance.

Subordination: 7. This lease is subject and subordinate to all ground or underlying leases and to all mortgages which may now or hereafter affect such leases or the real property of which demised premises are a part and to all renewals, modifications, consolidations, replacements and extensions of any such underlying leases and mortgages. This clause shall be self-operative and no further instrument of subordination shall be required by any ground or underlying lessor or by any mortgagee, affecting any lease or the real property of which the demised premises are a part. In confirmation of such subordination, Tenant shall execute promptly any certificate that Owner may request.

Property—Loss, Damage, Reimbursement, Indemnity: 8. Owner or its agents shall not be liable for any damage to property of Tenant or of others entrusted to employees of the building, nor for loss of or damage to any property of Tenant by theft or otherwise, nor for any injury or damage to persons or property resulting from any cause of whatsoever nature, unless caused by or due to the negligence of Owner, its agents, servants or employees. Owner or its agents will not be liable for any such damage caused by other tenants or persons in, upon or about said building or caused by operations in construction of any private, public or quasi public work.

If at any time any windows of the demised premises are temporarily closed, darkened or bricked up for permanently closed, darkened or bricked up, if required by law, for any reason whatsoever including, but not limited to Owner's own acts, Owner shall not be liable for any damage Tenant may sustain thereby and Tenant shall not be entitled to any compensation thereof nor abatement or diminution of rent nor shall the same release Tenant from its obligations hereunder nor constitute an eviction. Tenant shall indemnify and save harmless Owner against and from all liabilities, obligations, damages, penalties, claims, costs and expenses for which Owner shall not be reimbursed by insurance, including reasonable attorneys' fees, paid, suffered or incurred as a result of any breach by Tenant, Tenant's agents, contractors, employees, invitees, or licensees, of any covenant or condition of this lease, or the carelessness, negligence or improper conduct of the Tenant, Tenant's agents, contractors, employees, invitees or licensees. Tenant's liability under this lease extends to the acts and omissions of any sub tenant, and any agent, contractor, employee, invitee or licensee of any sub-tenant. In case any action or proceeding is brought against Owner by reason of any such claim, Tenant, upon written notice from Owner, will, at Tenant's expense, resist or defend such action or proceeding by counsel approved by Owner in writing, such approval not to be unreasonably withheld.

Destruction, Fire and Other Casualty: 9. (a) If the demised premises or any part thereof shall be damaged by fire or other casualty, Tenant shall give immediate notice thereof to Owner and this lease shall continue in full force and effect except as hereinafter set forth. (b) If the demised premises are partially damaged or rendered partially unusable by fire or other casualty, the damages thereto shall be repaired by and at the expense of Owner and the rent, until such repair shall be substantially completed, shall be apportioned from the day following the casualty according to the part of the premises which is usable. (c) If the demised premises are totally damaged or rendered wholly unusable by fire or other casualty, then the rent shall be proportionately paid up to the time of the casualty and thereafter shall cease until the date when the premises shall have been repaired and restored by Owner subject to Owner's right to elect not to restore the same as hereinafter provided. (d) If the demised premises are damaged in whole or in part or the building shall be damaged to such extent that Owner shall decide to demolish it or to rebuild it, then, in any of such events, Owner may elect to terminate this lease by written notice to Tenant, given within 90 days after such fire or casualty, specifying a date for the expiration of the lease, which date shall not be more than 60 days after the giving of such notice, and upon the date specified in such notice the term of this lease shall expire as fully and completely as if such date were the date set forth above for the termination of this lease and Tenant shall forthwith quit, surrender and vacate the premises without prejudice however, to Landlord's rights and remedies against Tenant under the lease provisions in effect prior to such termination, and any rent owing shall be paid up to such date and any payments of rent made by Tenant which were on account of any period subsequent to such date shall be returned to Tenant. Unless Owner shall serve a termination notice as provided for herein, Owner shall make the repairs and restorations under the conditions of (b) and (c) hereof, with all reasonable expedition, subject to delays due to adjustment of insurance claims, labor troubles and causes beyond Owner's control. After any such casualty, Tenant shall cooperate with Owner's restoration by removing from the premises as promptly as reasonably possible, all of Tenant's salvageable inventory and movable equipment, furniture, and other property. Tenant's liability for rent shall resume five (5) days after written notice from Owner that the premises are substantially ready for Tenant's occupancy. (e) Nothing contained hereinabove shall relieve Tenant from liability that may exist as a result of damage from fire or other casualty. Notwithstanding the foregoing, each party shall look first to any insurance in its favor before making any claim against the other party for recovery for loss or damage resulting from fire or other casualty, and to the extent that such insurance is in force and collectible and to the extent permitted by law, Owner and Tenant each hereby releases and waives all right of recovery against the other or any one claiming through or under each of them by way of subrogation or otherwise. The foregoing release and waiver shall be in force only if both releasors' insurance policies contain a clause providing that such a release or waiver shall not invalidate the insurance. If, and to the extent, that such waiver can be obtained only by the payment of additional premiums, then the party benefitting from the waiver shall pay such premium within ten days after written demand or shall be deemed to have agreed that the party obtaining insurance coverage shall be free of any further obligation under the provisions hereof with respect to waiver of subrogation. Tenant acknowledges that Owner will not carry insurance on Tenant's furniture and/or furnishings or any fixtures or equipment, improvements, or appurtenances removable by Tenant and agrees that Owner will not be obligated to repair any damage thereto or replace the same. (f) Tenant hereby waives the provisions of Section 227 of the Real Property Law and agrees that the provisions of this article shall govern and control in lieu thereof.

Eminent Domain: 10. If the whole or any part of the demised premises shall be acquired or condemned by Eminent Domain for any public or quasi public use or purpose, then and in that event, the term of this lease shall cease and terminate from the date of title vesting in such proceeding and Tenant shall have no claim for the value of any unexpired term of said lease and assigns to Owner, Tenant's entire interest in any such award.

Assignment, Mortgage, Etc.: 11. Tenant, for itself, its heirs, distributees, executors, administrators, legal representatives, successors and assigns, expressly covenants that it shall not assign, mortgage or encumber this agreement, nor underlet, or suffer or permit the demised premises or any part thereof to be used by others, without the prior written consent of Owner in each instance. Transfer of the majority of the stock of a corporate Tenant shall be deemed an assignment. If this lease be assigned, or if the demised premises or any part thereof be underlet or occupied by anybody other than Tenant, Owner may, after default by Tenant, collect rent from the assignee, under-tenant or occupant, and apply the net amount collected to the rent herein reserved, but no such assignment, underletting, occupancy or collection shall be deemed a waiver of this covenant, or the acceptance of the assignee, under-tenant or occupant as tenant, or a release of Tenant from the further performance by Tenant of covenants on the part of Tenant herein contained. The consent by Owner to an assignment or underletting shall not in any way be construed to relieve Tenant from obtaining the express consent in writing of Owner to any further assignment or underletting.

Electric Current: 12. Rates and conditions in respect to submetering or rent inclusion, as the case may be, to be added in RIDER attached hereto. Tenant covenants and agrees that at all times its use of electric current shall not exceed the capacity of existing feeders to the building or the risers or wiring installation and Tenant may not use any electrical equipment which, in Owner's opinion, reasonably exercised, will overload such installations or interfere with the use thereof by other tenants of the building. The change at any time of the character of electric service shall in no wise make Owner liable or responsible to Tenant, for any loss, damages or expenses which Tenant may sustain.

Access to Premises: 13. Owner or Owner's agents shall have the right (but shall not be obligated) to enter the demised premises in any emergency at any time, and, at other reasonable times, to examine the same and to make such repairs, replacements and improvements as Owner may deem necessary and reasonably desirable to the demised premises or to any other portion of the building or which Owner may elect to perform. Tenant shall permit Owner to use and maintain and replace pipes and conduits in and through the demised premises and to erect new pipes and conduits therein provided they are concealed within the walls, floor, or ceiling. Owner may, during the progress of any work in the demised premises, take all necessary materials and equipment into said premises without the same constituting an eviction nor shall the Tenant be entitled to any abatement of rent while such work is in progress nor to any damages by reason of loss or interruption of business or otherwise. Throughout the term hereof Owner shall have the right to enter the demised premises at reasonable hours for the purpose of showing the

reasonably

which consent shall not unreasonably withheld or delayed

except Owner shall use reasonable efforts to minimize any interference with Tenant's business. Any such right of access shall not include a right of access to patient records located in the Demised Premises.

after reasonable written or telephone notice, except in the case of emergency,

to substantially the condition existing prior to such fire or other casualty

after reasonable written or telephone notice

[illegible] Rider to be added if necessary

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prospective tenants, and for the purpose of showing the same to prospective tenants during the last six months of the term hereof. Owner or Owner's agents may enter the same whenever such entry may be necessary or permissible by master key or forcibly and provided reasonable care is exercised to safeguard Tenant's property, such entry shall not render Owner or its agents liable therefor, nor in any event shall the obligations of Tenant hereunder be affected. If during the last month of the term Tenant shall have removed all or substantially all of Tenant's property therefrom, Owner may immediately enter, alter, renovate or redecorate the demised premises without limitation or abatement of rent, or incurring liability to Tenant for any compensation and such act shall have no effect on this lease or Tenant's obligations hereunder.

Vault, Vault Space, Area: 14. No vaults, vault space or area, whether or not enclosed or covered, not within the property line of the building is leased hereunder, anything contained in or indicated on any sketch, blue print or plan, or anything contained elsewhere in this lease to the contrary notwithstanding. Owner makes no representation as to the location of the property line of the building. All vaults and vault space and all such areas not within the property line of the building, which Tenant may be permitted to use and/or occupy, is to be used and/or occupied under a revocable license, and if any such license be revoked, or if the amount of such space or area be diminished or required by any federal, state or municipal authority or public utility, Owner shall not be subject to any liability nor shall Tenant be entitled to any compensation or diminution or abatement of rent, nor shall such revocation, diminution or requisition be deemed constructive or actual eviction. Any tax, fee or charge of municipal authorities for such vault or area shall be paid by Tenant.

Occupancy: 15. Tenant will not at any time use or occupy the demised premises in violation of the certificate of occupancy issued for the building of which the demised premises are a part. Tenant has inspected the premises and accepts them as is, subject to the riders annexed herein with respect to Owner's work, if any. In any event, Owner makes no representation as to the condition of the premises and Tenant agrees to accept the same subject to violations, whether or not of record.

Bankruptcy: 16. (a) Anything elsewhere in this lease to the contrary notwithstanding, this lease may be cancelled by Owner by the sending of a written notice to Tenant within a reasonable time after the happening of any one or more of the following events: (1) the commencement of a case in bankruptcy or under the laws of any state naming Tenant as the debtor; or (2) the making by Tenant of an assignment or any other arrangement for the benefit of creditors under any state statute. Neither Tenant nor any person claiming through or under Tenant, or by reason of any statute or order of court, shall thereafter be entitled to possession of the premises demised but shall forthwith quit and surrender the premises. If this lease shall be assigned in accordance with its terms, the provisions of this Article 16 shall be applicable only to the party then owning Tenant's interest in this lease.

(b) It is stipulated and agreed that in the event of the termination of this lease pursuant to (a) hereof, Owner shall forthwith, notwithstanding any other provisions of this lease to the contrary, be entitled to recover from Tenant as and for liquidated damages an amount equal to the difference between the rent reserved hereunder for the unexpired portion of the term demised and the fair and reasonable rental value of the demised premises for the same period. In the computation of such damages the difference between any installment of rent becoming due hereunder after the date of termination and the fair and reasonable rental value of the demised premises for the period for which such installment was payable shall be discounted to the date of termination at the rate of four percent (4%) per annum. If such premises or any part thereof be relet by the Owner for the unexpired term of said lease, or any part thereof, before presentation of proof of such liquidated damages to any court, commission or tribunal, the amount of rent reserved upon such reletting shall be deemed to be the fair and reasonable rental value for the part or the whole of the premises so re-let during the term of the re-letting. Nothing herein contained shall limit or prejudice the right of the Owner to prove for and obtain as liquidated damages by reason of such termination, an amount equal to the maximum allowed by any statute or rule of law in effect at the time when, and governing the proceedings in which, such damages are to be proved, whether or not such amount be greater, equal to, or less than the amount of the difference referred to above.

Default: 17. (1) If Tenant defaults in fulfilling any of the covenants of this lease other than the covenants for the payment of rent or additional rent; or if the demised premises become vacant or deserted; or if any execution or attachment shall be issued against Tenant or any of Tenant's property whereupon the demised premises shall be taken or occupied by someone other than Tenant; or if this lease be rejected under § 235 of Title 11 of the U.S. Code (bankruptcy code); or if Tenant shall fail to move into or take possession of the premises within fifteen (15) days after the commencement of the term of this lease, then, in any one or more of such events, upon Owner serving a written five (5) days notice upon Tenant specifying the nature of said default and upon the expiration of said five (5) days, if Tenant shall have failed to comply with or remedy such default, or if the said default or omission complained of shall be of a nature that the same cannot be completely cured or remedied within said five (5) day period, and if Tenant shall not have diligently commenced curing such default within such five (5) day period, and shall not thereafter with reasonable diligence and in good faith, proceed to remedy or cure such default, then Owner may serve a written three (3) days' notice of cancellation of this lease upon Tenant, and upon the expiration of said three (3) days this lease and the term thereunder shall end and expire as fully and completely as if the expiration of such three (3) day period were the day herein definitely fixed for the end and expiration of this lease and the term thereof and Tenant shall then quit and surrender the demised premises to Owner but Tenant shall remain liable as hereinafter provided.

(2) If the notice provided for in (1) hereof shall have been given, and the term shall expire as aforesaid; or if Tenant shall make default in the payment of the rent reserved or any additional rent herein reserved or any part of either or in making any other payment herein required; then and in any of such events Owner may without notice, re-enter the demised premises either by force or otherwise, and dispossess Tenant by summary proceedings or otherwise, and the legal representative of Tenant or other occupant of demised premises and remove their effects and hold the premises as if this lease had not been made, and Tenant hereby waives the service of notice of intention to re-enter or to institute legal proceedings to that end. If Tenant shall make default hereunder prior to the date fixed as the commencement of any renewal or extension of this lease, Owner may cancel and terminate such renewal or extension agreement by written notice.

Remedies of Owner and Waiver of Redemption: 18. In case of any such default, re-entry, expiration and/or dispossess by summary proceedings or otherwise, (a) the rent shall become due thereupon and be paid up to the time of such re-entry, dispossess and/or expiration, (b) Owner may re-let the premises or any part or parts thereof, either in the name of Owner or otherwise, for a term or terms, which may at Owner's option be less than or exceed the period which would otherwise have constituted the balance of the term of this lease and may grant concessions or free rent or charge a higher rental than that in this lease, and/or (c) Tenant or the legal representatives of Tenant shall also pay Owner as liquidated damages for the failure of Tenant to observe and perform said Tenant's convenants herein contained, any deficiency between the rent hereby reserved and/or covenanted to be paid and the net amount, if any, of the rents collected on account of the lease or leases of the demised premises for each month of the period which would otherwise have constituted the balance of the term of this lease. The failure of Owner to re-let the premises or any part or parts thereof shall not release or affect Tenant's liability for damages. In computing such liquidated damages there shall be added to the said deficiency such expenses as Owner may incur in connection with re-letting, such as legal expenses, attorneys' fees, brokerage, advertising and for keeping the demised premises in good order or for preparing the same for re-letting. Any such liquidated damages shall be paid in monthly installments by Tenant on the rent day specified in this lease and any suit brought to collect the amount of the deficiency for any month shall not prejudice in any way the rights of Owner to collect the deficiency for any subsequent month by a similar proceeding. Owner, in putting the demised premises in good order or preparing the same for re-rental may, at Owner's option, make such alterations, repairs, replacements, and/or decorations in the demised premises as Owner, in Owner's sole judgement, considers advisable and necessary for the purpose of re-letting the demised premises, and the making of such alterations, repairs, replacements, and/or decorations shall not operate or be construed to release Tenant from liability hereunder as aforesaid. Owner shall in no event be liable in any way whatsoever for failure to re-let the demised premises, or in the event that the demised premises are re-let, for failure to collect the rent thereof under such re-letting, and in no event shall Tenant be entitled to receive any excess, if any, of such net rents collected over the sums payable by Tenant to Owner hereunder. In the event of a breach or threatened breach by Tenant of any of the covenants or provisions hereof, Owner shall have the right of injunction and the right to invoke any remedy allowed at law or in equity as if re-entry, summary proceedings and other remedies were not herein provided for. Mention in this lease of any particular remedy, shall not preclude Owner from any other remedy, in law or in equity. Tenant hereby expressly waives any and all rights of redemption granted by or under any present or future laws in the event of Tenant being evicted or dispossessed for any cause, or in the event of Owner obtaining possession of demised premises, by reason of the violation by Tenant of any of the covenants and conditions of this lease, or otherwise.

Fees and Expenses 19. If Tenant shall default in the observance or performance of any term or covenant on Tenant's part to be observed or performed under or by virtue of any of the terms or provisions in any article of this lease, then, unless otherwise provided elsewhere in this lease, Owner may immediately or at any time thereafter and without notice perform the obligation of Tenant thereunder. If Owner, in connection with the foregoing or in connection with any default by Tenant in the covenant to pay rent hereunder, makes any expenditures or incurs any obligations for the payment of money, including but not limited to attorney's fees, in instituting, prosecuting or defending any action or proceeding, then Tenant will reimburse Owner for such sums so paid or obligations incurred with interest and costs. The foregoing expenses incurred by reason of Tenant's default shall be deemed to be additional rent hereunder and shall be paid by Tenant to Owner within five (5) days of rendition of any bill or statement to Tenant therefor. If Tenant's lease term shall have expired at the time of making of such expenditures or incurring of such obligations, such sums shall be recoverable by Owner as damages.

Building Alterations and Management: 20. Owner shall have the right at any time without the same constituting an eviction and without incurring liability to Tenant therefor to change the arrangement and/or location of public entrances, passageways, doors, doorways, corridors, elevators, stairs, toilets or other public parts of the building and to change the name, number or designation by which the building may be known. There shall be no allowance to Tenant for diminution of rental value and no liability on the part of Owner by reason of inconvenience, annoyance or injury to business arising from Owner or other Tenants making any repairs in the building or any such alterations, additions and improvements. Furthermore, Tenant shall not have any claim against Owner by reason of Owner's imposition of such controls of the manner of access to the building by Tenant's social or business visitors as the Owner may deem necessary for the security of the building and its occupants.

No Representations by Owner: 21. Neither Owner nor Owner's agents have made any representations or promises with respect to the physical condition of the building, the land upon which

reasonable

in the case of an emergency, or if same continues for ten (10) days after notice

...premises or be liable to refund to the premises or any part thereof any portion of the rent reserved herein, it being understood that the premises are let and accepted by Tenant in implication or otherwise except as expressly set forth in the provisions of this lease. Tenant has inspected the building and the demised premises and is thoroughly acquainted with their condition and agrees to take the same "as is" and acknowledges that the taking of possession of the demised premises by Tenant shall be conclusive evidence that the said premises and the building of which the same form a part were in good and satisfactory condition at the time such possession was so taken, except as to latent defects. All understandings and agreements heretofore made between the parties hereto are merged in this contract, which alone fully and completely expresses the agreement between Owner and Tenant and any executory agreement hereafter made shall be ineffective to change, modify, discharge or effect an abandonment of it in whole or in part, unless such executory agreement is in writing and signed by the party against whom enforcement of the change, modification, discharge or abandonment is sought.

End of Term: 22. Upon the expiration or other termination of the term of this lease, Tenant shall quit and surrender to Owner the demised premises, broom clean, in good order and condition, ordinary wear and damages which Tenant is not required to repair as provided elsewhere in this lease excepted, and Tenant shall remove all its property. Tenant's obligation to observe or perform this covenant shall survive the expiration or other termination of this lease. If the last day of the term of this Lease or any renewal thereof, falls on Sunday, this lease shall expire at noon on the preceding Saturday unless it be a legal holiday in which case it shall expire at noon on the preceding business day.

Quiet Enjoyment: 23. Owner covenants and agrees with Tenant that upon Tenant paying the rent and additional rent and observing and performing all the terms, covenants and conditions, on Tenant's part to be observed and performed, Tenant may peaceably and quietly enjoy the premises hereby demised, subject, nevertheless, to the terms and conditions of this lease including, but not limited to, Article 34 hereof and to the ground leases, underlying leases and mortgages hereinbefore mentioned.

Failure to Give Possession: 24. If Owner is unable to give possession of the demised premises on the date of the commencement of the term hereof, because of the holding-over or retention of possession of any tenant, undertenant or occupants or if the demised premises are located in a building being constructed, because such building has not been sufficiently completed to make the premises ready for occupancy or because of the fact that a certificate of occupancy has not been procured or for any other reason, Owner shall not be subject to any liability for failure to give possession on said date and the validity of the lease shall not be impaired under such circumstances, nor shall the same be construed to any wise to extend the term of this lease, but the rent payable hereunder shall be abated (provided Tenant is not responsible for Owner's inability to obtain possession) until after Owner shall have given Tenant written notice that the premises are substantially ready for Tenant's occupancy. If permission is given to Tenant to enter into the possession of the demised premises or to occupy premises other than the demised premises prior to the date specified as the commencement of the term of this lease, Tenant covenants and agrees that such occupancy shall be deemed to be under all the terms, covenants, conditions and provisions of this lease, except as to the covenant to pay rent. The provisions of this article are intended to constitute "an express provision to the contrary" within the meaning of Section 223-a of the New York Real Property Law.

No Waiver: 25. The failure of Owner to seek redress for violation of, or to insist upon the strict performance of any covenant or condition of this lease or of any of the Rules or Regulations, set forth or hereafter adopted by Owner, shall not prevent a subsequent act which would have originally constituted a violation from having all the force and effect of an original violation. The receipt by Owner of rent with knowledge of the breach of any covenant of this lease shall not be deemed a waiver of such breach and no provision of this lease shall be deemed to have been waived by Owner unless such waiver be in writing signed by Owner. No payment by Tenant or receipt by Owner of a lesser amount than the monthly rent herein stipulated shall be deemed to be other than on account of the earliest stipulated rent, nor shall any endorsement or statement of any check or any letter accompanying any check or payment as rent be deemed an accord and satisfaction, and Owner may accept such check or payment without prejudice to Owner's right to recover the balance of such rent or pursue any other remedy in this lease provided. No act or thing done by Owner or Owner's agents during the term hereby demised shall be deemed an acceptance of a surrender of said premises, and no agreement to accept such surrender shall be valid unless in writing signed by Owner. No employee of Owner or Owner's agent shall have any power to accept the keys of said premises prior to the termination of the lease and the delivery of keys to any such agent or employee shall not operate as a termination of the lease or a surrender of the premises.

Waiver of Trial by Jury: 26. It is mutually agreed by and between Owner and Tenant that the respective parties hereto shall and they hereby do waive trial by jury in any action, proceeding or counterclaim brought by either of the parties hereto against the other (except for personal injury or property damage) on any matters whatsoever arising out of or in any way connected with this lease, the relationship of Owner and Tenant, Tenant's use of or occupancy of said premises, and any emergency statutory or any other statutory remedy. It is further mutually agreed that in the event Owner commences any summary proceeding for possession of the premises, Tenant will not interpose any counterclaim of whatever nature or description in any such proceeding including a counterclaim under Article 4.

Inability to Perform: 27. This Lease and the obligation of Tenant to pay rent hereunder and perform all of the other covenants and agreements hereunder on part of Tenant to be performed shall in no wise be affected, impaired or excused because Owner is unable to fulfill any of its obligations under this lease or to supply or is delayed in supplying any service expressly or impliedly to be supplied or is unable to supply or is delayed in supplying any equipment or fixtures if Owner is prevented or delayed from so doing by reason of strike or labor troubles or any cause whatsoever including, but not limited to, government preemption in connection with a National Emergency or by reason of any rule, order or regulation of any department or subdivision thereof of any government agency or by reason of the conditions of supply and demand which have been or are affected by war or other emergency.

Bills and Notices: 28. Except as otherwise in this lease provided, a bill, statement, notice or communication which Owner may desire or be required to give to Tenant, shall be deemed sufficiently given or rendered if, in writing, delivered to Tenant personally or sent by registered or certified mail addressed to Tenant at the building of which the demised premises form a part or at the last known residence address or business address of Tenant or left at any of the aforesaid premises addressed to Tenant, and the time of the rendition of such bill or statement and of the giving of such notice or communication shall be deemed to be the time when the same is delivered to Tenant, mailed, or left at the premises as herein provided. Any notice by Tenant to Owner must be served by registered or certified mail addressed to Owner at the address first hereinabove given or at such other address as Owner shall designate by written notice.

Services Provided by Owner: 29. As long as Tenant is not in default under any of the covenants of this lease, Owner shall provide: (a) necessary elevator facilities on business days from 8 a.m. to 6 p.m. and on Saturdays from 8 a.m. to 1 p.m. and have one elevator subject to call at all other times; ~~(b) hot water for the demised premises when and as required by law, on business days from 8 a.m. to 6 p.m. and on Saturdays from 8 a.m. to 1 p.m. (if water from the Owner's regular supply is used for other purposes or in unusual quantities (of which fact Owner shall be sole judge), Owner may install water meters at Tenant's expense, which Tenant shall thereafter maintain at Tenant's expense in good working order and repair, and such water consumed as shown on said meters at additional cost to and when billed by Owner);~~ (b) cleaning service for the demised premises on business days at Owner's expense provided that the same are kept in order by Tenant. If, however, said premises are to be kept clean by Tenant, it shall be done at Tenant's sole expense, in a manner satisfactory to Owner and no one other than persons approved by Owner shall be permitted to enter said premises or the building of which they are a part for such purpose. Tenant shall pay Owner the cost of removal of any of Tenant's refuse and rubbish from the building; (c) if the demised premises are serviced by Owner's air conditioning/cooling and ventilating system, air conditioning/cooling will be furnished to tenant from May 15th through September 30th on business days (Mondays through Fridays, holidays excepted) from 8:00 a.m. to 6:00 p.m., and ventilation will be furnished on business days during the aforesaid hours except when air conditioning/cooling is being furnished as aforesaid. If Tenant requires air conditioning/cooling or ventilation for more extended hours or on Saturdays, Sundays or on holidays, as defined under Owner's contract with Operating Engineers Local 94-94A, Owner will furnish the same at Tenant's expense. RIDER to be added in respect to rates and conditions for such additional service; (d) Owner reserves the right to stop services of the heating, elevators, plumbing, air-conditioning, power systems or cleaning or other services, if any, when necessary by reason of accident or for repairs, alterations, replacements or improvements necessary or desirable in the judgment of Owner for so long as may be reasonably required by reason thereof. If the building of which the demised premises are a part supplies manually-operated elevator service, Owner at any time may substitute automatic-control elevator service and upon ten days' written notice to Tenant, proceed with alterations necessary therefor without in any wise affecting this lease or the obligation of Tenant hereunder. The same shall be done with a minimum of inconvenience to Tenant and Owner shall pursue the alteration with due diligence.

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Captions: 30. The Captions are inserted only as a matter of convenience and for reference and in no way define, limit or describe the scope of this lease nor the intent of any provisions thereof.

Definitions: 31. The term "office", or "offices", wherever used in this lease, shall not be construed to mean premises used as a store or stores, for the sale or display, at any time, of goods, wares or merchandise, of any kind, or as a restaurant, shop, booth, bootblack or other stand, barber shop, or for other similar purposes or for manufacturing. The term "Owner" means a landlord or lessor, and as used in this lease means only the owner, or the mortgagee in possession, for the time being of the land and building (or the owner of a lease of the building or of the land and building) of which the demised premises form a part, so that in the event of any sale or sales of said land and building or of said lease, or in the event of a lease of said building, or of the land and building, the said Owner shall be and hereby is entirely freed and relieved of all covenants and obligations of Owner hereunder, and it shall be deemed and construed without further agreement between the parties or their successors in interest, or between the parties and the purchaser, at any such sale, or the said lessee of the building, or of the land and building, that the purchaser or the lessee of the building has assumed and agreed to carry out any and all covenants and obligations of Owner, hereunder. The words "re-enter" and "re-entry" as used in this lease are not restricted to their technical legal meaning. The term "business days" as used in this lease shall exclude Saturdays (except such portion thereof as is covered by specific hours in Article 29 hereof), Sundays and all days observed by the State or Federal Government as legal holidays and those designated as holidays by the applicable building service union employee service contract or by the applicable Operating Engineers contract with respect to HVAC service.

and on Saturdays from 8:00 a.m. to 5:00 p.m.

* Rider to be added if necessary.

Shoring: ... provided pursuant ... shall be authorized to be ... Owner ... to cause such excavation, license to enter upon the demised premises for the purpose of doing such work as said person shall deem necessary to preserve the wall of the building of which demised premises form a part from injury or damage and to support the same by proper foundations without any claim for damages or indemnity against Owner, or diminution or abatement of rent.

Rules and Regulations: 33. Tenant and Tenant's servants, employees, agents, visitors, and licensees shall observe faithfully, and comply strictly with, the Rules and Regulations and such other and further reasonable Rules and Regulations as Owner or Owner's agents may from time to time adopt. Notice of any additional rules or regulations shall be given in such manner as Owner may elect. In case Tenant disputes the reasonableness of any additional Rule or Regulation hereafter made or adopted by Owner or Owner's agents, the parties hereto agree to submit the question of the reasonableness of such Rule or Regulation for decision to the New York office of the American Arbitration Association, whose determination shall be final and conclusive upon the parties hereto. The right to dispute the reasonableness of any additional Rule or Regulation upon Tenant's part shall be deemed waived unless the same shall be asserted by service of a notice, in writing upon Owner within ten (10) days after the giving of notice thereof. Nothing in this lease contained shall be construed to impose upon Owner any duty or obligation to enforce the Rules and Regulations or terms, covenants or conditions in any other lease, as against any other tenant and Owner shall not be liable to Tenant for violation of the same by any other tenant, its servants, employees, agents, visitors or licensees.

Security: 34. Tenant has deposited with Owner the sum of $ None as security for the faithful performance and observance by Tenant of the terms, provisions and conditions of this lease; it is agreed that in the event Tenant defaults in respect of any of the terms, provisions and conditions of this lease, including, but not limited to, the payment of rent and additional rent, Owner may use, apply or retain the whole or any part of the security so deposited to the extent required for the payment of any rent and additional rent or any other sum as to which Tenant is in default or for any sum which Owner may expend or may be required to expend by reason of Tenant's default in respect of any of the terms, covenants and conditions of this lease, including but not limited to, any damages or deficiency in the re-letting of the premises, whether such damages or deficiency accrued before or after summary proceedings or other re-entry by Owner. In the event that Tenant shall fully and faithfully comply with all of the terms, provisions, covenants and conditions of this lease, the security shall be returned to Tenant after the date fixed as the end of the Lease and after delivery of entire possession of the demised premises to Owner. In the event of a sale of the land and building or leasing of the building, of which the demised premises form a part, Owner shall have the right to transfer the security to the vendee or lessee and Owner shall thereupon be released by Tenant from all liability for the return of such security; and Tenant agrees to look to the new Owner solely for the return of said security, and it is agreed that the provisions hereof shall apply to every transfer or assignment made of the security to a new Owner. Tenant further covenants that it will not assign or encumber or attempt to assign or encumber the monies deposited herein as security and that neither Owner nor its successors or assigns shall be bound by any such assignment, encumbrance, attempted assignment or attempted encumbrance.

Space to be filled in or deleted.

Estoppel Certificate: 35. Tenant, at any time, and from time to time, upon at least 10 days' prior notice by Owner, shall execute, acknowledge and deliver to Owner, and/or to any other person, firm or corporation specified by Owner, a statement certifying that this Lease is unmodified and in full force and effect (or, if there have been modifications, that the same is in full force and effect as modified and stating the modifications), stating the dates to which the rent and additional rent have been paid, and stating whether or not there exists any default by Owner under this Lease, and, if so, specifying each such default.

Successors and Assigns: 36. The covenants, conditions and agreements contained in this lease shall bind and inure to the benefit of Owner and Tenant and their respective heirs, distributees, executors, administrators, successors, and except as otherwise provided in this lease, their assigns.

In Witness Wherrof, Owner and Tenant have respectively signed and sealed this lease as of the day and year first above written.

Witness for Owner:

By: .....
Hermina G. Kranzdorf, Secretary

KRT PROPERTY HOLDINGS, INC.,
BY AND THROUGH ITS MANAGING AGENT,
KRANZCO REALTY TRUST

By: .....
Norman M. Kranzdorf, President

Witness for Tenant:

By: .....

NRHMC SERVICES CORP.

By: .....

ACKNOWLEDGMENTS

CORPORATE OWNER
STATE OF NEW YORK, ss.:
County of

On this day of , 19 , before me personally came to me known, who being by me duly sworn, did depose and say that he resides in ; that he is the of the corporation described in and which executed the foregoing instrument, as OWNER; that he knows the seal of said corporation; that the seal affixed to said instrument is such corporate seal; that it was so affixed by order of the Board of Directors of said corporation, and that he signed his name thereto by like order.

.....

INDIVIDUAL OWNER
STATE OF NEW YORK, ss.:
County of

On this day of , 19 , before me personally came to me known and known to me to be the individual described in and who, as OWNER, executed the foregoing instrument and acknowledged to me that he executed the same.

.....

CORPORATE TENANT
STATE OF NEW YORK, ss.:
County of

On this day of , 19 , before me personally came to me known, who being by me duly sworn, did depose and say that he resides in ; that he is the of the corporation described in and which executed the foregoing instrument, as TENANT; that he knows the seal of said corporation; that the seal affixed to said instrument is such corporate seal; that it was so affixed by order of the Board of Directors of said corporation, and that he signed his name thereto by like order.

.....

INDIVIDUAL TENANT
STATE OF NEW YORK, ss.:
County of

On this day of , 19 , before me personally came to me known and known to me to be the individual described in and who, as TENANT, executed the foregoing instrument and acknowledged to me that he executed the same.

.....

...successors and assigns, the undersigned ...agrees to Owner, Owner's successors and assigns, that the undersigned will not claim or plead any setoff, counterclaim or defense based upon any act or omission of Owner or Tenant in connection with any of the terms, covenants and conditions of the within lease or any other agreements or instruments, which may hereafter be executed by Owner and Tenant, including the "Rules and Regulations" as hereto provided, without requiring any notice of non payment, non performance, or non-observance, or proof, or notice, or demand, whereby to charge the undersigned therefor, all of which the undersigned hereby expressly waives and expressly agrees that the validity of this agreement and the obligations of the guarantor hereunder shall in no wise be terminated, affected or impaired by reason of the assertion by Owner against Tenant of any of the rights or remedies reserved to Owner pursuant to the provisions of the within lease. The undersigned further covenants and agrees that this guaranty shall remain and continue in full force and effect as to any renewal, modification or extension of this lease and during any period when Tenant is occupying the premises as a "statutory tenant." As a further inducement to Owner to make this lease and in consideration thereof, Owner and the undersigned covenant and agree that in any action or proceeding brought by either Owner or the undersigned against the other on any matters whatsoever arising out of, under, or by virtue of the terms of this lease or of this guarantee that Owner and the undersigned shall and do hereby waive trial by jury.

Dated: .....19.....

.....
Guarantor

.....
Witness

.....
Guarantor's Residence

.....
Guarantor's Business Address

.....
Firm Name

STATE OF NEW YORK) ss.:
COUNTY OF)

On this day of , 19 , before me personally came ..... to me known and known to me to be the individual described in, and who executed the foregoing Guaranty and acknowledged to me that he executed the same.

.....
Notary

IMPORTANT - PLEASE READ

RULES AND REGULATIONS ATTACHED TO AND MADE A PART OF THIS LEASE IN ACCORDANCE WITH ARTICLE 33.

1. The sidewalks, entrances, driveways, passages, courts, elevators, vestibules, stairways, corridors or halls shall not be obstructed or encumbered by any Tenant or used for any purpose other than for ingress or egress from the demised premises and for delivery of merchandise and equipment in a prompt and efficient manner using elevators and passageways designated for such delivery by Owner. There shall not be used in any space, or in the public hall of the building, either by any Tenant or by jobbers or others in the delivery or receipt of merchandise, any hand trucks, except those equipped with rubber tires and sideguards. If said premises are situated on the ground floor of the building, Tenant thereof shall further, at Tenant's expense, keep the sidewalk and curb in front of said premises clean and free from ice, snow, dirt and rubbish.

2. The water and wash closets and plumbing fixtures shall not be used for any purposes other than those for which they were designed or constructed and no sweepings, rubbish, rags, acids or other substances shall be deposited therein, and the expense of any breakage, stoppage, or damage resulting from the violation of this rule shall be borne by the Tenant who, or whose clerks, agents, employees or visitors, shall have caused it.

3. No carpet, rug or other article shall be hung or shaken out of any window of the building; and no Tenant shall sweep or throw or permit to be swept or thrown from the demised premises any dirt or other substances into any of the corridors or halls, elevators, or out of the doors or windows or stairways of the building and Tenant shall not use, keep or permit to be used or kept any foul or noxious gas or substance in the demised premises, or permit or suffer the demised premises to be occupied or used in a manner offensive or objectionable to Owner or other occupants of the building by reason of noise, odors, and/or vibrations, or interfere in any way with other Tenants or those having business therein, nor shall any animals or birds be kept in or about the building. Smoking or carrying lighted cigars or cigarettes in the elevators of the building is prohibited.

4. No awnings or other projections shall be attached to the outside walls of the building without the prior written consent of Owner.

5. No sign, advertisement, notice or other lettering shall be exhibited, inscribed, painted or affixed by any Tenant on any part of the outside of the demised premises or the building or on the inside of the demised premises if the same is visible from the outside of the premises without the prior written consent of Owner, except that the name of Tenant may appear on the entrance door of the premises. In the event of the violation of the foregoing by any Tenant, Owner may remove same without any liability, and may charge the expense incurred by such removal to Tenant or Tenants violating this rule. Interior signs on doors and directory tablet shall be inscribed, painted or affixed for each Tenant by Owner at the expense of such Tenant, and shall be of a size, color and style acceptable to Owner.

6. No Tenant shall mark, paint, drill into, or in any way deface any part of the demised premises or the building of which they form a part. No boring, cutting or stringing of wires shall be permitted, except with the prior written consent of Owner, and as Owner may direct. No Tenant shall lay linoleum, or other similar floor covering, so that the same shall come in direct contact with the floor of the demised premises, and, if linoleum or other similar floor covering is desired to be used an interlining of builder's deadening felt shall be first affixed to the floor, by a paste or other material, soluble in water, the use of cement or other similar adhesive material being expressly prohibited.

7. No additional locks or bolts of any kind shall be placed upon any of the doors or windows by any Tenant, nor shall any changes be made in existing locks or mechanism thereof. Each Tenant must, upon the termination of his tenancy, restore to Owner all keys of stores, offices and toilet rooms, either furnished to, or otherwise procured by, such Tenant, and in the event of the loss of any keys, so furnished, such Tenant shall pay to Owner the cost thereof.

8. Freight, furniture, business equipment, merchandise and bulky matter of any description shall be delivered to and removed from the premises only on the freight elevators and through the service entrances and corridors, and only during hours and in a manner approved by Owner. Owner reserves the right to inspect all freight to be brought into the building and to exclude from the building all freight which violates any of these Rules and Regulations of the lease or which these Rules and Regulations are a part.

9. Canvassing, soliciting and peddling in the building is prohibited and each Tenant shall cooperate to prevent the same.

10. Owner reserves the right to exclude from the building between the hours of 6 P.M. and 8 A.M. and at all hours on Sundays, and legal holidays all persons who do not present a pass to the building signed by Owner. Owner will furnish passes to persons for whom any Tenant requests same in writing. Each Tenant shall be responsible for all persons for whom he requests such pass and shall be liable to Owner for all acts of such persons.

11. Owner shall have the right to prohibit any advertising by any Tenant which in Owner's opinion, tends to impair the reputation of the building or its desirability as a as a building for offices, and upon written notice from Owner, Tenant shall refrain from or discontinue such advertising.

12. Tenant shall not bring or permit to be brought or kept in or on the demised premises, any inflammable, combustible or explosive fluid, material, chemical or substance, or cause or permit any odors of cooking or other processes, or any unusual or other objectionable odors to permeate in or emanate from the demised premises.

13. If the building contains central air conditioning and ventilation, Tenant agrees to keep all windows closed at all times and to abide by all rules and regulations issued by the Owner with respect to such services. If Tenant requires air conditioning or ventilation after the usual hours, Tenant shall give notice in writing to the building superintendent prior to 3:00 P.M. in the case of services required on week days, and prior to 3:00 P.M. on the day prior in the case of after hours service required on weekends or on holidays.

14. Tenant shall not move any safe, heavy machinery, heavy equipment, bulky matter, or fixtures into or out of the building without Owner's prior written consent. If such safe, machinery, equipment, bulky matter or fixtures requires special handling, all work in connection therewith shall comply with the Administrative Code of the City of New York and all other laws and regulations applicable thereto and shall be done during such hours as Owner may designate.

Address

Premises

TO

STANDARD FORM OF
Office Lease

The Real Estate Board of New York, Inc.
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Dated 19

Rent per Year

Rent per Month

Term
From
To

Drawn by .....Checked by .....
Entered by .....Approved by .....

**RIDER ATTACHED TO AND MADE A PART OF LEASE AGREEMENT
BY AND BETWEEN
KRT PROPERTY HOLDINGS, INC.,
BY AND THROUGH ITS MANAGING AGENT,
KRANZCO REALTY TRUST ("LANDLORD")
AND
NRHMC SERVICES CORP. ("TENANT")**

LEASE DATED: August 27, 1996

R1. Additional Lease Provisions

The following additional lease provisions are hereby incorporated into the Lease as though fully set forth therein. In the event of any conflict or inconsistency between the terms of the Lease, all exhibits thereto and the terms of the following provisions, the terms of the following provisions shall be controlling. Any reference within the Lease to specific provisions herein is for convenience only, and shall have no bearing upon the weight accorded to those provisions herein to which specific reference is not made.

R2. Acceptance Of Possession

The Tenant acknowledges that it has examined the Demised Premises and agrees to accept the same without any representations, warranties or covenants on the part of Landlord except as set forth in this Lease and in the condition commonly referred to as "AS IS", except Landlord at its cost and expense shall perform the following work in and to the Demised Premises:

NONE.

Except as hereinabove provided, Landlord shall have no obligations for any construction or installations which may otherwise be required by Tenant to prepare the Demised Premises for its occupancy.

R3. Common Areas

In addition to the Demised Premises, the Landlord shall make available to the Tenant such Common Areas within or adjacent to the building of which the Demised Premises is a part and elsewhere upon the Shopping Center, together with any Common Areas provided by means of cross or reciprocal easement agreements (herein "REA") as Landlord shall, from time to time, deem to be appropriate for the Shopping Center, and Landlord shall operate and maintain such Common Areas for their intended purposes, subject at all times to, and reserving unto the Landlord the right, exercisable in its sole discretion, but not more frequently than one (1) day in each calendar year, to close off the Common Areas and deny access thereto in order to prevent a public dedication thereof by operation of law and to assure that the same will remain private property. Tenant shall have the nonexclusive right during the term to use (for their intended purposes) the Common Areas for itself, its employees, agents, customers, and invitees, subject however, to the provisions of this Lease. Landlord shall have the right, at any time and from time to time, to change the size and/or location and/or elevation and/or nature of the Common Areas, or any part thereof, including, without limitation, the right to locate thereon kiosks and/or other structures of any type. All Common Areas shall be subject to the exclusive reasonable control and management of Landlord, and Landlord shall have the right, at any time and from time to time, to establish, modify, amend and enforce uniform rules and regulations with respect to the Common Areas and the use thereof. Tenant agrees to abide by and to conform with such rules and regulations upon notice thereof, to cause its business agents, invitees, licensees, employees and agents, so to abide and conform. Landlord reserves the right, from time to time, to utilize portions of the Common Areas for such activities as in the judgement of Landlord would promote the business activities of the Shopping Center to the general public, provided same do not unreasonably interfere with Tenant's use of the Demised Premises.

The Landlord shall maintain or cause to be maintained the building in which the Demised Premises are located in a neat, clean and orderly manner, the said Common Areas in a neat, clean, orderly and operable condition, properly lighted, heated and air conditioned (if appropriate) and by providing the services set forth in this paragraph including, but not limited to, providing snow and ice removal for the Common Areas, but all expenses in connection therewith shall be charged and prorated in the manner hereinafter set forth. It is understood and agreed that the term "expenses" in the immediately preceding sentence, shall be construed to include but not be limited to, all sums

expended or incurred by Landlord in connection with the Shopping Center and/or the Common Areas for all general maintenance and repairs, resurfacing, painting, re-striping, cleaning, sweeping and providing janitorial services; management services, maintenance and repair of sidewalks, curbs, Shopping Center signs, sprinkler systems, planting and landscaping; providing lighting and other utilities, directional signs and other markers and bumpers; the operation, maintenance and repair of any fire protection (including sprinkler) systems, storm drainage systems and other utility systems; the cost of all personnel to implement such services including, if Landlord deems necessary, the cost of providing security guard service; any and all personal property taxes and assessments on the improvements and land comprising said Common Areas, as well as any governmental imposition or surcharge imposed upon Landlord or assessed against the Common Areas or any portion thereof; the fees, costs or expenses, if any, required for the maintenance and preservation of any rights arising under any REA; the costs or expenses, if any, of providing and maintaining any security alarm system for the benefit of the tenants of the Shopping Center; depreciation of any machinery and equipment used in the maintenance and the operation of the Common Areas (if owned) and/or the rental paid for such machinery and equipment (if rented); premiums for insurance coverage for the Shopping Center (including the building of which the Demised Premises is a part) under such policies with such companies and in such limits as Landlord may in its judgement determine or select (including but not limited to fire insurance with extended coverage, liability insurance covering personal injury, death, and property damage with a personal injury endorsement covering false arrest, detention or imprisonment, malicious prosecution, libel and slander, and wrongful entry or eviction, workmen's compensation insurance, plate glass insurance, rent insurance, contractual liability insurance and fidelity bonds); the cost of removing snow, ice, rubbish and debris from the Shopping Center, as well as the cost of inspecting the same and regulating traffic thereon; the cost of heating, ventilating and air conditioning enclosed Common Areas; the cost of providing and replacing uniforms for, as well as the gross compensation of all personnel required to supervise and accomplish the foregoing; the rental paid for any music service programs and /or loudspeaker systems provided for the Shopping Center generally, including the cost of furnishing the electricity therefor; plus an amount equal to fifteen (15%) percent of the total of all such expenses, whether herein specifically mentioned or otherwise contemplated by the intent hereof, to reimburse Landlord for its administrative and overhead costs in providing the accounting, bookkeeping and collection functions required in connection therewith.

In consideration of Landlord's agreement to operate and maintain the Common Areas, Tenant covenants and agrees to pay a proportionate share of the expenses advanced and/or incurred by Landlord therefor in each lease year or partial lease year during the term of this Lease, as hereinfore provided. While the Tenant's proportionate share of such expenses shall not exceed a sum equal to the product obtained by multiplying (i) the total of all expenses advanced or incurred in each Lease Year by (ii) a fraction the numerator of which shall be the number of square feet of floor area in the Demised Premises and denominator of which shall be the number of square feet of leasable floor area in the Shopping Center. The Landlord shall annually estimate the total cost of such expenses for the Shopping Center on the basis of its experience and reasonably anticipated expenses therefor, and the Tenant shall pay to the Landlord, on the first day of each calendar month, together with its monthly installment of minimum rent due hereunder, an amount equal to 1/12 of its proportionate share thereof. As soon as practicable following the close of each Lease Year, Landlord shall submit to Tenant a statement indicating the actual amount of the expenses advanced and/or incurred by Landlord in performing its obligations hereunder for the immediately preceding Lease Year, the actual amount of Tenant's proportionate share thereof, the amount of the Landlord's estimate thereof for such immediately preceding Lease Year, and the amount of the resulting balance due thereon, or over-payment thereof, as the case may be. Appropriate adjustment shall thereupon be made between the parties, within thirty (30) days of receipt of the amount of deficiency or overpayment, on the basis of such statement. Each statement shall be binding upon Tenant, it successors and assigns, as to the matters set forth therein, if no objection is raised with respect thereto ninety (90) days after submission of each statement to Tenant. Tenant shall have the right to examine Landlord's books and records at the offices of Landlord during ordinary business hours not more than once in each Lease Year for the purpose of verifying the matters set forth in the statement for the immediately preceding Lease Year. For and during the first Lease Year (or Partial Lease Year) as the case may be, the Tenant's estimated proportionate share of the expenses for operating and maintaining the Common Areas of the Shopping Center shall be payable monthly in the amounts set forth as "Initial Common Area Charge" on Page One hereof, the same to be deemed additional rent hereunder and subject to the annual adjustment heretofore provided. Tenant covenants and agrees that if the Lease is terminated by reason of default on its part, or if it fails to take possession of Demised Premises or vacates the Demised Premises prior to the expiration of the term hereof, it shall remain liable to pay its proportionate share of such expenses. Tenant agrees that this is not to be construed as a penalty, but rather as a portion of the proper measure of Landlord's damages in the event of a breach of this Lease by Tenant as aforesaid.

R4. Liability For Damages

The Tenant agrees to be responsible for any damage to the property of the Landlord which may result from any use of the Demised Premises, or any act done thereon by the Tenant or any person coming or being thereon by the license or permission of the Tenant, express or implied; to save the Landlord harmless from any liability to any person or estate, for damage to person or property, resulting from any such causes, and to protect such liability with comprehensive public liability and property damage insurance, having a single limit liability of at least $1,000,000 for damage to all property and for any occurrence resulting in bodily and/or personal injury to or the death of one or more persons and consequential damages resulting therefrom, and to furnish Landlord on the Commencement Date a certificate issued by the insurance carrier evidencing such insurance in force, with Landlord and its Agents covered thereby.

In the event that Tenant does not procure such insurance as aforesaid, Landlord may at its option purchase the same in the name of Tenant and/or may at its option include such coverage in any master policy carried by Landlord. If Landlord exercises its rights hereunder the Tenant shall, upon demand, pay all costs thereof to Landlord together with an administrative charge of $50.00 for each such coverage made by Landlord on behalf of Tenant.

R5. Real Estate Taxes

As used herein, the term "Taxes" shall mean and include all real estate taxes, assessments, license and permit fees, charges for any easement, including an REA (as herein elsewhere defined), maintained for the benefit of the Demised Premises and other governmental levies and charges of every kind and nature whatsoever, general and special, extraordinary as well as ordinary, foreseen and unforeseen, and each and every installment thereof which shall or may during the term of this Lease be levied, assessed, imposed, become due and payable or liens upon, or arise in connection with the use, occupancy or possession of, or grow due and payable out of, or for, the entire Shopping Center or any part thereof, or any rent or income received therefrom, or any land, buildings or other improvements therein, including interest on installment payments and all costs and fees (including reasonable attorneys' fees) incurred by Landlord in contesting Taxes, assessments and/or negotiating with public authorities with respect to the same. If at any time during the term of this Lease the methods and/or bases of taxation prevailing at the Commencement Date shall be altered so that in addition to, or in lieu of or as a substitute for the whole or any part of the Taxes now levied, assessed or imposed on real estate as such, there shall be levied, assessed or imposed (i) a tax on the rents received from such real estate, or (ii) a license fee measured by the rents receivable by Landlord from the Shopping Center or any portion thereof, or (iii) a tax or license fee imposed upon Landlord which is otherwise measured by or based in whole or in part upon rents derived from the whole Shopping Center or any portion thereof, then and in any of such events, the same shall be included in the computation hereunder of Taxes. The word "taxes" shall not include any charge, such as water meter charge and sewer rent based thereon, which measured by the consumption by the actual user of the item or service for which the charge is made.

Tenant shall pay in each Tax Year during the term of this Lease as additional rent, a proportionate share of all such Taxes, at the times and in the manner hereinafter provided. While the Tenant's proportionate share of such Taxes shall not exceed a sum equal to the product obtained by multiplying (i) the total of all Taxes assessed or imposed against the Shopping Center in each Tax year by (ii) a fraction of the numerator of which shall be the number of square feet of floor area in the Demised Premises and the denominator of which shall be the number of square feet of leasable floor area in the Shopping Center, the Landlord shall annually estimate the total amount of such Taxes for the Shopping Center on the basis of its experience and reasonably anticipated charges therefor, and the Tenant shall pay to the Landlord, on the first day of each calendar month, together with its monthly installment of minimum rent due hereunder, an amount equal to 1/12 of its proportionate share thereof. As soon as practicable following the close of each Tax Year, Landlord shall submit to Tenant a statement indicating the actual amount of the Taxes assessed or imposed against the Shopping Center for the immediately preceding Tax year, the actual amount of Tenant's proportionate share thereof, the amount of the Landlord's estimate thereof for such immediately preceding Tax year, and the amount of the resulting balance due thereon, or overpayment thereof, as the case may be, with an appropriate adjustment to thereupon be made between the parties, within thirty (30) days of receipt of the amount of deficiency or overpayment, on the basis of such statement. Each statement shall be binding upon Tenant, its successors and assigns, as to the matters set forth therein, if no objection is raised with respect thereto within ninety (90) days after submission of each statement to Tenant. The term "Taxes" shall not include any interest or other charge imposed by any taxing authority as a penalty or delinquency charge, based upon late payment of any tax obligation by the Landlord.

The failure of Landlord to provide such statement to Tenant as required above shall not relieve Tenant of its obligations hereunder or for the specific Tax Year in which any such failure occurs, nor shall such failure in any way relieve the Landlord from its obligation to provide such statement, provided however, that Tenant's obligations to pay such taxes shall only survive expiration or mutual termination of this Lease for a period of six (6) months.

As used herein, the term "Tax Year" shall be deemed to mean each twelve (12) month period (deemed, for the purposes of this Paragraph 26 to have 365 days) established as the real estate Tax Year by the taxing authorities having lawful jurisdiction over the property comprising the Shopping Center. For and during the first Tax Year (or Partial Tax Year, as the case may be) occurring during the term of this Lease, the Tenant's estimated proportionate share of the Taxes applicable to the Shopping Center shall be payable monthly in the amounts set forth on Page One hereof as "Initial Tax Share," payable monthly as above provided, the same to be deemed additional rent hereunder and subject to the annual adjustment hereinbefore provided. Tenant covenants and agrees that if this Lease is terminated by reason of default on its part, or if it fails to take possession of Demised Premises or leaves the Demised Premises prior to the expiration of the term hereof, it shall remain liable to pay its proportionate share of such Taxes. Tenant agrees that this is not to be construed as a penalty, but rather as a portion of the proper measure of Landlord's damages in the event of a breach of this Lease by Tenant as aforesaid.

If at any time during the term of this Lease, or any extension or renewal thereof, the laws of any one or more of the jurisdictions in which the Shopping Center is located imposes, charges, assesses or levies upon or against the rents (whether guaranteed minimum, percentage rent or additional rent, or any or all of the foregoing), or any other consideration in lieu of the rent payable hereunder, a tax, imposition, charge, assessment, levy, excise fee or license fee, then in the absence of any provision to the contrary specifically contained in such laws, the same shall be paid in full by the Tenant and such obligation may be enforced by Landlord in the same way and manner as provided for the enforcement of the payment of minimum rent, percentage rent and additional rent hereunder.

R6. Utilities

Tenant shall be solely responsible for and shall promptly pay upon the bills being rendered therefor by the supplier thereof, and before the same become delinquent, any and all separately metered or measured (or in the case of a master meter, pro-rated) charges for the use and consumption by the tenants of the Shopping Center of heat, air conditioning, sewer, water, gas, electricity or any other utility services utilized in the use and occupancy of the Demised Premises by the Tenant.

Should Landlord elect or be required to supply or make available any utility used or consumed at the Demised Premises, Tenant agrees to purchase and pay for the same, as additional rent, every month in the term hereof; provided that tenant shall not be obligated to pay Landlord an aggregate annual sum in excess of the aggregate annual amount therefor which tenant would otherwise be obligated to pay for similar utility usage and service as a retail customer of the public utility or municipal authority then supplying such utility to the shopping center.

R7. Net Lease

Landlord and Tenant confirm and agree that it is the intention of the parties that the Lease shall be a net lease, with the Tenant responsible for a pro rata share of the cost of all maintenance, real estate taxes, management, repairs and other charges of any nature whatsoever in connection with the Common Area and the Demised Premises.

R8. Attorney's Fees

Tenant agrees that in the event that any default by it in performance of any of the terms, conditions or covenants of this Lease beyond applicable grace periods requires the Landlord, in the exercise of its sole reasonable discretion, to engage the services of any attorney, whether or not an employee of Landlord, to enforce compliance by the Tenant with terms, conditions and covenants hereof, the Tenant will reimburse Landlord for any and all expenses incurred in its use of such attorney and in any action which said attorney may pursue. Such expenses shall include, but are not limited to: reasonable legal fees, court costs, costs of filing and serving summons and/or complaints, etc. The term "default" as used in this paragraph shall mean, but shall not be construed as being limited in meaning to nonpayment of: minimum rent, utility bills, Taxes, and common area expense contribution.

Tenant further agrees that should it commit any default or defaults under this Lease beyond applicable grace periods, Landlord may, at its election, immediately or at any time thereafter, without waiving any claim for breach of agreement, and without notice to Tenant, cure such default or defaults for the account of Tenant. If the Landlord shall institute an action or summary proceeding against the Tenant based upon such default, or if the Landlord shall cure such default or defaults for the account of Tenant, then the Tenant will reimburse the Landlord for the expense of attorneys' fees and disbursements thereby incurred by the Landlord, so far as the same are reasonable in amount. The cost to the Landlord thereof shall be due and payable on demand, shall be deemed to be additional rent hereunder and shall be added to the installment of rent next accruing or to any subsequent installment of rent due and payable hereunder, at the election of Landlord. Landlord shall not be responsible to Tenant for any loss or damage resulting in any manner by reason of its undertaking and pursuing any of the rights and remedies which by the terms hereof are reserved to and for the benefit of Landlord.

R9. Holdover

Provided Landlord and Tenant are not negotiating in good faith an extension or renewal of the Lease Term, if the Tenant shall occupy said demised premises without the written consent of the Landlord after the expiration of the term of this Lease, and rent is accepted from said Tenant, such occupancy and payment shall be construed as an extension of this Lease for the term of one month only from the date of such expiration, and occupation and payment thereafter shall operate to extend the term of this Lease for but one month at a time unless other terms of such extension are reduced to and expressed in writing and signed by the parties hereto. In such event if either Landlord or Tenant desires to terminate said occupancy at the end of any month after the termination of this Lease, the party so desiring to terminate the same shall give the other party at least twenty (20) days written notice to that effect. Failure on the part of Tenant to give such notice shall obligate it to pay rent for an additional calendar month, following the month in which the Tenant has vacated the demised premises. If after such notice, such occupancy continues without the consent of the Landlord, Tenant shall pay to Landlord, as liquidated damages, 1-1/2 times the amount of rent and all other charges at the highest rate specified in this Lease for the time Tenant retains possession of the demised premises or any part thereof after termination of the term by lapse of time or otherwise.

R10. Limitation of Liability

In the event that the Landlord may be or elect to be or to adopt the form of a limited or general partnership or of a Real Estate Investment Trust, Tenant agrees that Tenant shall make no claim against any partner (whether general or limited) or against any trustee thereof by reason of any matter arising under the terms of this Lease or arising in connection with the use or occupancy of the Demised Premises. No personal asset or any partner (general or limited) in such partnership or of any trustee of such Real Estate Investment Trust shall be subject to levy, execution, attachment or other enforcement procedures by Tenant or any successor or assign of Tenant on account of any matter whatsoever relating to this Lease or to the use or occupancy of the Demised Premises.

Consistent with the intention expressed in the immediately preceding paragraph, and notwithstanding anything to the contrary in this Lease elsewhere set forth, either express or implied, Tenant agrees that in all events it shall look solely to the estate and property of the Landlord (regardless of whether the entity is a corporation, partnership, trust, individual or otherwise) in the Shopping Center for the collection of any judgement (or other judicial process) requiring payment of money by Landlord in the event of a default or breach by Landlord with respect to any of the terms, covenants and conditions of this Lease to be observed and/or performed by Landlord, and no other property or assets of Landlord shall become subject to levy, execution, attachment or other enforcement procedures for the satisfaction of Tenant's remedies. If the building is transferred or conveyed, Landlord shall be relieved of all covenants and obligations under this Lease thereafter occurring and Tenant shall thereafter look to such transferee for the performance and observance thereof.

R11. Assignment, Sublet and Non-Disturbance

(a) Notwithstanding anything to the contrary contained herein, Tenant shall have the right, without Landlord's consent, to assign this Lease or sublet all or part of the Demised Premises to an affiliate of Tenant, provided the Tenant and Guarantor remain primarily liable under the Lease and remain responsible for all payments and responsibilities thereunder. "Affiliate" shall mean a person or entity controlling, controlled by or under common control with another person or entity or, in the case of an individual, a member of such individual's immediate family.

(b) Notwithstanding anything to the contrary contained herein, Landlord acknowledges and approves of the immediate subletting of the Demised Premises by Tenant to one or more physicians. Within thirty (30) days after execution of this Lease, Landlord shall deliver a non-disturbance agreement to Tenant in the standard form utilized in the Shopping Center.

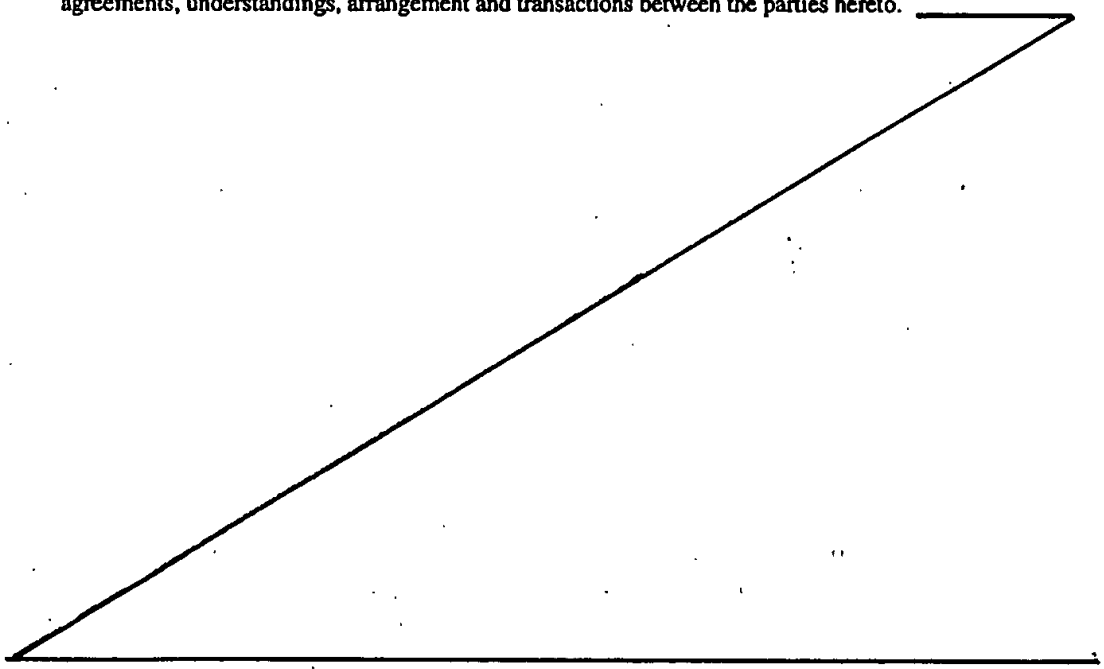
R12. Tenant Alterations

Notwithstanding anything to the contrary contained herein, Tenant may build-out the Demised Premises and make other alterations and improvements necessary, **including removal of the partition between Suites 205 and 207 at Tenant's sole cost and expense,** to ready the Demised Premises for occupancy without Landlord's prior approval, provided that all such alterations and improvements: (1) do not affect or impair the structural integrity of the Demised Premises; (2) conform to all municipal ordinances and regulations with the proper municipal approvals being obtained therefore by Tenant at its sole cost and expense prior to beginning any construction; (3) do not increase or decrease the size of the Demised Premises; and (4) unreasonably disturb any other tenants in the Shopping Center. In connection with such build-out, Landlord agrees to use reasonable efforts to secure on behalf of Tenant the right to access the premises located immediately below the Demised Premises so that Tenant may conduct plumbing installation. Tenant understands and agrees that in connection with said plumbing installation, the Tenant may be required to perform such work on weekends or evenings and only after the Landlord has obtained the consent of the tenants directly beneath the Demised Premises.

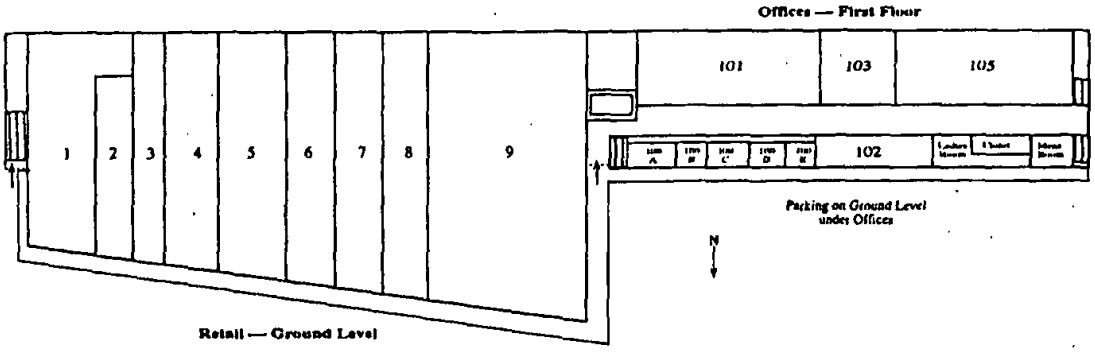
R13. Landlord's Work

Landlord agrees to maintain the Shopping Center, including the building in which the Demised Premises is located, in a neat, clean, and safe manner.

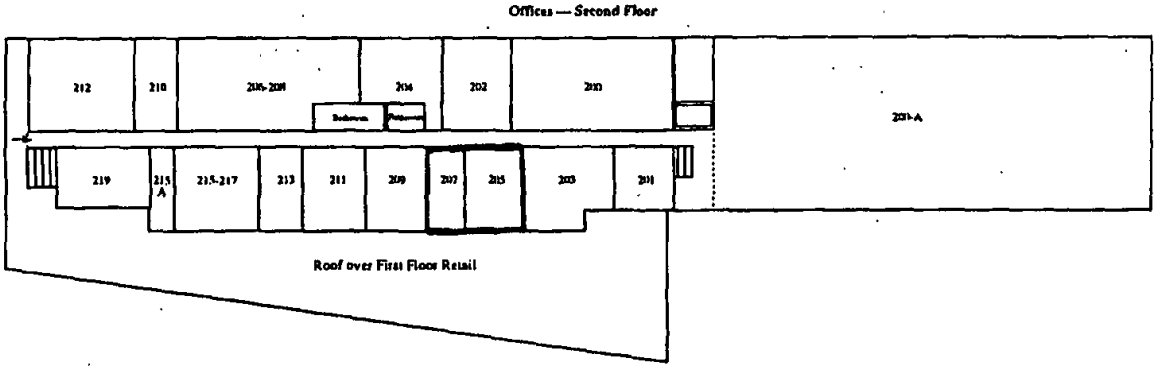
This Agreement and all documents, agreements, understandings and arrangements relating to this transaction have been executed by the undersigned in his capacity as an officer or trustee of Kranzco Realty Trust or its affiliates (the "Trust") which has been formed as a Maryland real estate investment trust pursuant to a Declaration of Trust of Kranzco Realty Trust dated June 17, 1992, and not individually, and neither the trustees, officers or shareholders of the Trust shall be bound or have any personal liability hereunder or thereunder. Each party hereto shall look solely to the assets of the Landlord and/or Trust for satisfaction of any liability of the Trust in respect of this Agreement and all documents, agreements, understandings and arrangements relating to this transaction and will not seek recourse or commence any action against any of the trustees, officers or shareholders of the Trust or any of their personal assets for the performance or payment of any obligation hereunder or thereunder. The foregoing shall also apply to any future documents, agreements, understandings, arrangement and transactions between the parties hereto.



North Ridge Shopping Center
New Rochelle, New York



Ground Level & First Floor



Second Floor

Kranzco

128 FAYETTE STREET
CONSHOHOCKEN, PA 19428
TELEPHONE: 610/941-9292
FAX: 610/941-9193

Exhibit "A"

Landlord does not covenant that any occupant indicated hereon will become a tenant or occupant in either the space marked on this plan, nor that the shopping center will be constructed as shown hereon. Nothing contained herein, or depicted hereon, shall be deemed to limit, waive, restrict or lessen the rights of the landlord under the lease agreement to which this plan is attached.

Lease	G/L Offset	Remark	Invoice Date	Due Date	Gross Amt	Open Amt
04055022	RRET	2007-2012 Tax Appeal Refunds	8/15/2013	8/15/2013	-3,452.23	-3,452.23
04055022	RRET	RET REC 01/01/2012-12/31/2012	7/15/2013	10/13/2013	2,155.18	2,155.18
04055022	RRET	RET REC 01/01/2012-12/31/2012	7/15/2013	10/13/2013	11.04	11.04
04055022	CAM	CAM (Escrow / Deposit)	5/1/2013	5/1/2013	547.5	547.5
04055022	RETX	Real Estate Tax (Escrow)	5/1/2013	5/1/2013	431.5	431.5
04055022	AMR	Annual Minimum Rent	5/1/2013	5/1/2013	1,265.00	1,047.84
04055022	CAM	CAM (Escrow / Deposit)	4/1/2013	4/1/2013	547.5	547.5
04055022	RETX	Real Estate Tax (Escrow)	4/1/2013	4/1/2013	431.5	431.5
04055022	AMR	Annual Minimum Rent	4/1/2013	4/1/2013	1,265.00	1,265.00
04055022	AMR	Annual Minimum Rent	3/1/2013	3/1/2013	1,265.00	1,265.00
04055022	CAM	CAM (Escrow / Deposit)	3/1/2013	3/1/2013	547.5	547.5
04055022	RETX	Real Estate Tax (Escrow)	3/1/2013	3/1/2013	431.5	431.5
04055022	AMR	Annual Minimum Rent	2/1/2013	2/1/2013	1,265.00	1,265.00
04055022	CAM	CAM (Escrow / Deposit)	2/1/2013	2/1/2013	547.5	547.5
04055022	RETX	Real Estate Tax (Escrow)	2/1/2013	2/1/2013	431.5	431.5
04055022	AMR	Annual Minimum Rent	1/1/2013	1/1/2013	1,265.00	1,265.00
04055022	CAM	CAM (Escrow / Deposit)	1/1/2013	1/1/2013	547.5	547.5
04055022	RETX	Real Estate Tax (Escrow)	1/1/2013	1/1/2013	431.5	431.5
04055022	AMR	Annual Minimum Rent	11/1/2012	11/1/2012	1,265.00	1,265.00
04055022	CAM	CAM (Escrow / Deposit)	11/1/2012	11/1/2012	547.5	547.5
04055022	RETX	Real Estate Tax (Escrow)	11/1/2012	11/1/2012	431.5	431.5
04055022	AMR	Annual Minimum Rent	10/1/2012	10/1/2012	1,265.00	165
04055022	CAM	CAM (Escrow / Deposit)	10/1/2012	10/1/2012	547.5	547.5
04055022	RETX	Real Estate Tax (Escrow)	10/1/2012	10/1/2012	431.5	431.5
04055022	CAM	CAM (Escrow / Deposit)	9/1/2012	9/1/2012	547.5	547.5
04055022	RETX	Real Estate Tax (Escrow)	9/1/2012	9/1/2012	431.5	431.5
04055022	AMR	AMR Backbill 9/1/12-9/30/12	9/1/2012	9/1/2012	165	165
04055022	CAM	CAM (Escrow / Deposit)	8/1/2012	8/1/2012	547.5	547.5
04055022	RETX	Real Estate Tax (Escrow)	8/1/2012	8/1/2012	431.5	431.5
04055022	CAM	CAM (Escrow / Deposit)	7/1/2012	7/1/2012	547.5	547.5
04055022	RETX	Real Estate Tax (Escrow)	7/1/2012	7/1/2012	431.5	431.5
04055022	POA		6/15/2012	6/15/2012	-3,797.42	-514.42
04055022	CAM	CAM (Escrow / Deposit)	6/1/2012	6/1/2012	547.5	547.5
04055022	RETX	Real Estate Tax (Escrow)	6/1/2012	6/1/2012	431.5	431.5
04055022	RRET	1/11 - 12/11 Tax Rec	5/1/2012	7/30/2012	2,035.37	2,035.37
04055022	RRET	1/11 - 12/11 Tax Rec	5/1/2012	7/30/2012	-2,141.64	-2,141.64
04055022	RRET	1/11 - 12/11 Tax Rec	5/1/2012	7/30/2012	4.79	4.79
04055022	RRET	1/11 - 12/11 Tax Rec	5/1/2012	7/30/2012	17.44	17.44
04055022	RCAM	CAM Rec 1/1/2011 - 12/31/2011	4/5/2012	4/5/2012	-2,296.37	-2,296.37
04055022	CAM	CAM (Escrow / Deposit)	3/1/2012	3/1/2012	1,000.00	547.5
04055022	RETX	Real Estate Tax (Escrow)	3/1/2012	3/1/2012	788.09	431.5
04055022	CAM	CAM (Escrow / Deposit)	2/1/2012	2/1/2012	1,000.00	547.5
04055022	RETX	Real Estate Tax (Escrow)	2/1/2012	2/1/2012	788.09	431.5
04055022	CAM	CAM (Escrow / Deposit)	1/1/2012	1/1/2012	1,000.00	547.5
04055022	RETX	Real Estate Tax (Escrow)	1/1/2012	1/1/2012	788.09	431.5

04055022	CAM	CAM (Escrow / Deposit)	12/1/2011	12/1/2011	1,000.00	547.5
04055022	RETX	Real Estate Tax (Escrow)	12/1/2011	12/1/2011	788.09	431.5
04055022	CAM	CAM (Escrow / Deposit)	11/1/2011	11/1/2011	1,000.00	547.5
04055022	RETX	Real Estate Tax (Escrow)	11/1/2011	11/1/2011	788.09	431.5
04055022	RCAM	CAM Rec 1/1/10-12/31/10	5/16/2011	8/14/2011	-3,202.48	-3,202.48
04055022	RCAM	CAM Recon 1/1/09 - 12/31/09	5/12/2010	8/10/2010	-1,946.60	-1,946.60
04055022	RCAM	2008 RCAM Reconciliation	4/15/2009	4/15/2009	-5,617.92	-304.25
		Total Open Amount				13,732.67

UNITED STATES BANKRUPTCY COURT
SOUTHERN DISTRICT OF NEW YORK

----------X

In re:

Chapter 11 Case No. 13-BK-22840 (RDD)

(Jointly Administered)

SOUND SHORE MEDICAL CENTER OF WESTCHESTER, et al

STATEMENT OF LEGAL FEES

Debtors.

----------X

			Hours
6/5/13	LPE	telephone call J. Crystal re new bankruptcy matter; conf LWF re same; start drafting notice of appearance; e-mails from client	0.50
6/6/13	LPE	review client's e-mail correspondence and lease documents (2 leases); check bankruptcy docket; review relevant first day motions/orders signed from docket; review/download judge's rules; draft notice of appearance and demand for notices with certificate of service; e-file both; serve same; message for debtor's attorney; review case management procedures; telephone call debtor's attorney	3.70
6/10/13	LPE	begin review sale motion	0.30

			Hours
6/11/13	LPE	review in part the debtor's motion re approving bidding procedures and scheduling an auction and sale etc.	3.00
6/12/13	LPE	finalize memo re sale motion; e-mail to Joel Crystal re status	1.10
6/14/13	LPE	e-mail from Joel Crystal re post lease expiration tenancy; review lease #4055023 re lease expiration and effect of holdover by tenant; legal research re bankrupty assumption of month to month lease; draft notes re same	1.00
6/17/13	LPE	draft letter to debtor's attorney re post-petition rent; e-mails to J. Crystal re same	1.00
6/18/13	LPE	e-mail from Sam Kallmerten (Brixmor) re potential license agreement at larger space; call him to clarify details; memo re same; finalize letter to debtor's attorney re post-petition rent	0.70
	LWF	review of e-mails; strategy	1.00
6/19/13	LPE	follow up re new docket items and expiring lease issues (review expiring lease re holdover); review objection to bidding procedures motion filed by United States Attorney for the Southern District of NY (Docket 87); telephone call J. Crystal re post expiration actions on expiring	2.40

			Hours
		lease; draft e-mail to J. Crystal re license; draft e-mail to D. Vender re status; client status report due 6/21/13	
6/20/13	LPE	revise e-mail to Crystal re status and post-expiration; message B. Weston (debtor's attorney)	0.40
	LWF	strategy; review of e-mails; revise e-mails; further strategy	1.30
6/22/13	LPE	review recent docket entries; review debtor's supplemental statement in support of debtor's motion regarding bidding procedures (dk 102); review debtor's supplemental statement in support of debtor's motion regarding no auction (docket 103); review objections to bidding procedure motion; e-mail from Joel Crystal regarding license agreement	0.50
6/25/13	LPE	review debtor's reply in further support of bidding motion, detailing the revised assumption procedures proposed by the debtor; review proposed order scheduling hearing on debtor's motion to approve private sale	0.20
	LPE	download scheduling order and brief review of same for imminent deadlines	0.10

			Hours
6/26/13	LPE	e-mail form B. Weston re debtor vacating 200-A lease space and expiration of that lease; draft proposed e-mail to Joel and Patrick	0.30
6/27/13	LPE	finalize e-mail update to Crystal and Bennison re possession of 200A premises and post petition rent; check recent docket items	0.20
7/1/13	LPE	review and take notes to recent docket entries including schedules and statement of financial affairs re various debtors including tenant (NRHMC Services Corporation); review and take notes re scheduling order re private sale procedures and procedures re objections to sale; e-mail PB with relevant docket documents attached; calendar relevant dates	1.90
	LPE	bankruptcy docket inquiry	0.10
7/2/13	LPE	review recent docket items including final order establishing case management procedures; e-mails to/from P. Bennison re receipt of June and stub rent; review proof of claim form; start proofs of claim vs. NRHMC Services Corp. on 4055023 lease and vs. Sound Shore on 4055023 guaranty; review local rules re filing proof of claim in multi-debtor proceeding	1.60

			Hours
7/10/13	LPE	review recent docket items; e-mail client for status of post-petition rent; telephone call M. Marren re rents received from debtor (June received) and any security deposits held (none)	0.60
7/11/13	LPE	review notice of hearing to consider approval of the sale of substantially all of the debtor's real property and designated real property acquired assets and revised purchase agreement; draft objection to sale procedures	1.10
7/12/13	LPE	revise objection to sale procedure	1.00
7/15/13	LPE	continue objection to sale procedures motion; preparation for service (on 6 entities); review judge's rules re filing papers and appearance by telephone; draft filing letter	0.50
7/16/13	LPE	e-file and serve limited objection to sale procedure motion; e-file affidavit of service; e-mail client copies	0.50
7/19/13	LPE	review motion to set bar date and proposed bar date order; calendar proposed bar date	0.30
7/26/13	LPE	request telephone appearance on 8/2/13; download and review order re bar date and calendar same; message M. Marren re: July rent status; e-mail from J. Crystal inquiring if debtor filed motion to reject smaller space; respond to same; client status report	0.50

			Hours
7/29/13	LPE	review recent docket items	0.40
7/30/13	LPE	review today's docket items; telephone call from B. Weston re our objection to sale motion; message for M. Marren re receipt of July rent; preparation for telephone appearance re sale approval motion on 8/2/13; message from M. Marren re receipt of July rent	1.70
7/31/13	LPE	review recent docket items including notice of agenda for 8/2/13 hearing; message for M. Marren	0.20
8/1/13	LPE	review debtor's omnibus reply to objections, reservations and statements to debtor's motion for order, inter alia (a) approving the sale of debtor's real estate and designated personal property assets, free and clear of liens, claims, encumbrances and other interests, (b) approving the assumption and assignment of certain executory contracts and unexpired leases in connection with such sale, and (c) granting related relief; telephone call and e-mail M. Marren re extra rent payment and refund to tenant	0.40
8/2/13	LPE	review recent docket items including revised proposed sale order, declaration of David Ingber on behalf of buyers in	2.00

			Hours
		support of finding of good faith and adequate assurance; appear via telephone at hearing approving sale motion	
8/6/13	LPE	review todays docket entries	0.10
8/9/13	LPE	review signed order approving sale of debtor's real property and personal property; download and draft proof of claim form for landlord vs. NRHMC on both leases; message Marren re additional attorney fees from L&T actions pre-petition; search online claims register for scheduled amounts	1.90
8/12/13	LPE	review notice of deadline requiring filing of proofs of claims; draft e-mail to Crystal, Bennison and Marren re documentation for proofs of claims; review order establishing bar date and procedures re rejected executory contracts	0.30
8/15/13	LPE	review a/r spreadsheets provided by M. Marren; e-mail M. Marren to provide additional pre-petition expenses for proofs of claim; draft letter to debtor's counsel re overpayment	0.80
8/21/13	LPE	continue proof of claim re leases; start proof of claim re guarantees	1.40

			Hours	
8/22/13	LPE	review e-mail from M. Marren re tax credits for prior years due to a tax dispute and updated spreadsheets; review recent docket items	0.40	
8/26/13	LPE	review recent docket entries including motion to reject lease or executory contract (other); e-mail responding to M. Marren re tax credits and inquiring re rent payments	0.30	
8/27/13	LPE	revise proof of claim re leases per new spreadsheets indicating payment of post-petition rents	0.40	
	LWF	strategy re proof of claim	0.25	
8/28/13	LPE	revise proof of claim (landlord)	0.30	
9/6/13	LPE	continue proof of claim (landlord)	0.30	
	LPE	review docket items including obj of NYS Nurses Association to debtor's motion approving private sale	0.20	
9/10/13	LPE	assemble exhibits to landlord's proof of claim; reply to P. Bennison's e-mail re proofs of claim; continue drafting proof of claim for guaranty and review recent docket entries	1.60	
				Amount
		TOTAL FEES	38.75	$10,656.25

DISBURSEMENTS

	Amount
Westlaw	120.00
TOTAL DISBURSEMENTS	$120.00
TOTAL	$10,776.25

Attorney summary

Attorney	Hours	Rate	Amount
LARA P. EMOUNA	36.20	275.00	$9,955.00
LAWRENCE W. FARKAS	2.55	275.00	$701.25

From: (516) 482-4436
Gleich, Siegel & Farkas LLP

36 SOUTH STATION PLAZA

GREAT NECK, NY 11021

Origin ID: BPAA

FedEx Express

J13201306280326

Ship Date: 13SEP13
ActWgt: 1.0 LB
CAD: 4864625/INET3430

Delivery Address Bar Code

SHIP TO: (516) 482-4436 BILL SENDER

Soundshore Med Center of Westch.
c/o GCG, Inc.
5151 BLAZER PKWY
STE A
DUBLIN, OH 43017

Ref # CENTRO/SOUNDSHORE
Invoice #
PO #
Dept #

MON - 16 SEP 10:30A
PRIORITY OVERNIGHT

TRK# 0201 7966 8074 6526

43017
OH-US

SB OSUA

LCK

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UNITED STATES BANKRUPTCY COURT SOUTHERN DISTRICT OF NEW YORK	**ADMINISTRATIVE EXPENSE PROOF OF CLAIM**	Administrative Expense Bar Date January 31, 2014

Note: This form should only be used by claimants asserting an Administrative Expense arising between May 29, 2013 and November 6, 2013 (the "Administrative Claim Period"). THIS FORM SHOULD NOT BE USED FOR ANY CLAIMS THAT ARE NOT OF A KIND ENTITLED TO PRIORITY IN ACCORDANCE WITH 11 U.S.C. §§ 503(b) and 507(a)(2)

Indicate Debtor(s) against which you assert a claim by checking the appropriate box(es) below.

Name of Debtor (Check Only One):	Case No.	Name of Debtor (Check Only One):	Case No.
☒ Sound Shore Medical Center of Westchester	13-22840	☐ The M.V.H. Corporation	13-22843
☐ The Mount Vernon Hospital, Inc	13-22841	☐ SoundShore Health System, Inc	13-22844
☐ Howe Avenue Nursing Home, d/b/a Helen and Michael Schaffer Extended Care Center	13-22842	☐ NRHMC Services Corporation	13-22845
		☐ New Rochelle Sound Shore Housing LLC	13-22846

Name of Creditor
(The person or entity to whom the debtor owes money or property)
Dr Patricia Ann Devine

☐ Check box if you are aware that anyone else has filed a proof of claim relating to your administrative expense claim. Attach copy of statement giving particulars

THE GARDEN CITY GROUP, INC. FEB - 7 2014

Name and Addresses Where Notices Should be Sent.
Dr Patricia Ann Devine
8 Hageman Court
Katonah New York 10536

Check here if this claim: ☐ replaces or ☐ amends a previously filed administrative expense claim

Claim Number (if known). _____

Dated: _____

ACCOUNT OR OTHER NUMBER BY WHICH CREDITOR IDENTIFIES DEBTOR

1. BASIS FOR CLAIM:
☐ Goods sold ☐ Services performed ☐ Personal Injury/Wrongful Death ☐ Wages (Dates) _____
☐ Money loaned ☐ Taxes ☐ Retiree Benefits as Defined in 11 U.S.C. § 1114(a) ☒ Other (Specify) insurance tail pension sick days Vacation days see attached

2. DATE DEBT WAS INCURRED (IF KNOWN): 5/29/13 - 11/6/13

3. DESCRIPTION OF CLAIM (IF KNOWN) malpractice insurance tail, pension, sick days & Vacation days

4. TOTAL AMOUNT OF ADMINISTRATIVE CLAIM. $ 185113.55 (Total)

5. CREDITS AND SETOFFS: The amount of all payments on this claim has been credited and deducted for the purpose of making this proof. In filing this claim, claimant has deducted all amounts that claimant owes to debtor

6. SUPPORTING DOCUMENTS: *Attach copies of supporting documents,* such as promissory notes, purchase orders, invoices, itemized statements of running accounts, contracts, court judgments, or evidence of security interests. Do not send original documents. If the documents are not available, explain. If the documents are voluminous, attach a summary

7. TIME-STAMPED COPY: To receive an acknowledgement of the filing of your claim, enclose a stamped, self-addressed envelope and copy of this proof of claim.

THIS SPACE IS FOR COURT USE ONLY

RECEIVED JAN 30 2014 S.D. OF N.Y. BANKRUPTCY COURT

8. **Signature:** Check the appropriate box.
☒ I am the creditor. ☐ I am the creditor's authorized agent (Attach copy of power of attorney, if any) ☐ I am the trustee, or the Debtor, or their authorized agent. (See Bankruptcy Rule 3004.) ☐ I am a guarantor, surety, indorser, or other codebtor. (See Bankruptcy Rule 3005.)

I declare under penalty of perjury that the information provided in this claim is true and correct to the best of my knowledge, information, and reasonable belief.

Print Name Patricia Ann Devine
Title. MD
Company: _____
Address and telephone number (if different from notice address above).

Patricia Ann Devine (Signature) 1/18/14 (Date)

Telephone number: 914-248-5929 email: zitodevine@aol.com

Penalty for presenting fraudulent claim: Fine of up to $500,000 or imprisonment for up to 5 years, or both. 18 U.S.C. §§ 152 and 3571.

INSTRUCTIONS FOR PROOF OF CLAIM FORM

The attorneys for the Debtors and their court-appointed claims agent, GCG, are not authorized and are not providing you with any legal advice.

PLEASE SEND YOUR ORIGINAL, COMPLETED CLAIM FORM AS FOLLOWS: **IF BY MAIL:** Sound Shore Medical of Westchester, *et al.*, c/o GCG, Inc., P.O. Box 9982, Dublin, Ohio 43017-5982 **IF BY HAND OR OVERNIGHT COURIER:** Sound Shore Medical of Westchester, *et al.*, c/o GCG, 5151 Blazer Parkway, Suite A, Dublin, OH 43017. **IF BY HAND:** United States Bankruptcy Court, SDNY, 300 Quarropas Street, Room 248, White Plains, New York 10601; Attn: Clerk of the Court. ANY PROOF OF CLAIM SUBMITTED BY FACSIMILE OR EMAIL WILL NOT BE ACCEPTED.

CRT

FILED - 01401
U.S. BANKRUPTCY COURT FOR THE SOUTHERN DISTRICT OF NEW YORK
SOUND SHORE MEDICAL CENTER OF WESTCHESTER
ROBERT D. DRAIN

1/21/14

Patricia Ann Devine

(1) Malpractice Insurance Tail 164,000

(2) Pension for 5 months 6049.33

113,700 X .0744 = 8459.28
106,300 X .057 = 6059.10
14518.38
÷ 12
1209.865 X 5 months = 6049.33

(3) 5 vacation days
200,856.3 X 7.5 X 5 = 7532.11

(4) 5 sick days
200,856.3 X 7.5 X 5 = 7532.11

Total 185 113.55

UNITED STATES BANKRUPTCY COURT
SOUTHERN DISTRICT OF NEW YORK

ROUTING SHEET FOR CASES WITH CLAIMS AGENTS

Date: February 5, 2014

To: GCG, Inc.
1985 Marcus Avenue, Suite 200
Lake Success, NY 11042

From: Mimi Correa
Deputy Clerk

2 93 Packs

1. a. Number of claims in this transmittal: 39

b. Case name (*if applicable*): **Sound Shore Medical Center, et al.**
c. Description of claim: (Creditor name and amount of claim.)

Mary K. Murphy	$See Attachment
Renella Mitchell	$2,995.00
Bio-Rad Laboratories, Inc.	$3,850.37
Joseph DeRose	$9,639.57
Maria S. Albito	$7,597.09
Beverly Stewart	$17,731.00
Daisy Kuriakose	$26,000.00
Daisy Kuriakose	$1,000.00
Sonia P. Slavicjo	$51,587.00
Cynthia Holmes	$3,520.00
Sanipro Disposal Inc.	$29,448.22
Sanipro Disposal Inc.	$12,387.50
Robert C. Goldstein	$2,000.00
Edna Buckley	???
Stephen Jesmajian	$70,000.00
Susan Kurian	$22,865.50
Veronica Turnbull	$2,458.33
Silvie Maria Correia	$4,127.24
Siemens Medical Solutions	$63,663.49
Robin Ten Eyck	$45,116.43
Saramma George	$3,080.00
Benedicte Hauser	$See Attachment
Neelkanth LLC	$8,796.39
Neelkanth LLC	$267,992.00
Neelkanth LLC	$16,020.54
Frank D'Ambrosio	$300.00
Metro Blood Service	$104,169.00
Orange Pathology Associates	$See Attachment
Orange Pathology Associates	$See Attachment
Dr. Bartholome Rodriguez	$300,000.00
Dr. Patricia Ann Devine	$185,113.55
Dr. Rozafa L. Pali	$300,000.00
Empire Healthchoice Assurance	See Attachment
Empire Healthchoice Assurance	See Attachment
Empire Healthchoice Assurance	See Attachment
Empire Healthchoice Assurance	See Attachment

Empire Healthchoice Assurance See Attachment
Empire Healthchoice Assurance See Attachment

2. a. Courier: Federal Express
b. Recipient to pick up at Court: _____

CONFIRMATION BY RECIPIENT

NOTE: *The portion below is to be completed by recipient and returned to the Court by FAX* [914-390-4073].

Date: _____

*I have received the number and description of claims as indicated in line # **1.a.** above.*

Employee's name: _____
[*Please print*]
Employee's signature: _____

Employee's telephone number: _____
Name of Employer: _____

From: (631) 470-5000
Attn: Arturo D. Tavarez
Case Adm./ECF Trainer
US Bankruptcy Court, SDNY
300 Quarropas Street
WHITE PLAINS, NY 10601

Origin ID: NESA

FedEx Express

J13111302120326

Ship Date: 10JUL13
ActWgt: 1.0 LB
CAD: 100098143/INET3370

Delivery Address Bar Code

SHIP TO: (631) 470-5000 BILL THIRD PARTY

Attn: Bankruptcy Dept.
c/o GCG, Inc.
5151 Blazer Parkway
Suite A
DUBLIN, OH 43017

Ref # -SSM-

RMA #:
Return Reason:

RETURNS MON-FRI
STANDARD OVERNIGHT

TRK# 0221 7961 9382 5788

43017
OH-US

518G1/AA04/93AB

1. Select the 'Print' button to print 1 copy of each label.
2. The Return Shipment instructions, which provide your recipient with information on the returns process, will be printed with the label(s)
3. After printing, select your next step by clicking one of the displayed buttons.

Note: To review or print individual labels, select the Label button under each label image above.

Use of this system constitutes your agreement to the service conditions in the current FedEx Service Guide, available on fedex.com. FedEx will not be responsible for any claim in excess of $100 per package, whether the result of loss, damage, delay, non-delivery, misdelivery, or misinformation, unless you declare a higher value, pay an additional charge, document your actual loss and file a timely claim. Limitations found in the current FedEx Service Guide apply. Your right to recover from FedEx for any loss, including intrinsic value of the package, loss of sales, income interest, profit, attorney's fees, costs, and other forms of damage whether direct, incidental, consequential, or special is limited to the greater of $100 or the authorized declared value. Recovery cannot exceed actual documented loss. Maximum for items of extraordinary value is $500, e.g. jewelry, precious metals, negotiable instruments and other items listed in our ServiceGuide. Written claims must be filed within strict time limits, see current FedEx Service Guide.

UNITED STATES BANKRUPTCY COURT SOUTHERN DISTRICT OF NEW YORK	**ADMINISTRATIVE EXPENSE PROOF OF CLAIM**	**Administrative Expense Bar Date** January 31, 2014

Note: This form should only be used by claimants asserting an Administrative Expense arising between May 29, 2013 and November 6, 2013 (the "Administrative Claim Period"). THIS FORM SHOULD NOT BE USED FOR ANY CLAIMS THAT ARE NOT OF A KIND ENTITLED TO PRIORITY IN ACCORDANCE WITH 11 U.S.C. §§ 503(b) and 507(a)(2).

Indicate Debtor(s) against which you assert a claim by checking the appropriate box(es) below.

Name of Debtor (Check Only One):	Case No.	Name of Debtor (Check Only One):	Case No.
☒ Sound Shore Medical Center of Westchester	13-22840	☐ The M.V.H. Corporation	13-22843
☐ The Mount Vernon Hospital, Inc.	13-22841	☐ SoundShore Health System, Inc.	13-22844
☐ Howe Avenue Nursing Home, d/b/a Helen and Michael Schaffer Extended Care Center	13-22842	☐ NRHMC Services Corporation	13-22845
		☐ New Rochelle Sound Shore Housing LLC	13-22846

Name of Creditor
(The person or entity to whom the debtor owes money or property)
Healogics Wound Care & Hyperbaric Services, Inc., f/k/a National Wound Care & Hyperbaric Services, Inc.

☐ Check box if you are aware that anyone else has filed a proof of claim relating to your administrative expense claim. Attach copy of statement giving particulars.

THE GARDEN CITY GROUP, INC. JAN 27 2014

Name and Addresses Where Notices Should be Sent:
Healogics Wound Care & Hyperbaric Services, Inc.
c/o John B. Macdonald, Esq.
Akerman LLP
50 North Laura Street, Suite 3100
Jacksonville, FL 32202

Check here if this claim: ☐ replaces or ☐ amends a previously filed administrative expense claim.
Claim Number (if known): _____
Dated: _____

ACCOUNT OR OTHER NUMBER BY WHICH CREDITOR IDENTIFIES DEBTOR:
None

1. BASIS FOR CLAIM:
☐ Goods sold ☒ Services performed ☐ Personal Injury/Wrongful Death ☐ Wages (Dates) _____
☐ Money loaned ☐ Taxes ☐ Retiree Benefits as Defined in 11 U.S.C. § 1114(a) ☐ Other (Specify): _____

2. DATE DEBT WAS INCURRED (IF KNOWN): May 29, 2013 through November 5, 2013

3. DESCRIPTION OF CLAIM (IF KNOWN):
Provision of services as set forth on the attached Affidavit of Thomas M. Clayton

4. TOTAL AMOUNT OF ADMINISTRATIVE CLAIM: $ 123,929.94 (Total)

5. CREDITS AND SETOFFS: The amount of all payments on this claim has been credited and deducted for the purpose of making this proof. In filing this claim, claimant has deducted all amounts that claimant owes to debtor.

6. SUPPORTING DOCUMENTS: *Attach copies of supporting documents,* such as promissory notes, purchase orders, invoices, itemized statements of running accounts, contracts, court judgments, or evidence of security interests. Do not send original documents. If the documents are not available, explain. If the documents are voluminous, attach a summary.

7. TIME-STAMPED COPY: To receive an acknowledgement of the filing of your claim, enclose a stamped, self-addressed envelope and copy of this proof of claim.

THIS SPACE IS FOR COURT USE ONLY

8. **Signature:** Check the appropriate box.
☒ I am the creditor. ☐ I am the creditor's authorized agent. (Attach copy of power of attorney, if any) ☐ I am the trustee, or the Debtor, or their authorized agent. (See Bankruptcy Rule 3004.) ☐ I am a guarantor, surety, indorser, or other codebtor. (See Bankruptcy Rule 3005.)

I declare under penalty of perjury that the information provided in this claim is true and correct to the best of my knowledge, information, and reasonable belief.

Print Name: Thomas M. Clayton
Title: General Counsel
Company: Healogics Wound Care & Hyperbaric Services, Inc.
Address and telephone number (if different from notice address above):
5220 Belfort Road
Suite 130
Jacksonville, FL 32256
Telephone number: (904) 466-3408

(Signature) 1/23/14 (Date)
email: Thomas.Clayton@Healogics.com

Penalty for presenting fraudulent claim: Fine of up to $500,000 or imprisonment for up to 5 years, or both. 18 U.S.C. §§ 152 and 3571.

INSTRUCTIONS FOR PROOF OF CLAIM FORM

The attorneys for the Debtors and their court-appointed claims agent, GCG, are not authorized and are not providing you with any legal advice.

PLEASE SEND YOUR ORIGINAL, COMPLETED CLAIM FORM AS FOLLOWS: **IF BY MAIL:** Sound Shore Medical of Westchester, *et al.*, c/o GCG, Inc., P.O. Box 9982, Dublin, Ohio 43017-5982. **IF BY HAND OR OVERNIGHT COURIER:** Sound Shore Medical of Westchester, *et al.*, c/o GCG, 5151 Blazer Parkway, Suite A, Dublin, OH 43017. **IF BY HAND:** United States Bankruptcy Court, SDNY, 300 Quarropas Street, Room 248, White Plains, New York 10601; Attn: Clerk of the Court. ANY PROOF OF CLAIM SUBMITTED BY FACSIMILE OR EMAIL WILL NOT BE ACCEPTED.

FILED - 01245
U.S. BANKRUPTCY COURT FOR THE SOUTHERN DISTRICT OF NEW YORK
SOUND SHORE MEDICAL CENTER OF WESTCHESTER
ROBERT D. DRAIN



John B. Macdonald

Akerman LLP
50 North Laura Street
Suite 3100
Jacksonville, FL 32202-3646
Tel: 904.798.3700
Fax: 904.798.3730

Dir: 904.598.8640
john.macdonald@akerman.com

January 24, 2014

VIA FEDEX

Sound Shore Medical Center of Westchester
c/o GCG Inc.
5151 Blazer Parkway, Suite A
Dublin, OH 43107

Re: In re: Sound Shore Medical Center of Westchester, Debtor; United States Bankruptcy Court, Southern District of New York; Case No.: 13-22840

In re: The Mount Vernon Hospital, Inc., Debtor; United States Bankruptcy Court, Southern District of New York; Case No.: 13-22841

In re: SoundShore Health System, Inc., Debtor; United States Bankruptcy Court, Southern District of New York; Case No.: 13-22844

Dear Sir/Madam:

Enclosed for filing are three (3) original Administrative Expense Proofs of Claim. Please acknowledge receipt of the enclosed claims by returning a file-stamped copy of each to me in the enclosed FedEx envelope.

If you have any questions or need further information, please contact me at (904) 598-8640.

Very truly yours,

John B. Macdonald

/jsm
Enclosures

UNITED STATES BANKRUPTCY COURT
SOUTHERN DISTRICT OF NEW YORK (White Plains)

In re:

SOUND SHORE MEDICAL CENTER OF WESTCHESTER, et al.,	CASE NO.: 13-22840 (RDD)
	Chapter 11
Debtors.	
_____/	Jointly Administered

AFFIDAVIT IN SUPPORT OF PROOF OF CLAIM OF HEALOGICS WOUND CARE & HYPERBARIC SERVICES, INC., FOR ALLOWANCE OF ADMINISTRATIVE EXPENSES

STATE OF FLORIDA)
) ss:
COUNTY OF DUVAL)

BEFORE ME, this day personally appeared Thomas M. Clayton who upon oath deposes on personal knowledge and says:

1. This Affidavit is submitted in support of the Administrative Expense Proof of Claim of National Wound Care & Hyperbaric Services, Inc., n/k/a Healogics Wound Care & Hyperbaric Services, Inc. ("Healogics"), for Allowance of Administrative Expenses (the "Proof of Claim"). National Wound Care & Hyperbaric Services, Inc. changed its name to Healogics Wound Care & Hyperbaric Services on August 10, 2012.

2. I am General Counsel of Healogics.

3. I have personal knowledge of the facts contained in this Affidavit.

4. On or about September 23, 2010, Sound Shore Health System, Inc. ("Sound Shore"), doing business as Mount Vernon Hospital ("Mount Vernon Hospital"), entered into a Strategic Alliance Agreement (the "Contract") with Healogics, by which Sound Shore agreed to

pay monthly fees in exchange for operation and management of Mount Vernon Hospital's wound care program. Contemporaneously Healogics entered into a Business Associate Agreement (the "BAA Agreement") with Sound Shore (also referred to as "Sound Shore Medical Center of Westchester") with respect to certain HIPPA obligations arising out of the Contract. Copies of the Contract and the BAA are attached hereto as **Exhibit "A"** and **Exhibit "B"**, respectively.

5. The Contract was amended by that certain First Amendment to Strategic Alliance Agreement for Integrated Disease Management/Wound Treatment Center, dated as of April 1, 2011 (the "First Amendment"), entered into between Healogics and "Mount Vernon Hospital, a New York not-for-profit corporation." A copy of the First Amendment is attached hereto as **Exhibit "C"**.

6. By reason of the Contract, the BAA, and the First Amendment, Mount Vernon Hospital has at various times represented the correct name of its legal entity to be (a) Sound Shore Health Systems, Inc., (b) Sound Shore Medical Center of Westchester, and (c) Mount Vernon Hospital, a New York not-for-profit corporation.

7. On May 29, 2013 (the "Petition Date"), the several Mount Vernon Hospital related debtors (Sound Shore Health System, Inc., Sound Shore Medical Center of Westchester, and The Mount Vernon Hospital, Inc., collectively the "Debtors") filed Petitions for Relief under Chapter 11 of the Bankruptcy Code and have continued in the management of their businesses as debtors-in-possession pursuant to Sections 1107 and 1108 of the Bankruptcy Code. By reason of the confusion of the names of the correct legal entity which is doing business as Mount Vernon Hospital, Healogics intends to file its Proof of Claim in the estates of each of the Debtors, but seeks only one allowed administrative claim.

8. Pursuant to Schedule 4.2 of the Contract, Mount Vernon Hospital incurs a monthly Management Fee, a monthly HBO Treatment Fee, and a monthly WCV Fee (collectively, the "Management Fees"). Healogics continued to provide all services required of it under the Contract after the Petition Date and through November 5, 2013, and Mount Vernon Hospital accepted such services.

9. The Debtors, or whichever of them as of and since the Petition Date and through November 5, 2013, owned and operated Mount Vernon Hospital, continued to request, receive and accept post-petition services from Healogics of the identical nature as provided by Healogics prior to the Petition Date, and, therefore, continued to incur monthly post-petition Management Fees under the Contract.

10. As of the date of hereof, the Debtors, collectively or one of them, owe Healogics $123,929.94 for past due Management Fees incurred under the Contract between the Petition Date and November 5, 2013, under the invoices as set forth on the attached **Composite Exhibit "1"**.

11. I have read the Proof of Claim and know from my own personal knowledge that the allegations and facts contained therein are true, accurate and correct.

FURTHER AFFIANT SAYETH NOT.

Thomas M. Clayton

STATE OF FLORIDA)
) ss:
COUNTY OF DUVAL)

The foregoing instrument was sworn to and subscribed before me this 8th day of January, 2014, by Thomas M. Clayton, who is:

☑ personally known to me; or

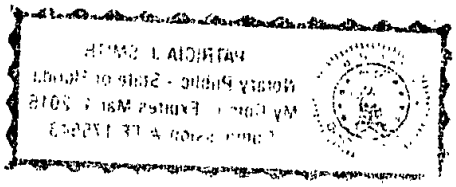
☐ produced a driver's license issued by the _____ Department of Highway Safety and Motor Vehicles as identification; or

☐ produced the following identification: _____

Patricia J. Smith
NOTARY PUBLIC, STATE OF FLORIDA

PATRICIA J. SMITH
Notary Public - State of Florida
My Comm. Expires Mar 4, 2016
Commission # EE 175543

(Print, Type or Stamp Commissioned Name of Notary Public)



Composite Exhibit 1

Customer Number	Doc Number	Doc Type	Doc Date	Due Date	Current Trx Amount	Payment Terms ID
NY176	HWCHS-13196	Sales / Invoices	7/31/2013	8/30/2013	$46,407.00	Net 30
NY176	HWCHS-13261	Sales / Invoices	8/30/2013	9/29/2013	$11,066.94	Net 30
NY176	HWCHS-13332	Sales / Invoices	8/31/2013	9/30/2013	$35,966.00	Net 30
NY176	HWCHS-13704	Sales/Invoices	10/31/2013	11/30/2013	$30,490.00	Net 30
				TOTAL	**$123,929.94**	

* * * REPRINT * * *

Invoice

Healogics Wound Care & Hyperbaric Services
PO Box 551187
Jacksonville FL 32255
Phone (904) 446-3400 or (800) 379-9774

Date 7/31/2013
Invoice HWCHS-13196

Bill To:
NY176
Mount Vernon Hosp
12 North 7th Avenue
Mount Vernon NY 10550

Remit To:
Healogics Wound Care & Hyperbaric Services
3087 Momentum Place
Chicago, IL 60689-5330

Purchase Order No.		Payment Terms	
		Net 30	8/30/2013

	Description	Unit Price	Ext. Price
1.00	Management Fee - August 2013	$5,555.00	$5,555.00
329.00	HBOT Treatments, 30 Minute Segments	$53.00	$17,437.00
0.00	HBOT Treatments, 30 Minute Segments - Charity	$0.00	$0.00
223.00	Wound Care Visits	$105.00	$23,415.00
0.00	Wound Care Visits - Charity	$0.00	$0.00

Subtotal	$46,407.00
Tax	$0.00
Total	$46,407.00

* * * REPRINT * * *

Invoice

Healogics Wound Care & Hyperbaric Services
PO Box 551187
Jacksonville FL 32255
Phone (904) 446-3400 or (800) 379-9774

Date 8/30/2013
Invoice HWCHS-13261

Bill To: NY176
Mount Vernon Hosp
12 North 7th Avenue
Mount Vernon NY 10550

Remit To: Healogics Wound Care & Hyperbaric Services
3087 Momentum Place
Chicago, IL 60689-5330

Purchase Order No.		Payment Terms	
		Net 30	9/29/2013

	Description	Unit Price	Ext. Price
1.00	Management Fee - 5/29 to 5/31	$511.94	$511.94
1.00	Management Fee - June 2013	$5,555.00	$5,555.00
24.00	HBOT Treatments, 30 Minute Segments - 5/29 to 5/31	$50.00	$1,200.00
0.00	HBOT Treatments, 30 Minute Segments - Charity	$0.00	$0.00
38.00	Wound Care Visits - 5/29 to 5/31	$100.00	$3,800.00
0.00	Wound Care Visits - Charity	$0.00	$0.00

Subtotal	$11,066.94
Tax	$0.00
Total	$11,066.94

* * * REPRINT * * *

Invoice

Healogics Wound Care & Hyperbaric Services
PO Box 551187
Jacksonville FL 32255
Phone (904) 446-3400 or (800) 379-9774

Date 8/31/2013
Invoice HWCHS-13332

Bill To: NY176
Mount Vernon Hosp
12 North 7th Avenue
Mount Vernon NY 10550

Remit To: Healogics Wound Care & Hyperbaric Services
3087 Momentum Place
Chicago, IL 60689-5330

Purchase Order No.		Payment Terms	
		Net 30	9/30/2013

	Description	Unit Price	Ext. Price
1.00	Management Fee - September 2013	$5,555.00	$5,555.00
132.00	HBOT Treatments, 30 Minute Segments	$53.00	$6,996.00
0.00	HBOT Treatments, 30 Minute Segments - Charity	$0.00	$0.00
223.00	Wound Care Visits	$105.00	$23,415.00
0.00	Wound Care Visits - Charity	$0.00	$0.00

Subtotal	$35,966.00
Tax	$0.00
Total	$35,966.00

* * * REPRINT * * *

Invoice

Healogics Wound Care & Hyperbaric Services
PO Box 551187
Jacksonville FL 32255
Phone (904) 446-3400 or (800) 379-9774

Date 10/31/2013
Invoice HWCHS-13704

Bill To: NY176
Mount Vernon Hosp
12 North 7th Avenue
Mount Vernon NY 10550

Remit To: Healogics Wound Care & Hyperbaric Services
3087 Momentum Place
Chicago, IL 60689-5330

Purchase Order No:		Payment Terms	
		Net 30	11/30/2013

	Description	Unit Price	Ext. Price
1.00	Management Fee - November 2013	$5,555.00	$5,555.00
100.00	HBOT Treatments, 30 Minute Segments	$53.00	$5,300.00
0.00	HBOT Treatments, 30 Minute Segments - Charity	$0.00	$0.00
187.00	Wound Care Visits	$105.00	$19,635.00
0.00	Wound Care Visits - Charity	$0.00	$0.00

Subtotal	$30,490.00
Tax	$0.00
Total	$30,490.00

Exhibit "A"

®National Healing is a Registered Trademark of National Healing Corporation
THIS DOCUMENT IS PROPRIETARY & CONFIDENTIAL AND
CANNOT BE DUPLICATED.

STRATEGIC ALLIANCE AGREEMENT

FOR

INTEGRATED DISEASE MANAGEMENT/ WOUND TREATMENT CENTER

MOUNT VERNON HOSPITAL
12 North 7th Avenue
Mount Vernon, NY 10550

STRATEGIC ALLIANCE AGREEMENT FOR INTEGRATED DISEASE MANAGEMENT/ WOUND TREATMENT CENTER

THIS STRATEGIC ALLIANCE AGREEMENT FOR INTEGRATED DISEASE MANAGEMENT/ WOUND TREATMENT CENTER (this "Agreement") is entered into and effective as of 9/23/10, 2010 (the "Effective Date") by and between **National Wound Care & Hyperbaric Services, Inc.**, a Delaware corporation ("National"), **Mount Vernon Hospital**, a New York not-for-profit corporation, located at 12 North 7th Avenue, Mount Vernon, NY 10550 ("Hospital"). National and Hospital are sometimes hereinafter referred to individually as a "Party" and collectively as the "Parties".

Recitals:

WHEREAS, National provides management services to assist hospitals in providing cost-effective diagnosis and treatment of chronic wounds and their related complications; and

WHEREAS, Hospital desires to engage National to manage an outpatient wound treatment program and treatment center as hereinafter described; and

WHEREAS, the mutual goal of the Parties is to improve healing rates and clinical outcomes with respect to Hospital patients suffering from chronic wounds and their related complications;

NOW, THEREFORE, in exchange for the mutual covenants herein and for other good and valuable consideration, the receipt and sufficiency of which is hereby acknowledged, the Parties hereby agree as follows:

Terms:

ARTICLE I DEFINITIONS

Section 1.1 Definitions. For purposes of this Agreement, each of the following capitalized terms has the following meaning:

"Affiliate" means, with respect to a Party, any business concern or entity which controls, is controlled by or is in common control with such Party;

"BAA" or "Business Associate Addendum" means that certain Business Associate Addendum entered into between the Parties simultaneously with this Agreement in connection with the Parties' mutual compliance efforts in relation to the HIPAA Rules, attached at **Exhibit D** hereto;

"Center" means the full service, outpatient wound treatment center established in the Facility (defined herein) utilizing the equipment and technologies contemplated herein for the treatment of wounds, and for the delivery of other medical treatments established, maintained, and operated in the Facility;

"Center Outreach Plan" means, collectively, educational and community awareness

efforts undertaken by the Parties in accordance with, and as more specifically described in, Sections 3.2.f and 4.1.5;

"Center Personnel" means all administrative staff, technicians, nurses and other non-physician clinical personnel employed or contracted by National or Hospital, assigned to provide services in the Center, as further delineated in **Exhibit A** attached hereto. As set forth in **Exhibit A**, Center Personnel includes certain "Hospital Personnel" and "National Personnel";

"Clinical Pathway" means the evidence-based treatment plan developed by National based upon best practices for the care and treatment of patients with chronic wounds and related complications. The Clinical Pathway, as amended from time to time, shall serve as a general framework for care provided to patients treated in the Center, provided, however, that the ultimate care and treatment of patients shall at all times be within the sole discretion of the physician(s) responsible for the treatment of each such patient, as such care and treatment may be governed by the rules, regulations, policies and procedures of Hospital and its medical staff;

"Commencement Date" means the date on which ***the later of the following*** occurs: (i) the Wound Care First Treatment Date (as such term is defined in **Schedule 2.1**), or (ii) the HBO First Treatment Date (as such term is defined in **Schedule 2.1**). Each of the foregoing Treatment Dates shall be definitively established, memorialized and incorporated into this Agreement in accordance with **Schedule 2.1** attached hereto;

"Effective Date" has the meaning set forth in the introductory paragraph of this Agreement;

"Facility" means the primary space and facilities provided by Hospital and agreeable to National where the Center shall operate, consisting of approximately 2,500 square feet of space in the Hospital or on the Hospital campus;

"HBO" means hyperbaric oxygen;

"HBO Equipment" means two (2) FDA approved HBO chambers supplied, installed and maintained at National's cost and expense for use in the Center;

"HBO First Treatment Date" has the meaning set forth in **Schedule 2.1**;

"HBO Treatment" means each treatment a patient receives at the Center administered in or using HBO Equipment, measured in thirty (30) minute increments from the time the patient enters until the time that the patient exits the chamber;

"HBO Treatment Fee" means the fee to be paid by Hospital to National for each HBO Treatment in accordance with **Schedule 4.2**;

"HIPAA Rules" means collectively, the regulations issued by the Secretary of Health and Human Services regarding Protected Health Information pursuant to the Health Insurance Portability and Accountability Act of 1996 ("HIPAA") and Title XIII of Division A and Title IV of Division B of the American Recovery and Reinvestment Act ("HITECH ACT"), including the HIPAA "Privacy Rules", the HIPAA "Security Rules" and the "HITECH Act Rules" as codified under 45 CFR Parts 160 and 164 and as may be amended from time to time;

"Intended First Treatment Date" means the date on which the first patient treatment (either HBO Treatment or Wound Care Visit, whichever is expected to occur first) is anticipated to be performed at the Center, which the Parties hereby estimate will be January 24, 2011. Notwithstanding the foregoing, or anything seemingly to the contrary herein, the Parties acknowledge that the Intended First Treatment Date is only intended to serve as an approximation of the commencement of Center clinical services and is not a binding commitment or obligation of either Party.

"Hospital" has the meaning set forth in the introductory paragraph of this Agreement;

"Management Fee" means the monthly fee to be paid by Hospital to National in accordance with **Schedule 4.2**;

"Medical Director" means the Panel Physician engaged by National (after consultation with Hospital), on an independent contractor basis, to provide general administrative oversight and guidance in connection with Program activities and Center operations. The Parties acknowledge the mutual goal of appointing a Medical Director who possesses the requisite experience, administrative and interpersonal skills and commitment to the Program to make it clinically and operationally successful;

"National" has the meaning set forth in the introductory paragraph of this Agreement;

"National Outcome Tracking System" means the proprietary disease management and outcome tracking system and database that tracks and documents patient progress and treatment outcomes, which National agrees to make available for use at the Center, as described in Section 3.2.d and Article IX;

"Panel Physician" or **"Physician Panel"** means, collectively or individually as the context dictates, the physician(s) identified by Hospital and agreeable to National who make up the multi-disciplinary team of physicians who (i) are trained in wound care and, where applicable, HBO therapy, and (ii) have Hospital medical staff membership and clinical privileges (including privileges and/or medical staff departmental authority to render clinical services to patients in the Center);

"Program" means, collectively, the activities and services of the Center, Center Personnel, Panel Physicians and the Medical Director to fulfill the objectives of this Agreement, including, but not limited to, patient care activities, all aspects of patient interaction and professional services, and all administrative and support activities undertaken in furtherance of, in connection with, or pursuant to this Agreement;

"Program Director" means the individual employed by National to manage the day-to-day operations of the Center, with authority to manage Center Personnel, hire and fire National Personnel and function with the same level of authority as directors of other similar programs at Hospital;

"Red Flag Rules" means the regulations promulgated by the Federal Trade Commission at 16 CFR § 681 regarding detection, prevention and mitigation of identity theft, as applicable to Hospital patients who receive services at the Center and the activities of National personnel in their interaction with such patients under this Agreement;

"Wound Care First Treatment Date" has the meaning set forth in **Schedule 2.1**;

"Wound Care Visit" means each patient visit to the Center which generates charges therefrom, including, but not limited to, consults, patient visits, dressing changes, debridements, tests, assessments, procedures, and other similar items, but specifically excluding all HBO Treatments;

"WCV Fee" means the fee to be paid by Hospital to National for each Wound Care Visit in accordance with **Schedule 4.2**, provided, however, that National shall be paid only one (1) WCV Fee for each Wound Care Visit, regardless of the number of procedures performed on the patient during such visit.

ARTICLE II TERM, AGREEMENT PURPOSE

Section 2.1 Preparatory Efforts, Commencement of Term.

a. This Agreement shall commence on the Effective Date. Following the Effective Date, the Parties shall use their respective commercially reasonable efforts and shall work diligently and cooperatively so that patient care services as contemplated by this Agreement may be provided at the Center by the Intended First Treatment Date.

b. The initial term of this Agreement (the "Initial Term") shall begin on the Effective Date and shall continue until four (4) years following the Commencement Date (as defined and determined in accordance with **Schedule 2.1**) unless earlier terminated in accordance with the terms and conditions of this Agreement. Unless earlier terminated in accordance with the terms and conditions hereof, this Agreement shall automatically renew and be extended for subsequent one (1) year periods (each a "Renewal Term") at the expiration of the Initial Term and each Renewal Term, as applicable, unless either Party provides written notice to the other Party at least ninety (90) days prior to the end of the Initial Term or then existing Renewal Term (as applicable) of its intention not to renew this Agreement for a subsequent 1-year period, in which case this Agreement shall terminate at the end of the then incumbent Term. The Initial Term and each Renewal Term are sometimes otherwise referred to herein individually and collectively (as the context dictates) as the "Term."

Section 2.2 Purpose of Agreement. The purpose of this Agreement is to form a strategic alliance for the establishment and operation of the Center; to establish National as manager of the Center; to establish the Physician Panel; and to set forth the terms and conditions upon which the Center shall operate. The mutual goal of the Parties in establishing and operating the Center and the Program is to improve healing rates and clinical outcomes with respect to Hospital patients suffering from chronic wounds and their related complications. National shall have such powers as are reasonable, necessary, and appropriate in furtherance of these goals and purposes, subject to all rules and regulations of the Hospital. The Parties acknowledge and agree that Hospital shall retain the ultimate control and responsibility for the services provided at the Center, including appropriate clinical oversight and coordination and integration of Program services among Hospital medical staff members and departments, as applicable.

ARTICLE III NATIONAL'S RESPONSIBILITIES

Section 3.1 Day-To-Day Management. National shall have day-to-day management over operations of the Center and Center Personnel. The Program Director, on National's behalf, is hereby authorized to: (i) manage and administer the Program and Center operations; (ii) take any action which is consistent with the terms and conditions of this Agreement; and (iii) make recommendations to the Hospital for additional services that the Center could provide which would benefit the Center, the Hospital and its constituents. The Program Director shall function as a member of the Hospital management team at the level of department director, developing and maintaining relationships to maximize understanding of the services provided at the Center. The Program Director (and the other National Personnel) shall adhere to all applicable Hospital policies and procedures including, but not limited to, those relating to compliance with HIPAA Rules and Red Flag Rules. The Program Director shall work to educate other members of the

Hospital medical and clinical staff about the services provided at the Center, and with materials management to assure an adequate supply of wound treatment supplies, equipment, and products for the effective operation of the Program and the Center.

Section 3.2 National's Activities. National shall provide or cause to be provided the following in connection with its management activities under this Agreement:

a. "National Personnel" as set forth on **Exhibit A**;

b. Consultative support in the area of revenue-cycle management;

c. A monthly report from National's outpatient prospective payment system;

d. Access to and use of the National Outcome Tracking System, with respect to patients treated at the Center as well as any reports that may be generated through such system;

e. An initial education seminar for Panel Physicians and Center Personnel (the "National Healing Institute") and ongoing training in specialty wound care, HBO therapy, if applicable, and other agreed upon methodologies for healing wounds. National shall, on an annual basis, pay for all such training. National shall pay for travel and accommodations for National Personnel to attend such training;

f. A community awareness and education plan for the Center (the "Center Outreach Plan"), as contemplated in Section 4.1.5, to educate the public and medical community on the availability and benefits of the services offered at the Center. National shall pay, on a matching dollar-for-dollar basis with Hospital, an amount not to exceed Twenty-Five Thousand Dollars ($25,000) annually towards the Center Outreach Plan, as more specifically described in Section 4.1.5;

g. Ongoing education programs for applicable Center Personnel;

h. Staff competency testing for applicable Center Personnel;

i. Operations and clinical policies and procedures manuals for the Center;

j. A healthcare compliance hotline, Code of Conduct and Compliance Program for National Personnel; provided, however, all National Personnel shall observe and comply with the requirements of Hospital's own compliance program and code of conduct including those related to compliance with HIPAA Rules and Red Flag Rules;

k. Written policies and procedures for establishing and maintaining medical records for Center patients;

l. Periodic internal clinical reviews to assess compliance with national standards, including those of The Joint Commission;

m. General liability insurance and professional liability insurance for National Personnel, each with minimum limits of $1,000,000/$3,000,000, employers' liability insurance

for National Personnel in commercially reasonable amounts, workers' compensation insurance for National Personnel in statutory amounts, and property insurance covering National's HBO Equipment;

n. A Medical Director to provide administrative services to the Program; and

o. An HBO safety program and a schedule for maintenance of the HBO Equipment. National shall maintain the HBO Equipment in good repair and replace it, at National's cost, if necessary.

Section 3.3 Center Construction Support.

a. Subject to the terms and conditions of this Agreement, at Hospital's written request made not more than seventy-five (75) days following the Effective Date hereof, National agrees to provide Hospital, not later than twenty (20) days following such request, Two Hundred Thousand Dollars ($200,000.00) towards the cost of construction and/or build out of the Center and related expenses to establish the Program (the "Construction Support"). The Parties acknowledge and agree that the specific uses of the Construction Support in such regard shall be in the sole discretion of Hospital and any and all new construction, build-out, improvements, infrastructure, facilities, equipment, or other results from such use of Construction Support shall be, as between the Parties, the sole property of Hospital.

b. Notwithstanding any provision seemingly to the contrary herein, if the Term of this Agreement is not renewed or is not extended to encompass, in the aggregate, a period of five (5) years following the Commencement Date or otherwise terminates by affirmative action of either Party prior to the expiration of five (5) years from the Commencement Date hereof, then, in each such case, Hospital shall pay to National the "Residual Value" of Construction Support, as hereinafter defined, within fifteen (15) days of such termination. As used herein, the term "Residual Value" means an amount equal to the product of: (I) Four Thousand Three Hundred and Sixty-Eight Dollars and Fifty-Eight Cents ($4,368.58), multiplied by, (II) the sum of: (A) sixty (60), minus (B) the number of complete calendar months which have elapsed following the Commencement Date through and including the effective date of termination. For example, and not in limitation of the foregoing, if this Agreement is terminated in the Fortieth (40^{th}) month following the Commencement Date, then the Residual Value payment would be $87,371.60 ($4,368.58 x [60-40]). The Residual Value payment described above is not a penalty or liquidated damages and is not the sole or exclusive remedy either Party has or may have against the other in the event of any breach or termination of this Agreement which triggers such payment obligation.

ARTICLE IV HOSPITAL RESPONSIBILITIES

Section 4.1 Hospital's Activities. To facilitate the operations of the Center and administration of the Program, Hospital shall supply (or cause to be supplied or maintained) and/or be responsible for, the following:

Section 4.1.1 Facility Space, Insurance. Hospital shall equip and provide, at its sole cost and expense, the Facility for operation of the Center, in accordance with the terms and conditions hereof. In the Facility, the Hospital shall provide and ensure, at its expense: necessary utilities, including, without limitation, heating, air-conditioning, electrical, HVAC, telephone service, fax service; general maintenance; oxygen, and other gaseous service in the locations and in the quantities reasonably designated by National; computer access and hook-up service, with access to the Internet and linkage to the computer and telecommunications system of the Hospital; security service; and directory and visible

signage within and outside the Center, including signage at advantageous locations at other parts of the Hospital. Hospital shall provide general and professional liability insurance for Hospital Personnel, each with limits of not less than $1,000,000/$3,000,000. Hospital shall ensure that the Center is appropriately configured and has sufficient space to accommodate the needs of patients, the Program, and Center Personnel in the performance of their duties and responsibilities. The Center shall operate a minimum of forty (40) hours per week, except on Hospital holidays.

Section 4.1.2 **Hospital Personnel**. Hospital shall select, provide, assign and compensate, at its expense, certain administrative and clinical personnel ("Hospital Personnel") committed to supporting the Center, as set forth on **Exhibit A**. Hospital Personnel and National Personnel are sometimes collectively referred to as Center Personnel.

Section 4.1.3 **Approvals**. Hospital shall obtain and maintain at its expense all necessary approvals, authorizations, permits, licenses, and certifications as required by applicable law for the operation of the Center.

Section 4.1.4 **Equipment, Supplies**. Hospital, at its expense, shall provide the Center with (a) the equipment designated by National, including, but not limited to, the items listed in (and in accordance with) **Exhibit B** attached hereto, but specifically excluding HBO Equipment (the "Equipment"), and (b) the supplies designated by National, including, but not limited to the items listed in (and in accordance with) **Exhibit C** attached hereto (the "Clinic Supplies"), in each case, as reasonably determined by National to be necessary for the effective clinical and business operation of the Center and administration of the Program. Hospital acknowledges that its initial expenditure for such Equipment and Clinic Supplies shall be in the minimum amount set forth in the proforma previously provided by National. Other than HBO Equipment, Hospital shall maintain the Equipment, replace it, if necessary, and provide additional Equipment should National, in consultation with Hospital, deem it necessary or desirable for the effective operation of the Center. Notwithstanding the foregoing or anything seemingly to the contrary herein, National shall be responsible for providing, at its expense, the HBO Equipment. Ownership or leasehold rights to the HBO Equipment shall remain with National and such HBO Equipment shall not be deemed a fixture or accession. To the extent applicable, Hospital hereby waives (and shall cause any landlord to waive) all statutory and common law landlord rights with respect to the HBO Equipment and acknowledges that any lessors of such HBO Equipment and/or National have a security interest that is prior in right.

Section 4.1.5 **Community and Professional Awareness**. Hospital shall, with assistance from and in collaboration with National, take reasonable steps to develop community awareness of the Program and the Center among all Hospital patients who may benefit, among all potential patients in the Hospital service area, and among physicians, health care providers, and payors whose patients, enrollees, beneficiaries, or participants may benefit from the Program and the services offered at the Center. Such joint efforts and activities are sometimes otherwise referred to as the Center Outreach Plan. The details of the Center Outreach Plan (including certain collateral and promotional materials) shall be established by National, but shall be subject to Hospital's approval, which approval shall not be unreasonably withheld or delayed. The Parties shall, at least thirty (30) days prior to the Intended First Treatment Date, implement the Center Outreach Plan to create community awareness of the Center and Program. On an annual basis, Hospital shall create a budget for, allocate funds to and shall share the cost of the Center Outreach Plan, and shall pay a minimum of Twenty-Five Thousand Dollars ($25,000) annually toward the costs of the Center Outreach Plan.

Section 4.1.6 **Patient Registration**. Hospital shall register Center patients as Hospital patients.

Section 4.1.7 **Billing**. Hospital shall have sole responsibility for the accounting, coding, billing, and collection of all charges, fees, co-payments and other amounts in respect of Center services and shall perform such billing and collection in compliance with all applicable laws, regulations and payor requirements. National shall not bill any third party for the services provided at the Center. Upon request, National shall assist with additional documentation requests (ADRs) and appeals.

Section 4.1.8 **Diagnostic and Health Screening**. Hospital shall provide Center Personnel with pre-employment and periodic diagnostic and health screening procedures, as required by Hospital. National shall pay for such screening for National Personnel at Hospital's cost.

Section 4.1.9 **Physician Panel**. Following the Effective Date, Hospital shall, in consultation with National, establish the Physician Panel for the Center. It is the mutual objective of the Parties that the Physician Panel shall consist of no less than five (5), and no more than (10), physician members of Hospital's medical staff who represent a variety of medical specialties, all of whom shall be required to obtain training in the Clinical Pathway at the National Healing Institute, and no fewer than five (5) of whom shall be required to receive training in hyperbaric medicine and HBO therapy. Each Panel Physician shall be responsible for the arrangements and costs for their own travel and accommodations to attend such training. The Parties shall mutually endeavor to identify and agree upon the initial members of the Physician Panel (and any subsequently required Panel Physicians) as soon as practicable following the Effective Date so that the training of each member of the Physician Panel may be completed prior to their rendition of clinical services at the Center. The variety of specialties for the Physician Panel and each Panel Physician's ultimate involvement in the Center shall be subject to approval by National, which approval shall not be unreasonably withheld or delayed.

Section 4.2 **Hospital Payments To National**. In consideration for the services provided hereunder, Hospital shall pay to National those fees set forth in and in accordance with **Schedule 4.2**.

Section 4.3 **Charity Care**. National acknowledges that Hospital accepts all patients for which the patient's treating physician has ordered treatment, regardless of race, ethnicity, creed, sex, age, or payor status and that certain patients who are treated at the Center may qualify to receive such care at no cost to such patient, in accordance with Hospital policies and procedures for charity care ("Charity Care Patients"). The Parties acknowledge and agree that Charity Care Patients (i.e., patients who are qualified by Hospital in accordance with applicable Hospital policy and procedure as having no payment obligation for services rendered) shall be accepted for treatment at the Center and the Center shall provide treatment to such patients in accordance with Hospital policy and procedure for the same. Notwithstanding the provisions of Section 4.2, National shall not be entitled to an HBO Treatment Fee or a WCV Fee for any patient who is so qualified as a Charity Care Patient.

ARTICLE V NON-SOLICITATION; INDEMNIFICATION; RISK MANAGEMENT

Section 5.1 **Covenant Against Hiring, Solicitation**.

a. During the Term and for a period of one (1) year following the termination of this Agreement for any reason (including termination by non-renewal), the Parties agree that neither of them shall, without the express written consent of the other Party, directly or indirectly, employ, contract with, or solicit to employ or contract with, any individual who is then or was within one (1) year prior thereto an employee or independent contractor of the other Party, for the purpose of assigning such individual any

duties related to the Center or the operations or management of the Center or any other outpatient wound-treatment facility leased, owned, managed or operated by such Party. Notwithstanding the foregoing, following the termination of this Agreement (including termination by non-renewal), nothing herein shall prevent Hospital from contracting with the Medical Director for any purpose as long as such Medical Director abides by and does not violate any restrictions on competition, solicitation or the disclosure or use of National's confidential information as may be set forth in any written agreement between National and such Medical Director. If any of the restrictions contained in this Article V are determined by a court of competent jurisdiction to be unenforceable, this Article V shall be construed to give effect to its provisions to the fullest extent which is valid and enforceable in the appropriate jurisdiction.

b. The Parties agrees that enforcement of this Section 5.1 may be through injunction, in addition to all other remedies that may be available at law or in equity. If any provision of this Section 5.1 is determined to be invalid or unenforceable and is not reformed by a court of competent jurisdiction, such invalid or unenforceable provision shall be severed and shall not disturb the validity or enforceability of the remainder of this Section or of this Agreement.

c. For the purposes of this Section 5.1, it is the express agreement of the Parties that each Party has a legitimate business interest justifying the restrictions contained herein and that such restrictions are reasonably necessary to protect such legitimate business interests, which interests include, but are not limited to, trade secrets; other valuable confidential business information that may not qualify as trade secrets (including Confidential Information, as defined in Article VI), but as to which each Party has expended time and money in developing and which it holds confidential and proprietary; substantial business relationships with existing and prospective customers, clients and patients; customer, client and patient goodwill associated with such Party's ongoing business and evidenced by the various trademarks, trade names and service marks used by such Party in connection with its business; and an expectation of continuing patronage from its existing customers, clients and patients. The provisions of this Section 5.1 shall survive any termination of this Agreement (including termination by non-renewal). The provisions of this Section 5.1 shall be enforceable by and shall inure to the benefit of each Party's Affiliates and respective successors and assigns.

Section 5.2 Indemnification. Each Party (an "Indemnitor") hereby agrees to indemnify, defend and hold harmless the other Party, and such other Party's shareholders, members, directors, officers, employees, agents and representatives (collectively "Representatives") and such Party's Affiliates and their respective Representatives (each, an "Indemnified Party"), against and from any and all claims, causes of action, liabilities, damages, costs, and expenses, including, without limitation, reasonable attorneys' fees and related costs incurred at all pre-trial, trial and appellate proceedings ("Claims"), arising from, relating to or in connection with any act or omission of the Indemnitor, its Affiliates or any of their respective Representatives, including, but not limited to, the failure of Indemnitor to perform its duties hereunder in compliance with all applicable laws. In the event that any Claim is believed to trigger a Party's right of indemnity hereunder, the Indemnified Party shall promptly give notice to the Indemnitor of the same and shall cooperate fully with the Indemnitor in the defense of the Claim. The provisions of this Section 5.2 shall survive any termination of this Agreement (including termination by non-renewal).

Section 5.3 Risk Management. Each Party agrees to notify the other Party as soon as possible upon learning of an incident or occurrence at the Center involving or which could have involved damage or injury to person or property and which is required to be disclosed or reported in accordance with applicable law, regulation or accreditation standard, including, by way of example and not in limitation of the foregoing, any adverse incident, patient fall, sentinel event, etc., which notification, in each case, shall be treated as Confidential Information of each Party except as otherwise provided by applicable law or regulation. The Parties shall cooperate with each other in investigation and

documentation of such incidents or occurrences except as may be recommended by each Party's respective legal counsel or risk management advisors. The provisions of this Section 5.3 shall survive any termination of this Agreement (including termination by non-renewal).

ARTICLE VI CONFIDENTIALITY

Section 6.1 **Confidentiality by Hospital**. Hospital agrees and acknowledges that the wound treatment center concept embodied by this Agreement was developed by National at great expense of resources, time, money, and effort. Hospital agrees and acknowledges that all books, manuals, documents, materials, computerized information or other business or technical information in any form whatsoever developed by National and provided to Hospital by National or its Affiliates, which relate to the Center and which are distributed or otherwise disclosed to Hospital or its designees or developed pursuant to the operation of the Center or to which Hospital or its designees have access as a result of the operation of the Center, are "National's Confidential Information" under this Agreement. National's Confidential Information includes, but is not limited to, technical and business information, software, information relating to software, the National Outcome Tracking System and Documentation, National's outpatient prospective payment system, management information systems, trademarks, servicemarks, designs, products, methods (including the Clinical Pathway), systems, improvements, trade secrets, formulas, treatment outcome data, processes, protocols, community education materials and techniques, licensing, servicing, customer lists, records or financial information, and National's strategy concerning its business or policies. Notwithstanding anything herein to the contrary, National's Confidential Information does not include patient medical charts or billing records (or patient PHI as defined below) and does not include information which (i) at the time of disclosure, is either already known by Hospital and is not then subject to any other covenant or restriction on confidentiality as between National (or any Affiliate) and Hospital, or is freely available for use by the public, or (ii) after the time of disclosure, through no fault of Hospital, becomes freely available to the public. Hospital and its Affiliates shall not use National's Confidential Information for any purpose other than operation of the Center under this Agreement, and shall not disclose, publish, or disseminate National's Confidential Information to any third-party without National's express prior written consent, except as may be required under applicable law, regulation or legal process. Upon termination of this Agreement for any reason (including termination by non-renewal), Hospital shall use its commercially reasonable efforts to retrieve from all Hospital personnel and return to National materials containing National's Confidential Information and all National's Confidential Information in Hospital's actual or constructive possession shall promptly be returned to National. If Hospital becomes legally compelled to disclose any of National's Confidential Information, Hospital will promptly notify National so that National may seek a protective order or other appropriate remedy (at National's expense) and/or waive compliance with the foregoing provisions. If a protective order or other remedy is not obtained, or compliance with the foregoing provisions of this Agreement is waived, Hospital will furnish only that portion of National's Confidential Information that is legally required. The provisions of this section shall survive any termination of this Agreement (including termination by non-renewal). The provisions of this section shall be enforceable by and shall inure to the benefit of National's Affiliates and its respective successors and assigns.

Section 6.2 **Confidentiality by National**. National hereby acknowledges and agrees that information provided by Hospital, consisting of Protected Health Information as defined in the HIPAA Privacy Rule ("PHI"), financial information, and related business information of Hospital is considered to be "Hospital's Confidential Information." Hospital's Confidential Information does not include information which (i) at the time of disclosure, is already known by National and is not then subject to any other covenant or restriction on confidentiality as between National and Hospital, or is freely available for use by the public, or (ii) at the time of disclosure, through no fault of National, becomes freely available to the public. National shall not use, publish, disclose, or disseminate Hospital's Confidential Information in

any manner, other than in performing its obligations under this Agreement without Hospital's express prior written consent, except as otherwise expressly permitted in this Agreement or in the Business Associate Addendum between the Parties entered into simultaneously herewith and attached hereto at **Exhibit D** (the "BAA"). Upon termination of this Agreement for any reason (including termination by non-renewal), National shall use its commercially reasonable efforts to retrieve all Hospital's Confidential Information from employees of National and all Hospital's Confidential Information in National's actual or constructive possession shall promptly be returned to Hospital. If National becomes legally compelled to disclose any of Hospital's Confidential Information, National will promptly notify Hospital so that Hospital may seek a protective order or other appropriate remedy (at Hospital's expense) and/or waive compliance with the foregoing provisions. If a protective order or other remedy is not obtained, or compliance with the foregoing provisions of this Agreement is waived, National will furnish only that portion of Hospital's Confidential Information that is legally required. Notwithstanding anything herein or in the BAA to the contrary, National may de-identify PHI acquired, received or created by National in the performance of this Agreement in accordance with the de-identification standards described in Section 164.514 of the Privacy Rule ("De-Identified Data"), and aggregate, collect, analyze and use, and authorize others to aggregate, collect, analyze and use the resulting De-Identified Data. Notwithstanding the foregoing, National shall not, without Hospital's prior written consent, disclose the source of any De-Identified Data or identify Hospital in connection with any such use of De-Identified Data. The provisions of this section shall survive any termination of this Agreement (including termination by non-renewal) or the BAA. The provisions of this section shall be enforceable by and shall inure to the benefit of Hospital's and National's Affiliates and their respective successors and assigns.

Section 6.3 Enforcement. The Parties agrees that enforcement of this Article VI by each of them may be through injunction, in addition to all other remedies that may be available at law or in equity. If any provision of this Article VI is determined to be invalid or unenforceable and is not reformed by a court of competent jurisdiction, such invalid or unenforceable provision shall be severed and shall not disturb the validity or enforceability of the remainder of this Article or of this Agreement.

ARTICLE VII RECORDS, ACCOUNTING AND DISCLOSURE

Section 7.1 Records and Accounting. National shall keep books and records for Center operations at its principal office. Books, records, documents, and information maintained by National shall remain National's property; provided, however that individual patient data shall be, and remain, the property of Hospital. As permitted by applicable law and confidentiality requirements, Hospital shall provide National with reasonable access to such patient data for purposes of its performance under this Agreement, subject to the terms and conditions of the BAA attached hereto as **Exhibit D**. As permitted by law and confidentiality requirements, National shall provide Hospital with reasonable access to inspect and copy data management system records. All books, records, and other non-confidential documentation created and maintained by Hospital in connection with Hospital's accounting, billing, and collection responsibilities on behalf of the Center shall be and remain the property of Hospital; provided, however, that National shall be permitted reasonable access to inspect and copy such books and records; and provided further, that National shall be entitled to audit such books and records upon reasonable notice, at National's cost.

Section 7.2 Disclosure. Upon the written request of the Secretary of Health and Human Services, or the Comptroller General, or any of their duly authorized representatives, the Parties hereto, and any of their Affiliates and subcontractors, providing services with a value or cost of ten thousand dollars ($10,000) or more over a twelve-month (12) period shall make available to the Secretary the contracts, books, documents, and records that are necessary to verify the nature and extent of the costs of

providing such services. Such inspection shall be available up to four (4) years after the rendering of such services.

ARTICLE VIII TERMINATION AND RESOLUTION OF DISPUTES

Section 8.1 **Termination**. Except as otherwise provided in Section 2.1, the Parties agree that this Agreement may be terminated only as follows:

a. **Uncured Breach**. Except as otherwise specifically provided in paragraphs (b) – (d) below, either Party may terminate this Agreement upon written notice, if the other Party (the "Defaulting Party") breaches, defaults or fails to perform or abide by any material term, condition or covenant of this Agreement (each a "Default"), and fails to cure such Default within ninety (90) days after receiving written notice from the non-Defaulting Party specifying with particularity the Default. To justify termination under this paragraph, the non-Defaulting Party must have substantial material facts and information documenting the Default.

b. **Insolvency**. Either Party may terminate this Agreement, upon written notice, if the other Party (i) files a petition in bankruptcy or is adjudicated bankrupt; (ii) institutes, or allows to be instituted, any procedure in bankruptcy court for reorganization or rearrangement of its financial affairs; (iii) has a receiver of its assets or property appointed because of insolvency; or (iv) makes a general assignment for the benefit of creditors.

c. **Failure to Pay**. National may terminate this Agreement upon written notice if Hospital fails to pay any of the fees identified in Section 4.2 hereof within thirty (30) days after National provides written notice to Hospital that such fees are past due.

d. **Immediate Termination**. Either Party may terminate this Agreement upon written notice to the other Party if the other Party: (1) is suspended or excluded from participation in the Medicare or Medicaid program in the state where Hospital is located; or (2) is convicted of any felony involving fraud or misrepresentation with respect to the delivery of or reimbursement for health care services or is convicted of violating any federal law regarding Medicare or Medicaid (such as the "Stark Law", the federal "Anti-kickback" statute, etc.) or any equivalent state law in which Hospital is located, including any state patient brokering or insurance fraud laws.

Section 8.2 **Effect of Termination**. The termination of this Agreement by either Party (including termination by non-renewal in accordance with Section 2.1) shall not affect or negate any obligations of either Party to the other arising prior to the date of termination, including, but not limited to, Hospital's obligations to pay National as may be applicable in accordance with Section 3.3.b. In the event of any termination of this Agreement, National shall remove or cause to be removed the HBO Equipment from the Center.

Section 8.3 **Resolution of Disputes**. In the event of a dispute arising under, in connection with, or in relation to this Agreement or any amendment hereof (other than a dispute concerning a Party's Default under Section 5.1 or Article VI for which injunctive relief or other remedy is sought), the Parties agree that the following procedures shall be used in an attempt to resolve the dispute prior to the pursuit by any Party of other available remedies, provided, however, that either Party shall be permitted to terminate this Agreement in accordance with Section 8.1 prior to these remedies being exhausted. The procedures are:

a. A face to face meeting shall be promptly held at which time all Parties are present

or represented by individuals with full decision-making authority regarding the matter(s) in dispute. The Parties agree to participate in good faith in an attempt to resolve any such disputes.

b. If, within thirty (30) days following the initial meeting, the Parties have not succeeded in resolving the dispute, the dispute shall be determined and settled by final and binding arbitration in the county in which the Hospital is located in accordance with the Commercial Rules of Arbitration ("Rules") of the Judicial Arbitration and Mediation Services ("JAMS") before one arbitrator applying the laws of the state in which the Hospital is located. The parties shall attempt to mutually select the arbitrator. In the event they are unable to mutually agree, the arbitrator shall be selected by the procedures prescribed by the JAMS Rules. Any award rendered by the arbitrator shall be final and binding upon each of the Parties, and judgment thereof may be entered in any court having jurisdiction thereof. The costs shall be borne equally by both Parties. This provision shall survive any termination of this Agreement, regardless of the cause of such termination.

ARTICLE IX LIMITED LICENSE ON NATIONAL OUTCOME TRACKING SYSTEM

Section 9.1 Limited License; National System. During the Term, National hereby grants to Hospital a limited, non-exclusive, non-transferable and revocable right to access and use the National Outcome Tracking System (including any integrated software developed by National or any third party engaged by National) and any manuals, documents or secure file transfer protocol such as SSL, and other similar materials associated with the access or use of the National Outcome Tracking System (the "Documentation"), without right of sublicense, solely for the purpose of monitoring and documenting patient healing, adherence to clinical pathways and related matters, in connection with the Program and in accordance with the terms and conditions of this Agreement. Unless a duly authorized officer of National shall otherwise consent in writing, Hospital shall (1) not use or access the National Outcome Tracking System through any means or with any equipment other than the infrastructure established for the Center, (2) not permit any third party to use or reproduce the National Outcome Tracking System or any data or content available through access or use of the same, (3) not distribute, disclose, reproduce or allow use of the National Outcome Tracking System or Documentation, in any format, through timesharing, service bureau network or by any other means to or by any third party, (4) not decompile, disassemble or otherwise reverse engineer or attempt to reconstruct or discover any source code or underlying ideas or algorithms of the National Outcome Tracking System by any means whatsoever, (5) not modify or create derivative works based upon the National Outcome Tracking System or Documentation, or alter the National Outcome Tracking System in any manner, (6) not rent, lease, sell or otherwise transfer or allow use or access to the National Outcome Tracking System or Documentation to any third parties, and (7) have no right to use or allow the use of the National Outcome Tracking System for any other purpose or following the termination or expiration of this Agreement. This grant of a limited license by National shall terminate immediately upon the termination of this Agreement.

Section 9.2 Representations. Hospital acknowledges and understands that the National Outcome Tracking System is a web-based application and database that is being made available by National for Hospital's use in accordance with the Program and that Hospital's use and access rights pertain only to Hospital's patients and are generally similar to that of other hospitals with which National contracts. National represents and warrants that National or its Affiliates have legal right to the National Outcome Tracking System and the right and authority to grant to Hospital the license described in Section 9.1. Subject to the terms of this Section 9.2, National further represents that it shall maintain the National Outcome Tracking System and its availability for use by Hospital in conformity with industry standards for similar web-accessed applications and databases. National represents, to its knowledge, that the National Outcome Tracking System does not contain any viruses or disabling devices that shall substantially impair Hospital's use of or access to the National Outcome Tracking System as contemplated by this Agreement.

Section 9.3 **Disclaimer**. Notwithstanding anything to the contrary herein, National does not warrant and specifically disclaims that operation of the National Outcome Tracking System or Hospital's use of or access to the National Outcome Tracking System shall be continuous, uninterrupted, error-free or free from any other program limitations. The warranties in this Article IX constitute the sole warranties provided by National with respect to the National Outcome Tracking System and are in lieu of all other warranties of any kind or nature whatsoever, written or oral, common law or statutory, express or implied, including, without limitation, and National hereby disclaims, all warranties of merchantability, informational content and fitness for a particular purpose. Further, Hospital acknowledges that Hospital must provide all equipment, and provide and maintain internet and communication services through suitable providers, to access the National Outcome Tracking System, and is solely responsible for all fees, costs and charges associated with, and maintenance of, such equipment and/or service.

Section 9.4 **Proprietary Rights**. Except for the right to access and use the National Outcome Tracking System granted hereunder, Hospital acknowledges that National retains all rights, title and interest in and to the National Outcome Tracking System and Documentation, and any modifications, replacements and enhancements thereof and additions and improvements thereto, including ownership of all trade secrets, copyrights and other associated proprietary and intellectual property rights pertaining thereto. The National Outcome Tracking System and Documentation are confidential and proprietary property of National and are included in and shall be accorded the protections of National's Confidential Information in accordance with Section 6.1. Hospital shall be responsible for the use of the National Outcome Tracking System and Documentation by its employees and agents and shall instruct its employees and agents who have access to the National Outcome Tracking System and Documentation to keep the same confidential, by using the same care and discretion which Hospital uses with respect to its own confidential property and trade secrets, but in any event no less than a reasonable degree of care.

ARTICLE X GENERAL PROVISIONS

Section 10.1 **Amendment**. This Agreement may be amended or modified only in writing signed by a duly authorized representative of each Party.

Section 10.2 **Notices**. All notices, requests, demands, and other communications required or permitted hereunder ("Notice") shall be in writing, shall refer to this Agreement, shall conspicuously identify such transmission as formal notice under this Agreement and unless otherwise expressly provided elsewhere herein, shall be delivered (and shall be deemed to have been duly given or made upon receipt) as follows: (i) personally; or (ii) by certified mail, return receipt requested; or (iii) by overnight courier guaranteeing delivery within two (2) business days, in each case, to the Parties at the following addresses or such other address as a Party may specify to the other Party in accordance with this Section:

If to National:

National Wound Care & Hyperbaric Services, Inc.
4850 T-Rex Avenue, Suite 300
Boca Raton, FL 33431
Attention: James E. Patrick, CEO
Telephone: (561) 994-1174

With a copy to:

National Healing Corporation
4850 T-Rex Avenue, Suite 300
Boca Raton, FL 33431
Attention: General Counsel
Telephone: (561) 994-1174

If to Hospital:

With a copy to:

Mount Vernon Hospital
12 North 7th Avenue
Mount Vernon, NY 10550
Attention: John R. Spicer, CEO
Telephone: _____

Mount Vernon Hospital
12 North 7th Avenue
Mount Vernon, NY 10550
Attention: John Mamangakis, COO
Telephone: _____

Section 10.3 Successors and Assigns. All of the terms and provisions of this Agreement shall inure to the benefit of, and be binding upon, each of the Parties hereto and their respective successors and assigns.

Section 10.4 Entire Agreement, Recitals. This Agreement (including all exhibits, schedules, attachments and all other documents attached or annexed hereto) contains the entire agreement between the Parties with respect to the subject matter hereof and supersedes all prior agreements, proposals, representations, arrangements or understandings, written or oral, among the Parties with respect to such subject matter. The Recitals are true and correct and, together with all attachments hereto, are hereby incorporated by reference.

Section 10.5 Severability. Any provision of this Agreement that is prohibited or unenforceable in any jurisdiction shall, in such jurisdiction, be ineffective to the extent of such prohibition or unenforceability; and any such prohibition or unenforceability in any jurisdiction shall not invalidate or render unenforceable such provision in any other jurisdiction. If any provision of this Agreement shall be held or deemed to be inoperative or unenforceable as applied in any particular case because it conflicts with any other provision or provisions hereof, or with any law, statute, ordinance, rule, regulation, order, writ, decree or injunction, or for any other reason, the same shall not have the effect of rendering the Agreement inoperative or unenforceable to any extent whatsoever. The invalidity of any one or more phrases, sentences, clauses, paragraphs, sections, or subsections of this Agreement shall not affect the remaining portions thereof.

Section 10.6 Waiver. The failure or delay of any Party at any time to require performance by the other Party of any provision of this Agreement, even if known, shall not affect the right of such Party to require performance of that provision or to exercise any right, power or remedy hereunder, and any waiver by a Party of any breach of any provision of this Agreement shall not be construed as a waiver of any continuing or succeeding breach of such provision (or any other provision) or a waiver of the provision itself, or a waiver of any right, power or remedy under this Agreement.

Section 10.7 Remedies Cumulative. Except as otherwise expressly provided herein, no remedy conferred upon any Party is intended to be exclusive of any other remedy, and each and every remedy shall be cumulative and in addition to every other remedy given hereunder or available under law, by statute or in equity.

Section 10.8 Applicable Law. This Agreement shall be governed by, and construed in accordance with, the laws of the state in which the Hospital and Center are located without regard to any conflict of laws principles.

Section 10.9 Captions. The captions, paragraph and section headings in this Agreement are for reference and the convenience of the Parties only and in no way define, describe, extend or limit the scope or intent of this Agreement or any provision herein.

Section 10.10 No Third Party Beneficiaries. Except as otherwise expressly provided herein, the provisions of this Agreement are for the exclusive benefit of the Parties, and no other party, including any patient or creditor of any Party, who shall not have any right or claim against any Party by reason of this Agreement or be entitled to enforce any provision herein against any Party hereto.

Section 10.11 Counterparts. This Agreement may be executed in one or more counterparts, each of which shall be deemed to be an original, but all of which together shall constitute one and the same instrument.

Section 10.12 Word Usage. Words used in this Agreement, regardless of the number and gender, shall be deemed and construed to include any other number, singular or plural, and any other gender, masculine, feminine or neuter, as the context indicates or as appropriate. Whenever words such as "herein", "hereinafter", "hereto" and "hereunder" are used, they shall refer to this Agreement as a whole, unless the context otherwise requires. Whenever the words "include" or "including" are used, they shall be deemed to mean "include, without limitation" or "including, without limitation" as the case may be.

Section 10.13 No Intent to Induce Referrals. Nothing in this Agreement, nor any consideration in connection with it, is intended to induce, contemplates or requires the referral of any patient. This Agreement is not intended to influence the judgment of any physician or patient in choosing the medical facility appropriate for proper treatment and care. Any party performing services shall not receive any compensation or remuneration for referrals, if any. The Parties support the right of a physician or patient to select service providers for patients based on what is in the best interest of the patient. The Parties specifically do not intend to violate the federal (or any state's) Anti-Fraud and Abuse provisions (e.g., 42 USC §1320a-7b(b)).

Section 10.14 Representations. Each Party represents and warrants to the other that it is in good standing under the laws of its respective state of incorporation and under the laws of the state in which the Center is located. Each Party represents and warrants to the other that they are not a party to a collective bargaining agreement or similar labor union contract.

Section 10.15 No Agent or Legal Representative Status. This Agreement does not make either Party the agent or legal representative of the other Party for any purpose whatsoever, nor does it grant either Party any authority to assume or to create any obligation on behalf of or in the name of the other Party. National and the National Personnel are independent contractors of Hospital. Hospital and the Hospital Personnel are independent contractors of National. Each Party agrees to be solely responsible for compliance with all labor and employment laws and regulations applicable to its employees.

Section 10.16 Order Of Precedence. Any conflict or inconsistency among the main body of this Agreement and any attachment to this Agreement shall be resolved in accordance with the main body of this Agreement.

Section 10.17 Legal Compliance. Each Party represents to the other that it shall cause the Center Personnel under its respective control to comply with all applicable laws and regulations including but not limited to, HIPAA Rules, Red Flag Rules and applicable federal and state anti-kickback and self-referral laws and regulations. Each Party further represents that neither it nor any of its personnel that will be providing services under this Agreement have been debarred, disqualified or limited in any manner from participation in any federally funded health insurance program.

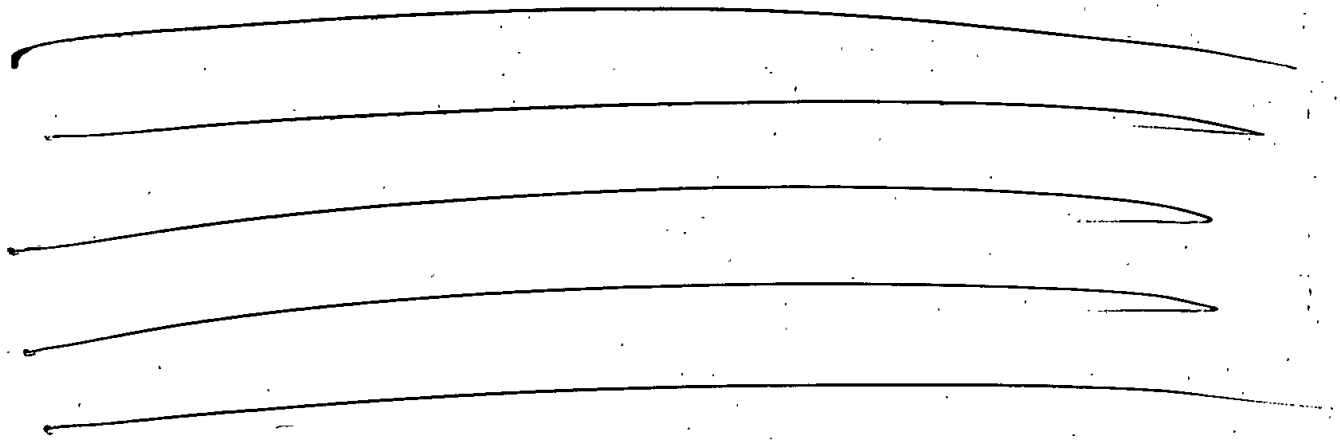
Section 10.18 Force Majeure. For purposes of this Agreement "force majeure" means and includes acts of God commonly characterized as natural disasters, or any other matter outside the

reasonable control of the Party affected thereby, including conditions arising from flooding, tornadoes, hurricanes, or other weather conditions resulting in the inability to maintain normal working conditions for periods of five (5) or more consecutive calendar days; but in any event, force majeure shall not be deemed to include inclement weather, other than as described above; or inability to perform as a result of insufficient financial resources or funding. Either Party hereto shall be excused for the period of delay in the performance of any obligations hereunder when such delay is the result of a force majeure event.

Section 10.19 Construction. The Parties acknowledge that this is a negotiated agreement and that in no event shall the terms hereof be construed against any Party on the basis that such Party, or its counsel, drafted this Agreement.

[REMAINDER OF PAGE INTENTIONALLY LEFT BLANK]

[signature page follows]



AGREEMENT SIGNATURE PAGE

IN WITNESS WHEREOF, the Parties have executed this Agreement between **Sound Shore Health System, Inc.,** a New York not-for-profit corporation, doing business as Mount Vernon Hospital and **National Wound Care & Hyperbaric Services, Inc.** through their respective authorized officers, effective as of the Effective Date above.

National Wound Care & Hyperbaric Services, Inc.

By: _____
Name: **James E. Patrick**
Title: **Chief Executive Officer**

Date: 09-29-10

Sound Shore Health System, Inc. d/b/a Mount Vernon Hospital

By: _____
Name: **John R. Spicer**
Title: **Chief Executive Officer**

Date: 9/23/10

EXHIBIT A
TO
STRATEGIC ALLIANCE AGREEMENT
FOR INTEGRATED DISEASE MANAGEMENT/WOUND TREATMENT CENTER

CENTER PERSONNEL

I. **Center Personnel**

Hospital Personnel*	National Personnel
(1) Registered Nurse (RN)	(1) Program Director
(1) Hyperbaric Technician	(1) Clinical Nurse Manager
	(1) Office Coordinator

* Hospital Personnel shall be adjusted as patient volumes increase on an as-needed basis as contemplated below.

II. **Additional Hospital Personnel**

At the following Wound Care Visit benchmarks, Hospital shall add nursing support as follows:

- At 200 Wound Care Visits per month – an RN or LPN added to Hospital Personnel.
- At each additional 100 Wound Care Visits per month – an additional RN or LPN added to Hospital Personnel.

EXHIBIT B
TO
STRATEGIC ALLIANCE AGREEMENT
FOR INTEGRATED DISEASE MANAGEMENT/WOUND TREATMENT CENTER

ADMINISTRATIVE EQUIPMENT FOR THE CENTER

[See attached]

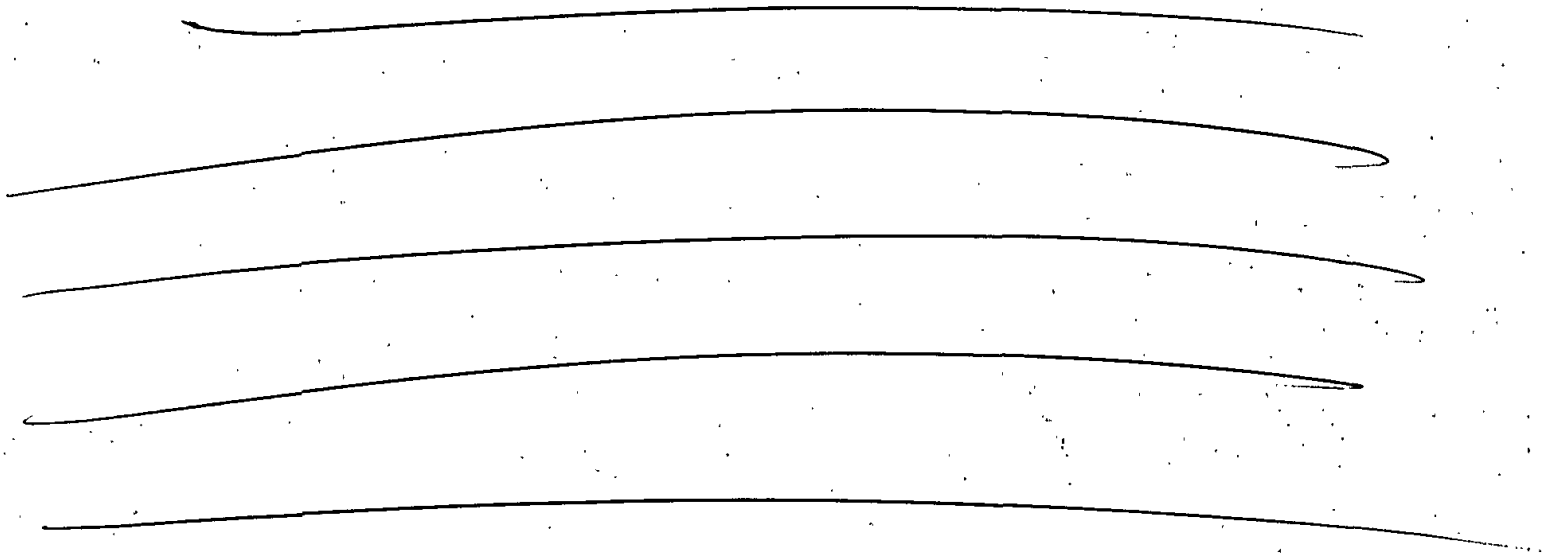
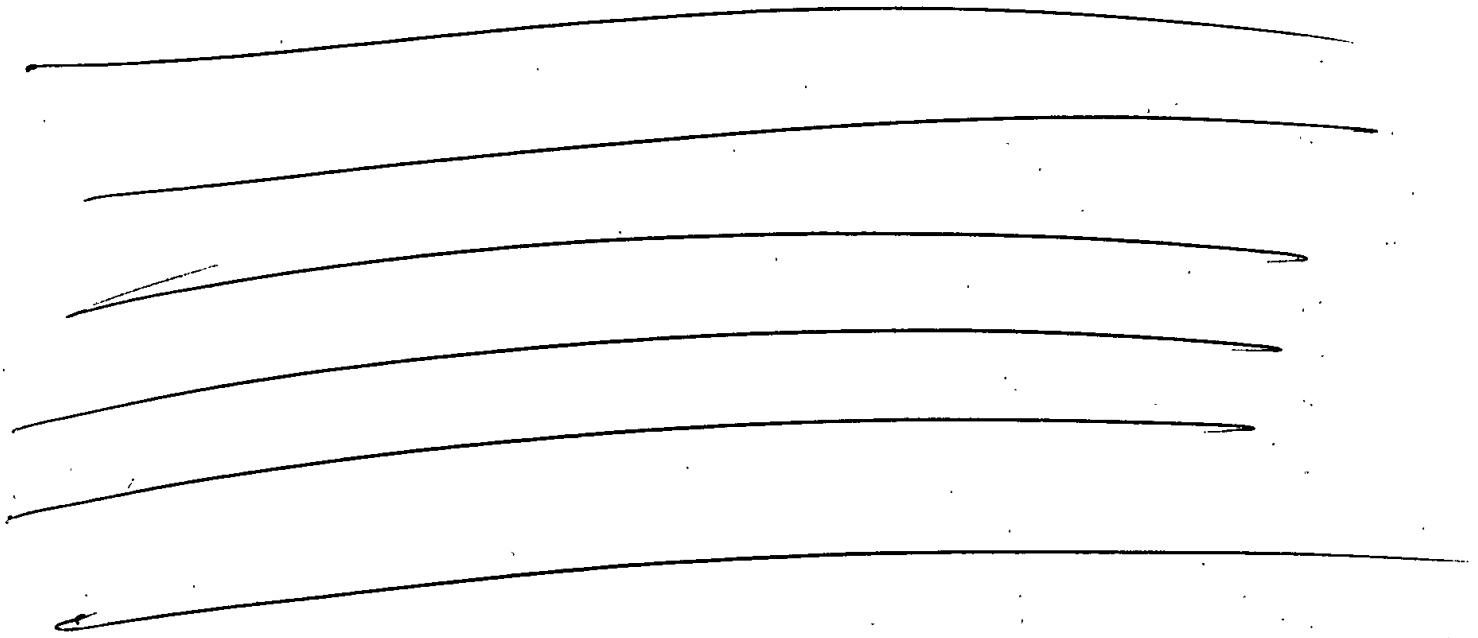


EXHIBIT C
TO
STRATEGIC ALLIANCE AGREEMENT
FOR INTEGRATED DISEASE MANAGEMENT/WOUND TREATMENT CENTER

SUPPLIES/ INSTRUMENTS

[See attached]



as of 04/16/10

EXHIBIT B
CAPITAL EQUIPMENT

Item #	Item Required In	Item description	Recommended Quantity	Other Specifics	Notes	Hospital Specific
		PAHI CHAMBERS & ACCESSORIES				
1	HBO Room	PAH-S1 32" Diameter Monoplace Hyperbaric Chamber (**all inclusive --see below for specifics)	2	Hospital Specific		Hospital Specific
2		**PAHI All inclusive includes: • 32" Diameter 3 ATA Monoplace Hyperbaric Chamber + Swing Arm Panel • Flexible Stainless Steel Supply Hoses for Oxygen and Air connections • Exhaust Hose and Piping Adapters • Capability to Pressurize with Air or Oxygen • Built-In Air Break Breathing System (non-rebreather mask not included) • Patented Re-Directional Supply Gas Flow System • Pneumatically Controlled Operation System • Redundant Manual Pressurization/Depressurization System • Right or Left Opening Door (available at time of order) • "3D Brand" Gauges for Set Pressure and Ambient Chamber Pressure • Emergency Decompression Control • Patented Dual Safety Door Lock Mechanism • Door Open, Automatic-Mute Audio Control • Door Closed, Automatic Gas Ventilation Supply • Dual Adjustable Patient Cooling Vents • Patient Alert Button • PAH-S1 Use and Operation Manual • Installation and Training on Use of Equipment • Scheduled Annual Maintenance Service for First Two Years • Two Year Warranty on all Parts • Rapid Response Customer Service No Charge/ 2 Wide Dished Bed with Adjustable Height Backrest (one per chamber) No Charge/ 2 Deluxe Hyperbaric Comfort Mattress (one per chamber) No Charge/ 2 Digital Oxygen Analyzer (one per chamber) No Charge/ 2 19" Flat Panel LCD Video Monitor with External A/V In and Output (one per chamber) No Charge/ 2 Computer Adaptable Data Logger (one per chamber) No Charge/ 2 Patient Grounding Strap (one per chamber) No Charge/ 2 Internal/External Communication System with External Audio Input (per chamber) No Charge/ 2 Integrated Environmental Gas Cooling System ("For Chiller") (one per chamber) No Charge/ 2 TCOM Thru-Hull Penetrator and Adapter (one per chamber) No Charge/ 4 Standard Thru-Hull IV Penetrators and Plug Assemblies (two per chamber) No Charge/ 2 7/8" Thru-Hull Penetrator Reserved for NIBP (one per chamber) No Charge/ 2 Thru-Hull Penetrator Reserved for Custom Application (one per chamber)**				
3	HBO Room	TcPO2 and HBO -Hose Connector, reusable -02 reservoir bag, Disposable 100% latex-free breathing bag -Reusable non-rebreathing tee -Reusable Tee adapter -Mask anesthesia med clear comfort Adult (air break) -Filter bacterial (air break)	2	King Systems Model 1065 (Adult Large) 50/case (317) 776-6823 Distributed by Cardinal, Owens & Minor, McKesson	HBO Room	Case Per Center

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EXHIBIT B
CAPITAL EQUIPMENT

Item #	Item Required In	Item description	Recommended Quantity	Other Specifics	Notes	Hospital Specific
4	HBO Room	Smoke Hood (PAHI Chamber)	1		1 Per Chamber	
		PERRY CHAMBERS & ACCESSORIES				
1	HBO Room	The Sigma 34 has a larger 34" diameter clear acrylic cylinder which allows patient's upper torso to be elevated up to 25 degrees. (see below for specifics)	2	Hospital Specific		Hospital Specific
2		The Sigma 34--each chamber includes: •Wide hydraulic adjustable-height patient transfer gurney with stretcher and mattress; standard mattress cushion is extra thick for maximum comfort; stretcher back support can be adjusted from full upright to full recline position; handrail assembly. •Right-hand door configuration is standard. Alternate configuration available if specified on Purchase Order. •Perry IV penetrator and plug assembly that provides through-hull interface for intravenous drug/fluid delivery. •Patient air break mask assembly provides the means to supply Medical Air to the patient for short-term air breathing; demand valve, penetrator fittings, internal and external hose, and two (2) disposable masks. •Cable assembly and penetrator to transcutaneous monitor; provides connection path from TcP02 monitor to chamber and chamber to patient monitor cable. Penetrator is constructed to accept the standard monitor extension cables. •Sigma 34 Tool Kit (includes 1 Tool Box, ohmmeter and extension with 1 small clamp; small 1 screwdriver 4 in 1 Allen key set, 1 adjustable wrench 6", 1 adjustable wrench 12" , 1 brass bush, 1 lip seal) •Patient entertainment system which consists of a 20" LCD Flat Panel Video w/ DVD Player; tie rod universal mounting bracket and all cables/ adapters and installation instructions •Armrest assembly •Chamber cover •Hyperbaric pillow •Wedge cushion •Air regulator •Case of adult breathing masks •Parat C smoke hood with wall mount				

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EXHIBIT B
CAPITAL EQUIPMENT

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Item #	Item Required In	Item description	Recommended Quantity	Other Specifics	Notes	Hospital Specific
2		•Portable wrist strap tester •Disinfectant spray (12 per chamber) •Digital timers •Patient wrist strap •Operation and Maintenance Manual, all required installation fittings and equipment (SIGMA 34 is designed, manufactured, tested and installed in accordance with current regulations of the FDA, ASME PVHO-1, and NFPA. The customer is responsible for meeting local and state regulations regarding the installation and operation of the system. •Customer is responsible for ensuring the facility meets Technical/Building Services Specifications TECH-34-902703, Revision E. •Delivery charges to be paid by customer - allow 2-3 months for delivery (after receipt of purchase order) •2-year limited warranty on parts and labor				
3	HBO Room	Smoke Hood (Perry Chamber)	1		Included in chamber purchase	
		SECHRIST CHAMBERS & ACCESSORIES				
1	HBO Room	Monoplace Hyperbaric System, 32" Diameter Pneumatic Control Panel Reverse Pneumatic Control Panel **Chambers come with the following**: Standard Gurney Assembly with Deluxe Wide Patient Stretcher and Mattress with Adjustable Backrest 19 Pin Electrical Port - door side hull Cotton Cover Non Stock Hoses and Adapters for Installation Non Stock Spare Parts Kit Installation and Technical In-service Training **Ancillary Items:** Air Break Breathing Assembly (includes one demand valve, pass-through port, two masks, hoses & fitting) HBO Cable Assembly for Transcutaneous Monitoring (requires 19 Pin Electrical Port - p/n 35243). Connects Radiometer electrode to the chamber, enabling Transcutaneous measurements during treatment. Parts and Labor are warranted for two years from date of purchase.				
2	HBO Room	Smoke Hood (Sechrist chamber)	1		1 Per Chamber	
		TRANSCUTANEOUS MONITOR (TcPO2)				
1	HBO Room	Transcutaneous Monitor (TcPO2)	1	TCM 400-4	monitor with four leads	Per Center
2	HBO Room	TcPO2 - Accessory Kit for the E5250 Electrode	4	904-308	pkg/12 units per box	Pkg. Per Center
3	HBO Room	TcPO2 - D 282 Electrode Fixation Kit	4	904-891	pkg/100	Pkg. Per Center
4	HBO Room	TcPO2 - Oxygen E Cylinder with walking stand	1		for TcPO2 oxygen tests	Per Center
		Procedure Chairs				

as of 04/16/10

EXHIBIT B
CAPITAL EQUIPMENT

Item #	Item Required In	Item description	Recommended Quantity	Other Specifics	Notes	Hospital Specific
1	General Facility	Treatment Room Procedure chair * * Option to substitute one stretcher for one chair – or to purchase from other vendors	2	Stryker Procedure 5050 ** (800) 327-0770 Symphony Medical FS-APC2-2000 (804) 355-2113 Electro Medical Equipment Podiatry Chair Model ST0565 (800) 235-2952	**Must order with optional feature independent leg articulation when placing Stryker order. * Symphony's Hausted APC 2000 multi-position & stretcher	1 Per Treatment Room 1 for HBO Room

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EXHIBIT B
EQUIPMENT

Item #	Equipment Category	Item Required In	Item description (Equipment)	Quantity	Quantity Unit	Notes
1	General Facility	Center	Blood Pressure cuffs, regular and extra large (electronic blood pressure cuffs with interchangeable cuff sizes)	2	Per Center	
2	General Facility	Center	Stethoscope, 28" tube	2	Per Center	28" tube
3	General Facility	Center	Doppler, bi-directional 5 and 8mHz probe	1	Per Center	
4	General Facility	Center	Dressing/Instrument Cart	1	Per Center	Intended for use during clinic to keep sharps/pharm locked up to meet facility's specific needs (must be lockable)
5	General Facility	Center	Linen Cart - Covered	1	Per Center	If needed - Hospital preference; to meet facility's specific needs
6	General Facility	Center	Oto-ophthalmoscope (with additional ear speculum)	1	Per Center	Set with heads
7	General Facility	Center	Emergency eye wash station	1	Per Center	Per hospital policy.
8	General Facility	Center	Refrigerator - regular	1	Per Center	if staff room available
9	General Facility	Center	Step stool with handrail	TBD	1 Per HBO Room + 1 Per Treatment Room	For patient use (one HBO, one wound care)
10	General Facility	Center	Wheelchair extra wide w/ detachable foot & arms	1	Per Center	
11	General Facility	HBO Room + Treatment Room	Glove dispenser for regular gloves	TBD	2 Per HBO Room + 3 Per Treatment Room	Per Hospital practice
12	General Facility	HBO Room + Treatment Room	Sharps Container - wall mounted	TBD	1 Per HBO Room + 1 Per Treatment Room	Wall mounted
13	General Facility	Treatment Room	Treatment room signals	1	Per Treatment Room	6 flags set and room numbering system
14	General Facility	HBO Room + Treatment Room	Waste container, biohazard, covered	TBD	1 Per HBO Room + 1 Per Treatment Room	Size per hospital policy on disposal of biohazard; per OSHA infection control requirements
15	General Facility	HBO Room + Treatment Room	Waste container, regular, step, covered (open not allowed)	TBD	1 Per HBO Room + 1 Per Treatment Room	Regular, step, covered; per OSHA
16	General Facility	Treatment Room	Clothes hooks, door mount	TBD	Per Treatment Room	Door mount
17	General Facility	Treatment Room	Door numbers (1, 2, 3, 4) etc.	1	Total for All Treatments Rooms	Used to number the treatment rooms
18	General Facility	Treatment Room	Exam Light w /base and casters	1	Total for All Treatments Rooms	
19	General Facility	Treatment Room	Mayo stand w/casters	1	Total for All Treatments Rooms	18" x 21", chrome
20	General Facility	Treatment Room	Semmes-Weinstein monofilament 10g (disposable)	1	Total for All Treatments Rooms	
21	General Facility	Center	Latchable or transport tray/box for soiled instruments	2	Per Center	Per hospital policy

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EQUIPMENT

Item #	Equipment Category	Item Required In	Item description (Equipment)	Quantity	Quantity Unit	Notes
22	General Facility	Center	Shoehorn	1	Per Center	
23	General Facility	Treatment Room	Stool, exam, airlift, casters	1	Per Treatment Room	Optional back rest available
24	General Facility	Center	Utility cart, stainless, small 3-tier	3	Per Center	Hospital preference – for TcPO2 and supplies
25	HBO	HBO Room	Air H Cylinder with stand or straps	2	Per HBO Room	With stand or straps
26	HBO	HBO Room	Glucometer & supplies	1	Per HBO Room	
27	HBO	HBO Room	Electrodes - grounding wire	1	Per HBO Room	in package quantity
28	Housekeeping	HBO Room	Privacy Curtain/Screen between chambers and around TcPO2 area	1	Per HBO Room	If needed
29	General Facility	Center	Transfer equipment (slide board and walker)	1	Per Center	Per Hospital requirement
30	Instruments	Center	Cautery Pen Hi-Temp Fine Tip	2	Per Center	Must be stored in locked cabinet
31	Instruments	Center	Hammer Percussion	1	Per Center	If requested by DPM
32	Instruments	Center	Nail Nippers: 5.5"	2	Per Center	If requested by DPM
33	Instruments	Center	Nail Nippers: 4.5"	2	Per Center	If requested by DPM
34	Instruments	Center	Nail Splitter - 5" Narrow - Straight	1	Per Center	If requested by DPM
35	Instruments	Center	Needle Holder - Webster 5"	4	Per Center	
36	Instruments	Center	Probe Pratt 5½" - Straight Shaft	4	Per Center	
37	Instruments	Center	Ronguer - 6" 3mm Straight	2	Per Center	Per Physician request
38	Instruments	Center	Ronguer - 6" curved 3mm	2	Per Center	Per Physician request
39	Instruments	Center	Ronguer - 7¼" 5 mm curved	2	Per Center	Per Physician request
40	Instruments	Center	Tissue Nippers 5"	1	Per Center	If requested by DPM
41	Instruments	Center	Tuning Fork C-128 Alloy	1	Per Center	If requested by DPM
42	Instruments	HBO Room + Treatment Room	Scissors - Bandage Scissors	TBD	2 Per HBO Room + 2 Per Treatment Room	Per Infection Control approval; disposable option preferred
43	Instruments	Treatment Room	Curette 6" - #0	4	Total for All Treatments Rooms	Get physician preference; disposable option preferred
44	Instruments	Treatment Room	Curette 6" - #3	4	Total for All Treatments Rooms	Get physician preference disposable option preferred
45	Instruments	Treatment Room	Curette 6" - #7	4	Total for All Treatments Rooms	Get physician preference disposable option preferred
46	Instruments	Treatment Room	Forceps - Adson with teeth	4	Total for All Treatments Rooms	Disposable option preferred
47	Instruments	Treatment Room	Forceps - Adson without teeth	3	Total for All Treatments Rooms	Disposable option preferred
48	Instruments	Treatment Room	Scissors - Iris Curved	6	Total for All Treatments Rooms	Disposable option preferred
49	Instruments	Treatment Room	Scissors - Iris Straight	6	Total for All Treatments Rooms	Disposable option preferred

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EXHIBIT B
EQUIPMENT

Item #:	Equipment Category	Item Required In	Item description (Equipment)	Quantity	Quantity Unit	Notes
IF THE CENTER HAS PAHI CHAMBERS - DO NOT ORDER BELOW ITEMS						
50	HBO	HBO Room	TV with DVD/VCR	2	Per HBO Room	With direct front audio output capabilities built-in and wall mount
51	HBO	HBO Room	Regular Pillow 14x20	2	Per HBO Room	
52	HBO	HBO Room	Wedge Pillow 20x30x7	2	Per HBO Room	
53	HBO	HBO Room	Air Regulator for H Cylinder	2	Per HBO Room	Order from RC Medical, Inc. or Western Medical
54	HBO	HBO Room	Adult Face Mask with adjustable air cushions (case)	1	Per HBO Room	With adjustable air cushions
55	HBO	HBO Room	Digital Timer	2	Per HBO Room	Additional purchase for chamber
56	General Purpose	HBO Room	Hyperbaric Chamber Disinfectants	1	Per HBO Room (gallon - case)	Only those cleaners approved by the chamber manufacturer will be used inside of the hyperbaric chamber to prevent damage to the acrylic hull of the chamber.
56	HBO	HBO Room	Chamber Ground Test Kit	1	Per HBO Room	Additional purchase for chamber International ATMO 414 Navarro, Suite 502 San Antonio TX 78205 Phone 210 614-3688 Fax 210-223-4864

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EXHIBIT B
ADMINISTRATIVE ITEMS

Item #	ADMINISTRATIVE LIST	Bus Off	HBO Tech	MD Work Area	Nursing Station	Nurse Mgr Off	Treatment Room	WHC Director	Waiting Area	TOTAL
1	Allergy Stickers	1 roll								1
2	Avery Labels #5160	1 box								1
3	Avery Labels #6490	1 box								1
4	Cabinet – Office Supplies	1								1
5	Chair - Visitor (4 - 10)			1		1	0	2		4
6	Chair w/arms and wheels	1	1	1	2	1		1		7
7	Desk/Workstation (fit to space 6 - 8)	1	1	1	1 per RN	1		1		6 +
8	File Cabinet – 4 Drawer Lateral	1						1		2
9	File Cabinet –2 Drawer Lateral	1	1	1		1		1		6
10	Cabinetry, file space and workstations to be ordered as indicated by space.									TBD
11	Chairs w/arms – large (Qty varies w/size of waiting room)								Approx 10	10
12	Chairs for waiting room, visitor chairs for treatment rooms and office chairs for workstations. (Quantity varies by center)									TBD
13	Chart Binders	100								100
14	Chart Carts – 2 Shelves	1	1		1					3
15	Chart Dividers Pre-Printed	100								100
16	Chart Racks – Wall / Door - 4 Pocket set (4 to 6) (Qty as needed).									TBD
17	Facsimile Machine – Multifunctional	1			1					2
18	Fax line	1			1					2
19	Paper Shredder – per Hospital policy	1								1
20	Physician dictation system – *per Hospital policy*			1						1
21	Side Tables for waiting room								2	2
22	Telephone–main line plus (3) rollover lines with voicemail	2	1	1	3	1		1		9
23	TV								1	1

RECOMMENDED ADDITIONAL ITEMS / REFERENCE BOOKS:

1 Label maker
1 Nursing Drug Book
1 Physician Drug Reference Book (PDR)
1 CPT Code Book
1 ICD9 Book

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EXHIBIT B
IS EQUIPMENT

Item #	INFORMATION SYSTEM LIST		HBO Tech	Nurse Mgr Office	Nursing Station	Office Coord	Program Director	TOTAL
1	**Scanner**	if the Hospital uses for medical records (according to Hospital IS requirements)						**1**
2	**Computers**	Minimum of 5 needed – see requirements below (If hospital is electronic medical record, more will be needed - 1 Physician COWS (computer on wheels station) or desk-top station.	1	1	1	1	1	**5**
3	**Camera**	2.1 mega-pixel **or better** with extra 32mb Smart Media			1			**1**
4	**Battery(s)**	Rechargeable batteries for the camera with battery charger			1			**1**
5	**Printers**	Minimum of 3 needed – see printer notes below	1 Color Laser for National Outcome Tracking System Reports	1 Inkjet - Network (optional)	1 Inkjet Network (optional)	1 LaserJet Network	1 Color Inkjet	**3**

NOTE: Physician computer may be required per Hospital practice.
OTHER MATERIALS: Strip and surge protector (3 per Center) with 3-prong multi-plug

COMPUTER REQUIREMENTS:
Pentium IV or faster
512 MB RAM
10GB IDE disk or greater
10/100 Network card
17" SVGA Color Monitor
HP Photo smart Printer (Capability to accept 8.5 X 11 inch paper)
Windows XP Professional
Microsoft Office 2003 (Publisher)

PRINTER NOTES:
The color printer is to be used for hard copies of wound photographs, presentations, National Outcome Tracking System, and other documents.

CAMERA NOTES:
Olympus Camera with Software is recommended.
Camera must be able to take 1024 x 768 resolution digital pictures.
Camera must have a USB interface for connection to HBO Tech Computer.
Pictures with too high a resolution may not work with the National Outcome Tracking System.

GENERAL NOTES:
Hospital shall provide computer equipment and network/internet access as appropriate and consistent with Center. Personnel's specified activities, which may include administrative activities, performance/quality monitoring and reporting of clinical documentation. Such equipment may include desktop, laptop and mobile computing devices, printers, scanners as completed by the foregoing.

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EXHIBIT C
CLINIC SUPPLIES

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Item #	Supply Category	Item Required In	Item description (Supply)	Quantity	Quantity Unit	Notes
1	Clean Utility Room	Center	Metal or wire shelving unit(s).	1	Per Center	# dependent upon room size. May need more
2	Compression	Treatment Room	Ace Bandage - 4"	6	Per Treatment Room	
3	Compression	Treatment Room	Coban - 4"	6	Per Treatment Room	
4	Compression	Center	Multi-layered compression bandage system	36	Per Center	
5	Compression	Center	Tubular compression bandage - size D	3	Per Center (box)	
6	Compression	Center	Tubular compression bandage - size F	3	Per Center (box)	
7	Dressing	Treatment Room	Adhesive Wound Closure Strips - 1/4"	5	Per Treatment Room (pkg)	
8	Dressing	Treatment Room	Adhesive Wound Closure Strips - 1/2"	5	Per Treatment Room (pkg)	
9	Dressing	Center	Hydrogel - Amorphous (30 gm)	2	Per Center	
10	Dressing	Treatment Room	Calcium Alginate Rope	5	Per Treatment Room	
11	Dressing	Treatment Room	Hydrocolloid (consider an ultrathin hydrocolloid for NPWT)	5	Per Treatment Room	
12	Dressing	Treatment Room	Petroleum Gauze. 3"x9" plain and Bismuth	5	Per Treatment Room	
13	Dressing	Treatment Room	Gauze Sponge Non-Sterile 2X2 Bulk pack	5	Per Treatment Room	
14	Dressing	Treatment Room	Gauze Sponge Non-Sterile 4x4 Bulk pack	5	Per Treatment Room	
15	Dressing	Treatment Room	Gauze Sponge, sterile 4x4, 10 pack	5	Per Treatment Room	
16	Dressing	Treatment Room	Hypoallergenic Cloth Tape 2" x 10 yd	5	Per Treatment Room	
17	Dressing	Treatment Room	Paper Tape 2"	5	Per Treatment Room	
18	Dressing	Treatment Room	Mefix Tape 4"	5	Per Treatment Room	
19	Dressing	Treatment Room	Plain Packing Strip ¼" x 5 yards	3	Per Treatment Room	
20	Dressing	Treatment Room	Stretch Roll Gauze - 2"	5	Per Treatment Room	
21	Dressing	Treatment Room	Stretch Roll Gauze - 4"	5	Per Treatment Room	
22	Dressing	Center	Normal Saline	3	Per Center	
23	Dressing	Treatment Room	Non-Alcohol Skin Preparation Product	3	Per Treatment Room (box)	Wipes or bottle, but not both
24	Dressing	Center	Tincture of Benzoin	1	Per Center (box)	
25	Dressing	Center	Tube-Bandage Elastic Net 25 yds - #8	2	Per Center (box)	
26	Dressing	Center	Tube-Bandage Elastic Net 25 yds - #10	2	Per Center (box)	
27	Dressing	Treatment Room	MMP inhibitor with silver (Prisma)	3	Per Treatment Room (box)	
28	Dressing	Treatment Room	MMP inhibitor without silver (Promogran)	3	Per Treatment Room (box)	
29	Dressing	Treatment Room	Hydrogel - Amorphous (unit dose)	5	Per Treatment Room (box)	
30	Dressing	Treatment Room	Collagen Alginate Dressing	5	Per Treatment Room (box)	
31	Dressing	Treatment Room	Sterile Foam 4x4 or comparable	3	Per Treatment Room (box)	
32	Dressing	Treatment Room	Transparent Film Dressing	5	Per Treatment Room (box)	
33	Dressing	Treatment Room	Silver Dressings - Gel	3	Per Treatment Room (box)	
34	Dressing	Treatment Room	Silver Dressings - Foam	3	Per Treatment Room (box)	
35	Dressing	Treatment Room	Non Adherent Contact layer 3x8	3	Per Treatment Room (box)	
36	Dressing	Treatment Room	Adaptic (non-adherent dressing)	3	Per Treatment Room (box)	
37	Dressing	Treatment Room	Dressing combined 8x10 ABD	5	Per Treatment Room (box)	
38	Dressing	Treatment Room	Saline Bullet (30 ml)	3	Per Treatment Room (box)	
39	Dressing	Treatment Room	Kerlix Non Stretch Roll Gauze	3	Per Treatment Room (box)	
40	General Purpose	Center	Nair (any hair removal product)	2	Per Center	

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EXHIBIT C
CLINIC SUPPLIES

Item #	Supply Category	Item Required In	Item description (Supply)	Quantity	Quantity Unit	Notes
41	General Purpose	Treatment Room	Alcohol Prep 2 Ply Med	3	Per Treatment Room	
42	General Purpose	HBO Room	Denture Cups	6	Per HBO Room	
43	General Purpose	HBO Room + Treatment Room	Belongings Sacks	TBD	10 Per HBO Room + 10 Per Treatment Room	
44	General Purpose	HBO Room	Bedpans - Disposable	5	Per HBO Room	
45	General Purpose	Center	Urinal Male Plastic	5	Per Center	
46	General Purpose	Treatment Room	Gentian Violet Pens	1	Per Treatment Room	Skin Marker
47	General Purpose	Center	Gloves Non sterile - Small	1	Per Center (1 case)	Sizes per physician/staff preference
48	General Purpose	Center	Gloves Non sterile - Medium	1	Per Center (1 case)	Sizes per physician/staff preference
49	General Purpose	Center	Gloves Non sterile - Large	1	Per Center (1 case)	Sizes per physician/staff preference
50	General Purpose	HBO Room	Peri-wash bottles for patient drinking water	20	Per HBO Room (bottles)	
51	General Purpose	Center	Shoe Cover Vinyl Non-Skid PR	2	Per Center (box)	
52	General Purpose	Center	Surgical Scrub Brush	1	Per Center (box)	
53	General Purpose	Center	Sutures (physician preference)	3	Per Center (box)	Obtain from Central Supply as needed. Must be stored in locked cabinet.
54	General Purpose	Center	Hypodermic Needle 18g x 1"	1	Per Center (box)	Must be stored in locked cabinet.
55	General Purpose	Center	Hypodermic Needle 26g x 1 ¼"	1	Per Center (box)	Must be stored in locked cabinet.
56	General Purpose	Center	Hypodermic Needle 25 or 27g x 5/8"	1	Per Center (box)	Must be stored in locked cabinet.
57	General Purpose	Center	Mask Fluid w/Wrap Visor 25	1	Per Center (box)	
58	General Purpose	Center	Mask Fluid-Resist Tie-On	1	Per Center (box)	
59	General Purpose	Center	PVP Swab Stick Single	1	Per Center (box)	
60	General Purpose	Treatment Room	Sterile foam tipped applicators (need for centimeter markings on plastic handle - Puritan Medical)	3	Per Treatment Room (box)	Plastic preferred
61	General Purpose	Treatment Room	Sterile Tongue Depressor	3	Per Treatment Room (box)	
62	General Purpose	Center	Syringes 35 cc	1	Per Center (1 case)	
63	General Purpose	Center	Syringes 10cc	1	Per Center (1 case)	
64	General Purpose	Center	Syringes 5cc	1	Per Center (1 case)	
65	General Purpose	Treatment Room	Measuring Tapes 91cm paper	1	Per Treatment Room (pad)	
66	General Purpose	Treatment Room	Wound Measuring Tapes 20cm paper	1	Per Treatment Room (pad)	
67	General Purpose	Center	Plastic Medicine Cups	1	Per Center (sleeve)	
68	Housekeeping	HBO Room + Treatment Room	Skin Care Products (skin cleanser - present formulary)	TBD	1 Per HBO Room + 3 Per Treatment Room	
69	Housekeeping	HBO Room + Treatment Room	Skin Care Products (skin lotion - present formulary)	TBD	1 Per HBO Room + 3 Per Treatment Room	
70	Housekeeping	HBO Room + Treatment Room	Skin Care Products (skin barrier - present formulary)	TBD	1 Per HBO Room + 3 Per Treatment Room	
71	Housekeeping	HBO Room	Spray containers for disinfectants	2	Per HBO Room	Per Hospital Policy - 32 oz preferred

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EXHIBIT C
CLINIC SUPPLIES

Item #	Supply Category	Item Required In	Item description (Supply)	Quantity	Quantity Unit	Notes
72	Housekeeping	HBO Room+ Treatment Room	Treatment Room Disinfectant Wipes	TBD	1 Per HBO Room + 3 Per Treatment Room	
73	Housekeeping	HBO Room + Treatment Room	Antimicrobial hand rinse pumps / rinse	TBD	3 Per HBO Room + 3 Per Treatment Room	
74	Housekeeping	Treatment Room	Treatment Room Disinfectant	5	Treatment Room	Per Hospital Policy
75	Housekeeping	HBO Room + Treatment Room	Paper Towel dispenser	TBD	1 Per HBO Room + 1 Per Treatment Room	
76	Housekeeping	HBO Room + Treatment Room	Plastic bags for regular and bio waste	TBD	2 Per HBO Room + 2 Treatment Room	For regular and bio-waste
77	Housekeeping	HBO Room + Treatment Room	Soap for dispenser	TBD	1 Per HBO Room + 1 Per Treatment Room	
78	Housekeeping	HBO Room + Treatment Room	Soap dispenser, foot or hand pump w/ soap	TBD	1 Per HBO Room + 1 Per Treatment Room	Or per local contract
79	Housekeeping	Center	Hamper, linen with bags, 18"	2	Per Center	Per OSHA - 1 for HBO, 1 for WC (Dependent upon hospital policy, 1 per HBO Room + Treatment Room.)
80	Housekeeping	Treatment Room	Pillow, poly	3	Per Treatment Room	Poly 20 x 26
81	Instruments-Disposable	HBO Room + Treatment Room	Suture Removal Tray	TBD	2 Per HBO Room + 3 Per Treatment Room	
82	Instruments-Disposable	Treatment Room	Staple Remover	5	Per treatment Room	
83	Instruments-Disposable	HBO Room + Treatment Room	Scalpel Sterile Disposable - #10	TBD	2 Per HBO Room + 2 Per Treatment Room (boxes)	Must be stored in locked cabinet.
84	Instruments-Disposable	HBO Room + Treatment Room	Scalpel Sterile Disposable - #11	TBD	2 Per HBO Room + 2 Per Treatment Room (boxes)	Must be stored in locked cabinet.
85	Instruments-Disposable (boxes)	HBO Room + Treatment Room	Scalpel Sterile Disposable - #15	TBD	2 Per HBO Room + 2 Per Treatment Room	Must be stored in locked cabinet.
86	Laboratory	Treatment Room	Specimen jar & Formaldehyde + Formaldehyde Labels	9	Per Treatment Room	Must be stored in locked cabinet.
87	Laboratory	Treatment Room	Sterile specimen jar	9	Per Treatment Room	
88	Laboratory	Center	Biopsy Punch Dispose 5mm	2	Per Center (box)	Must be stored in locked cabinet.
89	Laboratory	Center	Aerobic culturettes	1	Per Center (pack)	
90	Laboratory	Center	Anaerobic culturettes	1	Per Center (pack)	
91	Linens	Treatment Room	Gown Imperv Elas Cuff - Disposable	14	Per Treatment Room	Label for HBO only.
92	Linens	Treatment Room	Draw Sheets	15	Per Treatment Room	
93	Linens	Treatment Room	Towels	15	Per Treatment Room	
94	Linens	Treatment Room	Washcloths	15	Per Treatment Room	
95	Linens	Center	Gowns - NFPA 99, Chapter 20 (100% Cotton)	48	Per Center	Label for HBO only
96	Linens	Center	Sheets - NFPA 99, Chapter 20 (100% Cotton)	48	Per Center	
97	Linens	Center	Pillow Cases - NFPA 99, Chapter 20 (100% Cotton)	48	Per Center	
98	Linens	Center	Blankets - NFPA 99, Chapter 20 (100% Cotton)	48	Per Center	
99	Nutritional Srvs	Center	Orange Juice 4 oz	12	Per Center	
100	Nutritional Srvs	Center	Apple Juice 4 oz	12	Per Center	
101	Nutritional Srvs	Center	Cranberry Juice 4 oz	12	Per Center	

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EXHIBIT C
CLINIC SUPPLIES

Item #	Supply Category	Item Required In	Item description (Supply)	Quantity	Quantity Unit	Notes
102	Nutritional Srvs	Center	Grape Juice 4 oz	12	Per Center	
103	Nutritional Srvs	Center	Liquid Nutritional Supplement (diabetic)	12	Per Center	
104	Nutritional Srvs	Center	Milk	12	Per Center	
105	Nutritional Srvs	Center	Creamers	12	Per Center	
106	Nutritional Srvs	Center	Graham Crackers	24	Per Center	
107	Nutritional Srvs	Center	Saltines - salt free	24	Per Center	
108	Nutritional Srvs	Center	Peanut Butter	12	Per Center	
109	Personal Care	Treatment Room	Tissue	5	Per Treatment Room	
110	Personal Care	Treatment Room	Wash basin	4	Per Treatment Room	
111	Personal Care	Treatment Room	Underpad, Poly 17 x 24	40	Per Treatment Room (pack)	Hospital preference
112	Pharmaceutical	Treatment Room	Cadexomer Iodine, gel or pad	2	Per Treatment Room	IODOSORB (Smith and Nephew)
113	Pharmaceutical	Treatment Room	Collagenase	2	Per Treatment Room	
114	Pharmaceutical	Treatment Room	Bleeding control agent such as Gel form, Surgicel or Laceration/Skin Tear Powder	2	Per Treatment Room	
115	Pharmaceutical	Center	Lidocaine 1% with EPI	1	Per Center	
116	Pharmaceutical	Treatment Room	Lidocaine gel 2% (unit dose or multi-dose)	2	Per Treatment Room	
117	Pharmaceutical	Treatment Room	Topical Lidocaine liquid 4%	2	Per Treatment Room	
118	Pharmaceutical	Treatment Room	Benzociane 20% spray	2	Per Treatment Room	
119	Pharmaceutical	Center	Steroid Cream (mid to high potency)	2	Per Center	
120	Pharmaceutical	Treatment Room	Antifungal cream	2	Per Treatment Room	

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Exhibit "B"

BUSINESS ASSOCIATE AGREEMENT

Sound Shore Health System, Inc d/b/a Mount Vernon Hospital
~~Sound Shore Medical Center of Westchester~~

and

National Wound Care & Hyperbaric Services, Inc.

This Business Associate Agreement ("BAA") effective on the last signature date below, is entered into by and between [National Wound Care & Hyperbaric Services, Inc.] ("Company") and Sound Shore Medical Center of Westchester ("Covered Entity").

1. BACKGROUND AND PURPOSE. The Parties have entered into, and may in the future enter into, one or more written agreements, that require Company to be provided with, to have access to, and/or to create Protected Health Information (the "Underlying Contract(s)"), that is subject to the federal regulations issued pursuant to the Health Insurance Portability and Accountability Act ("HIPAA") and codified at 45 C.P.R. parts 160 and 164 ("HIPAA Regulations"). This BAA shall supplement and/or amend each of the Underlying Contract(s) only with respect to Company's Use, Disclosure, and creation of PHI under the Underlying Contract(s) to allow Covered Entity to comply with sections 164.502(e) and 164.314(a)(2)(i) of the HIPAA Regulations. Company acknowledges that effective January 1, 2010, as a business associate, it is responsible to comply with the HIPAA Security and Privacy regulations pursuant to Subtitle D of the Health Information Technology for Economic and Clinical Health Act ("HITECH"), including Sections 164.308, 164.310, 164.312 and 164.316 of title 45 of the Code of Federal Regulations. Except as so supplemented and/or amended, the terms of the Underlying Contract(s) shall continue unchanged and shall apply with full force and effect to govern the matters addressed in this BAA and in each of the Underlying Contract(s).

2. DEFINITIONS. Unless otherwise defined in this BAA, all capitalized terms used in this BAA have the meanings ascribed in the HIPAA Regulations, provided, however, that "PHI" and "ePHI" shall mean Protected Health Information and Electronic Protected Health Information, respectively, as defined in 45 C.F.R. § 160.103, limited to the information Company received from or created or received on behalf of Covered Entity as Covered Entity's Business Associate. "Administrative Safeguards" shall have the same meaning as the term "administrative safeguards" in 45 C.F.R. § 164.304, with the exception that it shall apply to the management of the conduct of Company's workforce, not Covered Entity's workforce, in relation to the protection of that information.

3. OBLIGATIONS OF THE PARTIES WITH RESPECT TO PHI.

3.1. Obligations of Company. With regard to its Use and/or Disclosure of PHI, Company agrees to:

a. not Use or Disclose PHI other than as permitted or required by this BAA or as Required By Law. [§ 164.504 (e)(2)(ii)(A)] Effective January 1, 2010, Company may Use and Disclose Protected Health Information only if its Use or Disclosure is in compliance with each applicable requirement of section 164.504(e) of title 45 of the Code of Federal Regulations.

b. use appropriate safeguards to prevent Use or Disclosure of PHI other than as provided for by this BAA. [§ 164.504 (e)(2)(ii)(B)]

c. report to Covered Entity any Use or Disclosure of PHI not provided for by this BAA of which Company becomes aware. [§ 164.504 (e)(2)(ii)(C)]

d. ensure that any agents and subcontractors to whom it provides PHI received from, or created or received by Company on behalf of Covered Entity agree to the same restrictions and conditions set forth in the business associate provisions of the HIPAA Regulations that apply through this BAA to Company with respect to such information. [§ 164.504 (e)(2)(ii)(D)]

e. within twenty (20) days of receiving a written request from Covered Entity, make available to the Covered Entity PHI necessary for Covered Entity to respond to Individuals' requests for access to PHI about them in the event that the PHI in Company's possession constitutes a Designated Record Set. [§ 164.504 (e)(2)(ii)(E)] In the event any individual requests access to PHI directly from Company, Company shall within five (5) business days forward such request to the Covered Entity. Any denials of access to the PHI requested shall be the responsibility of the Covered Entity.

f. within thirty (30) days of receiving a written request from Covered Entity, make available to the Covered Entity PHI for amendment and incorporate any amendments to the PHI in accordance with 45 C.F.R. Part 164 Subpart E ("Privacy Rule") in the event that the PHI in Company's possession constitutes a Designated Record Set. [§ 164.504 (e)(2)(ii)(F)]

g. within thirty (30) days of receiving a written request from Covered Entity, make available to the Covered Entity the information required for the Covered Entity to provide an accounting of disclosures of PHI as required by the Privacy Rule. [§ 164.504 (e)(2)(ii)(G)] Company shall provide the Covered Entity with the following information: (i) the date of the disclosure, (ii) the name of the entity or person who received the PHI, and if known, the address of such entity or person, (iii) a brief description of the PHI disclosed, and (iv) one of the following, as applicable: (a) a brief statement of the purpose of such disclosure which includes an explanation that reasonably informs the individual of the basis for such disclosure or in lieu of such statement, (b) a copy of a written request from the Secretary of Health and Human Services to investigate or determine compliance with HIPAA; or (c) a copy of the individual's request for an accounting. In the event the request for an accounting is delivered directly to Company, Company shall within seven (7) business days forward such request to the Covered Entity.

h. make its internal practices, books and records relating to the Use and Disclosure of PHI available to the Secretary of HHS for purposes of determining Covered Entity's compliance with the Privacy Rule. [§ 164.504 (e)(2)(ii)(H)]

i. upon the expiration or termination of an Underlying Contract, return to Covered Entity or destroy all PHI, including such information in possession of Company's subcontractors, as a result of the Underlying Contract at issue and retain no copies, if it is feasible to do so. If return or destruction is infeasible, Company agrees to extend all protections, limitations and restrictions contained in this BAA to Company's Use and/or Disclosure of any retained PHI, and to limit further Uses and/or Disclosures to the purposes that make the return or destruction of the PHI infeasible. This provision shall survive the termination or expiration of this BAA and/or any Underlying Contract. [§ 164.504 (e)(2)(ii)(I)]

j. use reasonable commercial efforts to mitigate any harmful effect that is known to Company of a Use or Disclosure of PHI by Company in violation of the requirements of this BAA.

k. implement Administrative Safeguards, Physical Safeguards, and Technical Safeguards ("Safeguards") that reasonably and appropriately protect the Confidentiality, Integrity, and Availability of ePHI as required by 45 C.F.R. Part 164 Subpart C ("Security Rule"). [§ 164.314 (a)(2)(i)(A)]

l. ensure that any agent and subcontractor to whom Company provides ePHI agrees to implement reasonable and appropriate safeguards to protect ePHI. [§ 164.314 (a)(2)(i)(B)]

m. report promptly to Covered Entity any successful Security Incident of which Company becomes aware [§ 164.314 (a)(2)(i)(C)]; provided, however, that with respect to attempted unauthorized access, Use, Disclosure, modification, or destruction of information or interference with system operations in an information system affecting ePHI, such report to Covered Entity will be made available upon written request.

n. make its policies, procedures and documentation required by the Security Rule relating to the Safeguards available to the Secretary of HHS for purposes of determining Covered Entity's compliance with the Security Rule. [68 Fed. Reg. 8334,8359]

o. Effective January 1, 2010, if Company accesses, maintains, retains, modifies, records, stores, destroys, or otherwise holds, uses, or discloses Unsecured Protected Health Information (as defined in HITECH Sec. 4402(h)(1), it shall, following the discovery of a breach of such information, notify the Covered Entity of such breach. Such notice shall include the identification of each individual whose unsecured protected health information has been, or is reasonably believed by Company to have been accessed, acquired, or disclosed during such breach. [HITECH Sec. 4402 (b)]

3.2. Permitted Uses and Disclosures of PHI. Except as otherwise specified in this BAA, Company may make any and all Uses and Disclosures of PHI necessary to perform its obligations under the Underlying Contract(s). Unless otherwise limited herein, Company may:

a. Use the PHI in its possession for its proper management and administration and to carry out the legal responsibilities of Company [§ 164.504 (e)(4)(i)];

b. Disclose the PHI in its possession to a third party for the purpose of Company's proper management and administration or to carry out the legal responsibilities of Company, provided that the Disclosures are Required By Law or Company obtains reasonable assurances from the third party regarding the confidential handling of such PHI as required under the Privacy Rule [§ 164.504 (e)(4)(ii)];

c. provide Data Aggregation services relating to the Health Care Operations of the Covered Entity [§ 164.504 (e)(2)(i)(B)]; and

d. de-identify any and all PHI obtained by Company under this BAA, and use such de-identified data, all in accordance with the de-identification requirements of the Privacy Rule. [§ 164.502 (d)(l)]

3.3. Obligations of Covered Entity. Covered Entity agrees to timely notify Company, in writing, of any arrangements between Covered Entity and the Individual that is the subject of PHI that may impact in any manner the Use and/or Disclosure of that PHI by Company under this BAA.

4. TERMINATION BY COVERED ENTITY. Should Covered Entity become aware of a pattern of activity or practice that constitutes a material breach of a material term of this BAA by Company, the Covered Entity shall provide Company with written notice of such breach in sufficient detail to enable Company to understand the specific nature of the breach. Covered Entity shall be entitled to terminate the Underlying Contract associated with such breach if, after Covered Entity provides the notice to Company, Company fails to cure the breach within a reasonable time period not less than thirty (30) days specified by Covered Entity in such notice; provided, however, that such time period specified by Covered Entity shall be based on the nature of the breach involved. [§§ 164.504 (e)(1)(ii)(A), (B) & 164.314 (a)(2)(i)(D)].

5. MISCELLANEOUS.

5.1. Interpretation. The terms of this BAA shall prevail in the case of any conflict with the terms of any Underlying Contract to the extent necessary to allow Covered Entity to comply with the HIPAA Regulations. The bracketed citations to the HIPAA Regulations in several paragraphs of this BAA are for reference only and shall not be relevant in interpreting any provision of this BAA.

5.2. No Third Party Beneficiaries. Nothing in this BAA shall confer upon any person other than the Parties and their respective successors or assigns, any rights, remedies, obligations, or liabilities whatsoever.

5.3. Amendment. To the extent that any relevant provision of the HIPAA Regulations is materially amended in a manner that changes the obligations of Business Associates or Covered Entities, the Parties agree to negotiate in good faith appropriate amendment(s) to this BAA to give effect to these revised obligations.

IN WITNESS WHEREOF, each of the undersigned has caused this BAA to be duly executed in its name and on its behalf.

National Wound Care + Hyperbaric Services Inc
~~SOUND SHORE MEDICAL CENTER~~

By: _____

Print Name: James E. Patrick

Print Title: CEO

Date: 09/29/10

Sound Shore Medical Center

By: _____

Print Name: John R. Spicer

Print Title: Chief Executive Officer

Date: 9/23/10

SCHEDULE 2.1
TO
STRATEGIC ALLIANCE AGREEMENT
FOR INTEGRATED DISEASE MANAGEMENT/WOUND TREATMENT CENTER

First Treatment Dates

1. **Wound Care First Treatment Date.** **April 26, 2011** is hereby designated as the date on which the first patient Wound Care Visit occurred at the Center (the "Wound Care First Treatment Date"), as determined in accordance with the provisions set forth in Paragraph 4 below.

2. **HBO First Treatment Date.** **May 10, 2011** is hereby designated as the date on which the first patient HBO Treatment occurred at the Center (the "HBO First Treatment Date"), as determined in accordance with the provisions set forth in Paragraph 4 below.

3. **Commencement Date.** **May 10, 2011** is hereby designated as the Commencement Date (the later of the Wound Care First Treatment Date and the HBO First Treatment Date, as defined in Section 1.1), for purposes (among others) of establishing the commencement of the Initial Term, as defined in Section 2.1.

4. **Determination Process.** Notwithstanding any provision in the Agreement to which this Schedule pertains seemingly to the contrary, Hospital acknowledges, by its execution of the Agreement, that the Wound Care First Treatment Date and the HBO First Treatment Date (collectively, the "Treatment Dates") shall be deemed to be definitively established by the generation of any patient medical record or billing encounter documentation for the above-described Center services. Once such documentation is generated, National shall complete the blank spaces in Paragraphs 1, 2 and 3 above and shall timely provide an executed copy of this **Schedule 2.1** to Hospital, which shall have thirty (30) days to review the same and, barring any correction submitted by Hospital within such 30-day period (which correction, in any event, shall be subject to verification by National and memorialized in a corrected and executed Schedule 2.1), the forgoing Treatment Dates (or verified, corrected Treatment Date(s), as the case may be) will be binding on the Parties and shall automatically be integrated into the Agreement. The Parties will work cooperatively to resolve any correction submitted by Hospital. Notwithstanding the provisions of Section 10.2 to the contrary, submission of this **Schedule 2.1**, as completed (and any correction) in accordance with the foregoing, may be transmitted via U.S. Mail, facsimile or electronic mail (e-mail) to the Hospital contact specified in Section 10.2 or his/her designee.

The wound care and HBO Facility is located at:

The Beale Wound Treatment & Hyperbaric Center
12 North 7th Avenue
Mount Vernon, NY 10550

National Wound Care & Hyperbaric Services, Inc.

By: _____
Name: James M. Tyler
Its: Chief Operating Officer
Date: May 13, 2011

SCHEDULE 4.2

TO
STRATEGIC ALLIANCE AGREEMENT
FOR INTEGRATED WOUND TREATMENT CENTER

Fees

In accordance with Section 4.2 of the Agreement, Hospital shall make the following payments to National:

a. **Management Fee**. On a monthly basis, beginning on the actual date that clinical services are first provided at the Center (i.e., the Wound Care First Treatment Date or the HBO First Treatment Date, whichever occurs first), and continuing on a monthly basis thereafter, Hospital shall pay to National, within thirty (30) days of receipt of an invoice, an amount equal to Nine Thousand Five Hundred Dollars ($9,500.00) as a Management Fee. On the second (2nd) anniversary of the Commencement Date, the Management Fee shall automatically increase to Nine Thousand Nine Hundred And Seventy Five Dollars ($9,975.00). On the fourth (4th) anniversary of the Commencement Date and on an annual basis throughout the Term thereafter, the Management Fee shall automatically increase by an amount which is the lesser of (i) three percent (3%), or (ii) the increase in the Consumer Price Index for All Urban Consumers relative to the prior year (the "CPI-U").

b. **HBO Treatment Fee**. On a monthly basis, beginning on the HBO First Treatment Date (as defined in **Schedule 2.1**), and continuing for a period of one hundred twenty (120) days, Hospital shall pay to National, within thirty (30) days after the receipt of invoice, an HBO Treatment Fee equal to Twenty Five Dollars ($25.00) for each HBO Treatment occurring during such 120 day period, which HBO Treatment Fee shall automatically increase to Fifty Dollars ($50.00) for each HBO Treatment occurring after such initial 120 day period. On the second (2nd) anniversary of the Commencement Date, the HBO Treatment Fee shall automatically increase to Fifty Three Dollars ($53.00). On the fourth (4th) anniversary of the Commencement Date and on an annual basis throughout the Term thereafter, the HBO Treatment Fee shall automatically increase by an amount which is the lesser of (i) three percent (3%), or (ii) the CPI-U.

c. **WCV Fee**. On a monthly basis, beginning on the Wound Care First Treatment Date (as defined in **Schedule 2.1**) and continuing for a period of one hundred twenty (120) days, Hospital shall pay to National, within thirty (30) days after receipt of invoice, a WCV Fee equal to Fifty Dollars ($50.00) for each such Wound Care Visit occurring during such 120 day period, which WCV Fee shall automatically increase to One Hundred Dollars ($100.00) for each Wound Care Visit occurring after such initial 120 day period. On the second (2nd) anniversary of the Commencement Date, the WCV Fee shall automatically increase to One Hundred Five Dollars ($105.00). On the fourth (4th) anniversary of the Commencement Date and on an annual basis throughout the Term thereafter, the WCV Fee shall automatically increase by an amount which is the lesser of (i) three percent (3%), or (ii) the CPI-U.

d. Residual Value. Hospital shall pay the Residual Value, if any, to National in accordance with Section 3.3.b.

Exhibit "C"

FIRST AMENDMENT TO STRATEGIC ALLIANCE AGREEMENT FOR INTEGRATED DISEASE MANAGEMENT/WOUND TREATMENT CENTER

This First Amendment (this "Amendment") is effective as of April 1, 2011 (the "Effective Date"), by and between **NATIONAL WOUND CARE & HYPERBARIC SERVICES, INC.**, a Delaware corporation ("National"), and **MOUNT VERNON HOSPITAL**, a New York not-for-profit corporation ("Hospital"). National and Hospital are sometimes otherwise referred to herein individually as a "Party" and collectively as the "Parties".

RECITALS:

WHEREAS, National and Hospital entered into that certain Strategic Alliance Agreement for Integrated Disease Management/Wound Treatment Center dated as of September 23, 2010 (the "Agreement"); and

WHEREAS, National and Hospital wish to amend the Agreement as hereinafter described;

NOW, THEREFORE, in exchange for the mutual covenants stated herein and for other good and valuable consideration, the receipt and sufficiency of which is hereby acknowledged by the Parties, it is agreed as follows:

TERMS:

1. **Recitals, Definitions**. The foregoing Recitals are true and correct and, with any exhibits or other attachments hereto, are hereby incorporated by reference. Capitalized terms used but not otherwise defined or amended herein shall have the meanings ascribed to them in the Agreement.

2. **Revised Exhibit "A"**. **Exhibit "A"** to the Agreement is hereby replaced with the attached revised **Exhibit "A"** amending the list of National Personnel by deleting the Office Coordinator position and adding such position to the list of Hospital Personnel, which revised **Exhibit "A"** shall be effective as the Effective Date hereof.

3. **Revised Schedule 4.2**. As a result of the amendment to **Exhibit "A"**, **Schedule 4.2** (Fees) is hereby replaced in its entirety with the attached revised **Schedule 4.2** (reflecting a reduction in the Management Fee), which revised **Schedule 4.2** shall be effective as of the Effective Date hereof.

4. **Supersedes**. Except as otherwise specifically amended pursuant to the terms and conditions of this Amendment, all terms and conditions of the Agreement shall remain in full force and effect in accordance therewith. In the event of a conflict between the provisions of the Agreement and the provisions of this Amendment, the terms and conditions of this Amendment shall control and supersede. The terms of this Amendment are hereby incorporated into the Agreement as of the Effective Date hereof.

5. **Counterparts, Electronic Signatures**. This Amendment may be executed in one or more counterparts, each of which shall be deemed to be an original, but all of which together shall constitute one and the same instrument. Electronically provided signatures, such as scanned, imaged or "PDF" versions of originals, facsimile (whether telephonic, computer-based or other method of transmittal), photocopies or other similarly duplicated, reproduced or transmitted accurate record of original signatures shall be equivalent to original, full handwritten signatures and any other pen marking method of executing this Amendment.

IN WITNESS WHEREOF, the parties hereto have caused this Amendment to be executed effective as of the Effective Date.

NATIONAL WOUND CARE & HYPERBARIC SERVICES, INC.

By: _____
James M. Tyler
Chief Operating Officer

Date: 5/11/2011

MOUNT VERNON HOSPITAL

By: _____
Name: John P Mannarino
Title: Senior Vice President

Date: May 5, 2011

EXHIBIT A (TO FIRST AMENDMENT)- CENTER PERSONNEL

WOUND CARE/HYPERBARIC MEDICINE CENTER PERSONNEL*

[revised to be effective April 1, 2011]

Hospital Personnel*	National Personnel
(1) Registered Nurse (RN)	(1) Program Director
(1) Hyperbaric Technician	(1) Clinical Nurse Manager
(1) Office Coordinator	

* Hospital Personnel shall be adjusted as patient volumes increase on an as-needed basis as contemplated below.

II. Additional Hospital Personnel

At the following Wound Care Visit benchmarks, Hospital shall add nursing support as follows:

- At 200 Wound Care Visits per month – an RN or LPN added to Hospital Personnel.
- At each additional 100 Wound Care Visits per month – an additional RN or LPN added to Hospital Personnel.

SCHEDULE 4.2

TO
STRATEGIC ALLIANCE AGREEMENT
FOR INTEGRATED WOUND TREATMENT CENTER

[revised to be effective April 1, 2011]

Fees

In accordance with Section 4.2 of the Agreement, Hospital shall make the following payments to National:

a. Management Fee. On a monthly basis, beginning on the actual date that clinical services are first provided at the Center (i.e., the Wound Care First Treatment Date or the HBO First Treatment Date, whichever occurs first), and continuing on a monthly basis thereafter, Hospital shall pay to National, within thirty (30) days of receipt of an invoice, an amount equal to Five Thousand Two Hundred Ninety Dollars ($5,290.00) as a Management Fee. On the second (2nd) anniversary of the Commencement Date, the Management Fee shall automatically increase to Five Thousand Five Hundred And Fifty-Five Dollars ($5,555.00). On the fourth (4th) anniversary of the Commencement Date and on an annual basis throughout the Term thereafter, the Management Fee shall automatically increase by an amount which is the lesser of (i) three percent (3%), or (ii) the increase in the Consumer Price Index for All Urban Consumers relative to the prior year (the "CPI-U").

b. HBO Treatment Fee. On a monthly basis, beginning on the HBO First Treatment Date (as defined in Schedule 2.1), and continuing for a period of one hundred twenty (120) days, Hospital shall pay to National, within thirty (30) days after the receipt of invoice, an HBO Treatment Fee equal to Twenty Five Dollars ($25.00) for each HBO Treatment occurring during such 120 day period, which HBO Treatment Fee shall automatically increase to Fifty Dollars ($50.00) for each HBO Treatment occurring after such initial 120 day period. On the second (2nd) anniversary of the Commencement Date, the HBO Treatment Fee shall automatically increase to Fifty Three Dollars ($53.00). On the fourth (4th) anniversary of the Commencement Date and on an annual basis throughout the Term thereafter, the HBO Treatment Fee shall automatically increase by an amount which is the lesser of (i) three percent (3%), or (ii) the CPI-U.

c. WCV Fee. On a monthly basis, beginning on the Wound Care First Treatment Date (as defined in Schedule 2.1) and continuing for a period of one hundred twenty (120) days, Hospital shall pay to National, within thirty (30) days after receipt of invoice, a WCV Fee equal to Fifty Dollars ($50.00) for each such Wound Care Visit occurring during such 120 day period, which WCV Fee shall automatically increase to One Hundred Dollars ($100.00) for each Wound Care Visit occurring after such initial 120 day period. On the second (2nd) anniversary of the Commencement Date, the WCV Fee shall automatically increase to One Hundred Five Dollars ($105.00). On the fourth (4th) anniversary of the Commencement Date and on an annual basis throughout the Term thereafter, the WCV Fee shall automatically increase by an amount which is the lesser of (i) three percent (3%), or (ii) the CPI-U.

d. Residual Value. Hospital shall pay the Residual Value, if any, to National in accordance with Section 3.3.b.

From: (904) 798-3700
JOHN B. MACDONALD
Akerman LLP
50 North Laura Street, Suite 3100

Jacksonville, FL 32202

Origin ID: NRBA

FedEx Express

J14101312270326

Ship Date: 24JAN14
ActWgt: 1.0 LB
CAD: 103658174/WSXI2500

Delivery Address Bar Code

SHIP TO: 18663001288 BILL SENDER

GCG, Inc.
5151 BLAZER PKWY STE A

DUBLIN, OH 43017

Ref # 051811.0274754-1895
Invoice #
PO #
Dept #

RELEASE#: 3785346

MON - 27 JAN 10:30A
PRIORITY OVERNIGHT

TRK# 7977 2183 1982
0201

XX OSUA

43017
OH-US
LCK

522G1/D9EC/F220

FOLD on this line and place in shipping pouch with **bar code and delivery address** visible

1. Fold the first printed page in half and use as the shipping label.
2. Place the label in a waybill pouch and affix it to your shipment so that the barcode portion of the label can be read and scanned.
3. Keep the second page as a receipt for your records. The receipt contains the terms and conditions of shipping and information useful for tracking your package.

UNITED STATES BANKRUPTCY COURT SOUTHERN DISTRICT OF NEW YORK	**ADMINISTRATIVE EXPENSE PROOF OF CLAIM**	Administrative Expense Bar Date January 31, 2014

Note: This form should only be used by claimants asserting an Administrative Expense arising between May 29, 2013 and November 6, 2013 (the "Administrative Claim Period"). THIS FORM SHOULD NOT BE USED FOR ANY CLAIMS THAT ARE NOT OF A KIND ENTITLED TO PRIORITY IN ACCORDANCE WITH 11 U.S.C. §§ 503(b) and 507(a)(2).

Indicate Debtor(s) against which you assert a claim by checking the appropriate box(es) below.

Name of Debtor (Check Only One):	Case No.	Name of Debtor (Check Only One):	Case No.
☐ Sound Shore Medical Center of Westchester	13-22840	☐ The M.V.H. Corporation	13-22843
☐ The Mount Vernon Hospital, Inc.	13-22841	☒ SoundShore Health System, Inc.	13-22844
☐ Howe Avenue Nursing Home, d/b/a Helen and Michael Schaffer Extended Care Center	13-22842	☐ NRHMC Services Corporation	13-22845
		☐ New Rochelle Sound Shore Housing LLC	13-22846

Name of Creditor
(The person or entity to whom the debtor owes money or property)
Healogics Wound Care & Hyperbaric Services, Inc., f/k/a National Wound Care & Hyperbaric Services, Inc.

☐ Check box if you are aware that anyone else has filed a proof of claim relating to your administrative expense claim. Attach copy of statement giving particulars.

THE GARDEN CITY GROUP, INC. JAN 27 2014

Name and Addresses Where Notices Should be Sent:
Healogics Wound Care & Hyperbaric Services, Inc.
c/o John B. Macdonald, Esq.
Akerman LLP
50 North Laura Street, Suite 3100
Jacksonville, FL 32202

Check here if this claim: ☐ replaces or ☐ amends a previously filed administrative expense claim.

Claim Number (if known): _____

Dated: _____

ACCOUNT OR OTHER NUMBER BY WHICH CREDITOR IDENTIFIES DEBTOR:
None

1. BASIS FOR CLAIM:
☐ Goods sold ☒ Services performed ☐ Personal Injury/Wrongful Death ☐ Wages (Dates) _____
☐ Money loaned ☐ Taxes ☐ Retiree Benefits as Defined in 11 U.S.C. § 1114(a) ☐ Other(Specify): _____

2. DATE DEBT WAS INCURRED (IF KNOWN): May 29, 2013 through November 5, 2013

3. DESCRIPTION OF CLAIM (IF KNOWN):
Provision of services as set forth on the attached Affidavit of Thomas M. Clayton

4. TOTAL AMOUNT OF ADMINISTRATIVE CLAIM: $ 123,929.94 (Total)

5. CREDITS AND SETOFFS: The amount of all payments on this claim has been credited and deducted for the purpose of making this proof. In filing this claim, claimant has deducted all amounts that claimant owes to debtor.

6. SUPPORTING DOCUMENTS: *Attach copies of supporting documents,* such as promissory notes, purchase orders, invoices, itemized statements of running accounts, contracts, court judgments, or evidence of security interests. Do not send original documents. If the documents are not available, explain. If the documents are voluminous, attach a summary.

7. TIME-STAMPED COPY: To receive an acknowledgement of the filing of your claim, enclose a stamped, self-addressed envelope and copy of this proof of claim.

THIS SPACE IS FOR COURT USE ONLY

8. **Signature:** Check the appropriate box.
☒ I am the creditor. ☐ I am the creditor's authorized agent. (Attach copy of power of attorney, if any) ☐ I am the trustee, or the Debtor, or their authorized agent. (See Bankruptcy Rule 3004.) ☐ I am a guarantor, surety, indorser, or other codebtor. (See Bankruptcy Rule 3005.)

I declare under penalty of perjury that the information provided in this claim is true and correct to the best of my knowledge, information, and reasonable belief

Print Name: Thomas M. Clayton
Title: General Counsel
Company: Healogics Wound Care & Hyperbaric Services, Inc.

(Signature) (Date)

Address and telephone number (if different from notice address above):
5220 Belfort Road
Suite 130
Jacksonville, FL 32256
Telephone number: (904) 466-3408 email: Thomas.Clayton@Healogics.com

Penalty for presenting fraudulent claim: Fine of up to $500,000 or imprisonment for up to 5 years, or both. 18 U.S.C. §§ 152 and 3571.

INSTRUCTIONS FOR PROOF OF CLAIM FORM

The attorneys for the Debtors and their court-appointed claims agent, GCG, are not authorized and are not providing you with any legal advice.

PLEASE SEND YOUR ORIGINAL, COMPLETED CLAIM FORM AS FOLLOWS: **IF BY MAIL:** Sound Shore Medical of Westchester, *et al.*, c/o GCG, Inc., P.O. Box 9982, Dublin, Ohio 43017-5982. **IF BY HAND OR OVERNIGHT COURIER:** Sound Shore Medical of Westchester, *et al.*, c/o GCG, 5151 Blazer Parkway, Suite A, Dublin, OH 43017. **IF BY HAND:** United States Bankruptcy Court, SDNY, 300 Quarropas Street, Room 248, White Plains, New York 10601; Attn: Clerk of the Court. ANY PROOF OF CLAIM SUBMITTED BY FACSIMILE OR EMAIL WILL NOT BE ACCEPTED.

FILED - 01246
U.S. BANKRUPTCY COURT FOR THE SOUTHERN DISTRICT OF NEW YORK
SOUND SHORE MEDICAL CENTER OF WESTCHESTER
ROBERT D. DRAIN



John B. Macdonald

Akerman LLP
50 North Laura Street
Suite 3100
Jacksonville, FL 32202-3646
Tel: 904.798.3700
Fax: 904.798.3730

Dir: 904.598.8640
john.macdonald@akerman.com

January 24, 2014

VIA FEDEX

Sound Shore Medical Center of Westchester
c/o GCG Inc.
5151 Blazer Parkway, Suite A
Dublin, OH 43107

Re: In re: Sound Shore Medical Center of Westchester, Debtor; United States Bankruptcy Court, Southern District of New York; Case No.: 13-22840

In re: The Mount Vernon Hospital, Inc., Debtor; United States Bankruptcy Court, Southern District of New York; Case No.: 13-22841

In re: SoundShore Health System, Inc., Debtor; United States Bankruptcy Court, Southern District of New York; Case No.: 13-22844

Dear Sir/Madam:

Enclosed for filing are three (3) original Administrative Expense Proofs of Claim. Please acknowledge receipt of the enclosed claims by returning a file-stamped copy of each to me in the enclosed FedEx envelope.

If you have any questions or need further information, please contact me at (904) 598-8640.

Very truly yours,

John B. Macdonald

/jsm
Enclosures

UNITED STATES BANKRUPTCY COURT
SOUTHERN DISTRICT OF NEW YORK (White Plains)

In re:

SOUND SHORE MEDICAL CENTER OF WESTCHESTER, et al.,	CASE NO.: 13-22840 (RDD)
	Chapter 11
Debtors.	
_____/	Jointly Administered

AFFIDAVIT IN SUPPORT OF PROOF OF CLAIM OF HEALOGICS WOUND CARE & HYPERBARIC SERVICES, INC., FOR ALLOWANCE OF ADMINISTRATIVE EXPENSES

STATE OF FLORIDA)
) ss:
COUNTY OF DUVAL)

BEFORE ME, this day personally appeared Thomas M. Clayton who upon oath deposes on personal knowledge and says:

1. This Affidavit is submitted in support of the Administrative Expense Proof of Claim of National Wound Care & Hyperbaric Services, Inc., n/k/a Healogics Wound Care & Hyperbaric Services, Inc. ("Healogics"), for Allowance of Administrative Expenses (the "Proof of Claim"). National Wound Care & Hyperbaric Services, Inc. changed its name to Healogics Wound Care & Hyperbaric Services on August 10, 2012.

2. I am General Counsel of Healogics.

3. I have personal knowledge of the facts contained in this Affidavit.

4. On or about September 23, 2010, Sound Shore Health System, Inc. ("Sound Shore"), doing business as Mount Vernon Hospital ("Mount Vernon Hospital"), entered into a Strategic Alliance Agreement (the "Contract") with Healogics, by which Sound Shore agreed to

pay monthly fees in exchange for operation and management of Mount Vernon Hospital's wound care program. Contemporaneously Healogics entered into a Business Associate Agreement (the "BAA Agreement") with Sound Shore (also referred to as "Sound Shore Medical Center of Westchester") with respect to certain HIPPA obligations arising out of the Contract. Copies of the Contract and the BAA are attached hereto as **Exhibit "A"** and **Exhibit "B"**, respectively.

5. The Contract was amended by that certain First Amendment to Strategic Alliance Agreement for Integrated Disease Management/Wound Treatment Center, dated as of April 1, 2011 (the "First Amendment"), entered into between Healogics and "Mount Vernon Hospital, a New York not-for-profit corporation." A copy of the First Amendment is attached hereto as **Exhibit "C"**.

6. By reason of the Contract, the BAA, and the First Amendment, Mount Vernon Hospital has at various times represented the correct name of its legal entity to be (a) Sound Shore Health Systems, Inc., (b) Sound Shore Medical Center of Westchester, and (c) Mount Vernon Hospital, a New York not-for-profit corporation.

7. On May 29, 2013 (the "Petition Date"), the several Mount Vernon Hospital related debtors (Sound Shore Health System, Inc., Sound Shore Medical Center of Westchester, and The Mount Vernon Hospital, Inc., collectively the "Debtors") filed Petitions for Relief under Chapter 11 of the Bankruptcy Code and have continued in the management of their businesses as debtors-in-possession pursuant to Sections 1107 and 1108 of the Bankruptcy Code. By reason of the confusion of the names of the correct legal entity which is doing business as Mount Vernon Hospital, Healogics intends to file its Proof of Claim in the estates of each of the Debtors, but seeks only one allowed administrative claim.

8. Pursuant to Schedule 4.2 of the Contract, Mount Vernon Hospital incurs a monthly Management Fee, a monthly HBO Treatment Fee, and a monthly WCV Fee (collectively, the "Management Fees"). Healogics continued to provide all services required of it under the Contract after the Petition Date and through November 5, 2013, and Mount Vernon Hospital accepted such services.

9. The Debtors, or whichever of them as of and since the Petition Date and through November 5, 2013, owned and operated Mount Vernon Hospital, continued to request, receive and accept post-petition services from Healogics of the identical nature as provided by Healogics prior to the Petition Date, and, therefore, continued to incur monthly post-petition Management Fees under the Contract.

10. As of the date of hereof, the Debtors, collectively or one of them, owe Healogics $123,929.94 for past due Management Fees incurred under the Contract between the Petition Date and November 5, 2013, under the invoices as set forth on the attached **Composite Exhibit "1"**.

11. I have read the Proof of Claim and know from my own personal knowledge that the allegations and facts contained therein are true, accurate and correct.

FURTHER AFFIANT SAYETH NOT.

Thomas M. Clayton

STATE OF FLORIDA)
) ss:
COUNTY OF DUVAL)

The foregoing instrument was sworn to and subscribed before me this 9th day of January, 2014, by Thomas M. Clayton, who is:

☑ personally known to me; or

☐ produced a driver's license issued by the _____ Department of Highway Safety and Motor Vehicles as identification; or

☐ produced the following identification: _____

Patricia J. Smith
NOTARY PUBLIC, STATE OF FLORIDA

PATRICIA J. SMITH
Notary Public - State of Florida
My Comm. Expires Mar 4, 2016
Commission # EE 175543

(Print, Type or Stamp Commissioned Name of Notary Public)

Composite Exhibit 1

Customer Number	Doc Number	Doc Type	Doc Date	Due Date	Current Trx Amount	Payment Terms ID
NY176	HWCHS-13196	Sales / Invoices	7/31/2013	8/30/2013	$46,407.00	Net 30
NY176	HWCHS-13261	Sales / Invoices	8/30/2013	9/29/2013	$11,066.94	Net 30
NY176	HWCHS-13332	Sales / Invoices	8/31/2013	9/30/2013	$35,966.00	Net 30
NY176	HWCHS-13704	Sales/Invoices	10/31/2013	11/30/2013	$30,490.00	Net 30
				TOTAL	**$123,929.94**	

* * * REPRINT * * *

Invoice

Healogics Wound Care & Hyperbaric Services
PO Box 551187
Jacksonville FL 32255
Phone (904) 446-3400 or (800) 379-9774

Date 7/31/2013
Invoice HWCHS-13196

Bill To: NY176
Mount Vernon Hosp
12 North 7th Avenue
Mount Vernon NY 10550

Remit To: Healogics Wound Care & Hyperbaric Services
3087 Momentum Place
Chicago, IL 60689-5330

Purchase Order No.		Payment Terms	
		Net 30	8/30/2013

	Description	Unit Price	Ext. Price
1.00	Management Fee - August 2013	$5,555.00	$5,555.00
329.00	HBOT Treatments, 30 Minute Segments	$53.00	$17,437.00
0.00	HBOT Treatments, 30 Minute Segments - Charity	$0.00	$0.00
223.00	Wound Care Visits	$105.00	$23,415.00
0.00	Wound Care Visits - Charity	$0.00	$0.00

Subtotal	$46,407.00
Tax	$0.00
Total	$46,407.00

* * * REPRINT * * *

Invoice

Healogics Wound Care & Hyperbaric Services
PO Box 551187
Jacksonville FL 32255
Phone (904) 446-3400 or (800) 379-9774

Date 8/30/2013
Invoice HWCHS-13261

Bill To: NY176
Mount Vernon Hosp
12 North 7th Avenue
Mount Vernon NY 10550

Remit To: Healogics Wound Care & Hyperbaric Services
3087 Momentum Place
Chicago, IL 60689-5330

Purchase Order No.		Payment Terms	
		Net 30	9/29/2013
	Description	Unit Price	Ext. Price
1.00	Management Fee - 5/29 to 5/31	$511.94	$511.94
1.00	Management Fee - June 2013	$5,555.00	$5,555.00
24.00	HBOT Treatments, 30 Minute Segments - 5/29 to 5/31	$50.00	$1,200.00
0.00	HBOT Treatments, 30 Minute Segments - Charity	$0.00	$0.00
38.00	Wound Care Visits - 5/29 to 5/31	$100.00	$3,800.00
0.00	Wound Care Visits - Charity	$0.00	$0.00

Subtotal	$11,066.94
Tax	$0.00
Total	$11,066.94

* * * REPRINT * * *

Invoice

Healogics Wound Care & Hyperbaric Services
PO Box 551187
Jacksonville FL 32255
Phone (904) 446-3400 or (800) 379-9774

Date 8/31/2013
Invoice HWCHS-13332

Bill To: NY176
Mount Vernon Hosp
12 North 7th Avenue
Mount Vernon NY 10550

Remit To: Healogics Wound Care & Hyperbaric Services
3087 Momentum Place
Chicago, IL 60689-5330

Purchase Order No.		Payment Terms	
		Net 30	9/30/2013
	Description	Unit Price	Ext. Price
1.00	Management Fee - September 2013	$5,555.00	$5,555.00
132.00	HBOT Treatments, 30 Minute Segments	$53.00	$6,996.00
0.00	HBOT Treatments, 30 Minute Segments - Charity	$0.00	$0.00
223.00	Wound Care Visits	$105.00	$23,415.00
0.00	Wound Care Visits - Charity	$0.00	$0.00

Subtotal	$35,966.00
Tax	$0.00
Total	$35,966.00

* * * REPRINT * * *

Invoice

Healogics Wound Care & Hyperbaric Services
PO Box 551187
Jacksonville FL 32255
Phone (904) 446-3400 or (800) 379-9774

Date 10/31/2013
Invoice HWCHS-13704

Bill To: NY176
Mount Vernon Hosp
12 North 7th Avenue
Mount Vernon NY 10550

Remit To: Healogics Wound Care & Hyperbaric Services
3087 Momentum Place
Chicago, IL 60689-5330

Purchase Order No.		Payment Terms	
		Net 30	11/30/2013
Quantity	Description	Unit Price	Ext. Price
1.00	Management Fee - November 2013	$5,555.00	$5,555.00
100.00	HBOT Treatments, 30 Minute Segments	$53.00	$5,300.00
0.00	HBOT Treatments, 30 Minute Segments - Charity	$0.00	$0.00
187.00	Wound Care Visits	$105.00	$19,635.00
0.00	Wound Care Visits - Charity	$0.00	$0.00

Subtotal	$30,490.00
Tax	$0.00
Total	$30,490.00

Exhibit "A"

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THIS DOCUMENT IS PROPRIETARY & CONFIDENTIAL AND CANNOT BE DUPLICATED.

STRATEGIC ALLIANCE AGREEMENT

FOR

INTEGRATED DISEASE MANAGEMENT/ WOUND TREATMENT CENTER

MOUNT VERNON HOSPITAL
12 North 7th Avenue
Mount Vernon, NY 10550

STRATEGIC ALLIANCE AGREEMENT FOR INTEGRATED DISEASE MANAGEMENT/ WOUND TREATMENT CENTER

THIS STRATEGIC ALLIANCE AGREEMENT FOR INTEGRATED DISEASE MANAGEMENT/ WOUND TREATMENT CENTER (this "Agreement") is entered into and effective as of 9/23/10, 2010 (the "Effective Date") by and between **National Wound Care & Hyperbaric Services, Inc.**, a Delaware corporation ("National"), **Mount Vernon Hospital**, a New York not-for-profit corporation, located at 12 North 7th Avenue, Mount Vernon, NY 10550 ("Hospital"). National and Hospital are sometimes hereinafter referred to individually as a "Party" and collectively as the "Parties".

Recitals:

WHEREAS, National provides management services to assist hospitals in providing cost-effective diagnosis and treatment of chronic wounds and their related complications; and

WHEREAS, Hospital desires to engage National to manage an outpatient wound treatment program and treatment center as hereinafter described; and

WHEREAS, the mutual goal of the Parties is to improve healing rates and clinical outcomes with respect to Hospital patients suffering from chronic wounds and their related complications;

NOW, THEREFORE, in exchange for the mutual covenants herein and for other good and valuable consideration, the receipt and sufficiency of which is hereby acknowledged, the Parties hereby agree as follows:

Terms:

ARTICLE I DEFINITIONS

Section 1.1 Definitions. For purposes of this Agreement, each of the following capitalized terms has the following meaning:

"Affiliate" means, with respect to a Party, any business concern or entity which controls, is controlled by or is in common control with such Party;

"BAA" or "Business Associate Addendum" means that certain Business Associate Addendum entered into between the Parties simultaneously with this Agreement in connection with the Parties' mutual compliance efforts in relation to the HIPAA Rules, attached at **Exhibit D** hereto;

"Center" means the full service, outpatient wound treatment center established in the Facility (defined herein) utilizing the equipment and technologies contemplated herein for the treatment of wounds, and for the delivery of other medical treatments established, maintained, and operated in the Facility;

"Center Outreach Plan" means, collectively, educational and community awareness

efforts undertaken by the Parties in accordance with, and as more specifically described in, Sections 3.2.f and 4.1.5;

"Center Personnel" means all administrative staff, technicians, nurses and other non-physician clinical personnel employed or contracted by National or Hospital, assigned to provide services in the Center, as further delineated in **Exhibit A** attached hereto. As set forth in **Exhibit A**, Center Personnel includes certain "Hospital Personnel" and "National Personnel";

"Clinical Pathway" means the evidence-based treatment plan developed by National based upon best practices for the care and treatment of patients with chronic wounds and related complications. The Clinical Pathway, as amended from time to time, shall serve as a general framework for care provided to patients treated in the Center, provided, however, that the ultimate care and treatment of patients shall at all times be within the sole discretion of the physician(s) responsible for the treatment of each such patient, as such care and treatment may be governed by the rules, regulations, policies and procedures of Hospital and its medical staff;

"Commencement Date" means the date on which ***the later of the following*** occurs: (i) the Wound Care First Treatment Date (as such term is defined in **Schedule 2.1**), or (ii) the HBO First Treatment Date (as such term is defined in **Schedule 2.1**). Each of the foregoing Treatment Dates shall be definitively established, memorialized and incorporated into this Agreement in accordance with **Schedule 2.1** attached hereto;

"Effective Date" has the meaning set forth in the introductory paragraph of this Agreement;

"Facility" means the primary space and facilities provided by Hospital and agreeable to National where the Center shall operate, consisting of approximately 2,500 square feet of space in the Hospital or on the Hospital campus;

"HBO" means hyperbaric oxygen;

"HBO Equipment" means two (2) FDA approved HBO chambers supplied, installed and maintained at National's cost and expense for use in the Center;

"HBO First Treatment Date" has the meaning set forth in **Schedule 2.1**;

"HBO Treatment" means each treatment a patient receives at the Center administered in or using HBO Equipment, measured in thirty (30) minute increments from the time the patient enters until the time that the patient exits the chamber;

"HBO Treatment Fee" means the fee to be paid by Hospital to National for each HBO Treatment in accordance with **Schedule 4.2**;

"HIPAA Rules" means collectively, the regulations issued by the Secretary of Health and Human Services regarding Protected Health Information pursuant to the Health Insurance Portability and Accountability Act of 1996 ("HIPAA") and Title XIII of Division A and Title IV of Division B of the American Recovery and Reinvestment Act ("HITECH ACT"), including the HIPAA "Privacy Rules", the HIPAA "Security Rules" and the "HITECH Act Rules" as codified under 45 CFR Parts 160 and 164 and as may be amended from time to time;

"Intended First Treatment Date" means the date on which the first patient treatment (either HBO Treatment or Wound Care Visit, whichever is expected to occur first) is anticipated to be performed at the Center, which the Parties hereby estimate will be January 24, 2011. Notwithstanding the foregoing, or anything seemingly to the contrary herein, the Parties acknowledge that the Intended First Treatment Date is only intended to serve as an approximation of the commencement of Center clinical services and is not a binding commitment or obligation of either Party.

"Hospital" has the meaning set forth in the introductory paragraph of this Agreement;

"Management Fee" means the monthly fee to be paid by Hospital to National in accordance with **Schedule 4.2**;

"Medical Director" means the Panel Physician engaged by National (after consultation with Hospital), on an independent contractor basis, to provide general administrative oversight and guidance in connection with Program activities and Center operations. The Parties acknowledge the mutual goal of appointing a Medical Director who possesses the requisite experience, administrative and interpersonal skills and commitment to the Program to make it clinically and operationally successful;

"National" has the meaning set forth in the introductory paragraph of this Agreement;

"National Outcome Tracking System" means the proprietary disease management and outcome tracking system and database that tracks and documents patient progress and treatment outcomes, which National agrees to make available for use at the Center, as described in Section 3.2.d and Article IX;

"Panel Physician" or **"Physician Panel"** means, collectively or individually as the context dictates, the physician(s) identified by Hospital and agreeable to National who make up the multi-disciplinary team of physicians who (i) are trained in wound care and, where applicable, HBO therapy, and (ii) have Hospital medical staff membership and clinical privileges (including privileges and/or medical staff departmental authority to render clinical services to patients in the Center);

"Program" means, collectively, the activities and services of the Center, Center Personnel, Panel Physicians and the Medical Director to fulfill the objectives of this Agreement, including, but not limited to, patient care activities, all aspects of patient interaction and professional services, and all administrative and support activities undertaken in furtherance of, in connection with, or pursuant to this Agreement;

"Program Director" means the individual employed by National to manage the day-to-day operations of the Center, with authority to manage Center Personnel, hire and fire National Personnel and function with the same level of authority as directors of other similar programs at Hospital;

"Red Flag Rules" means the regulations promulgated by the Federal Trade Commission at 16 CFR § 681 regarding detection, prevention and mitigation of identity theft, as applicable to Hospital patients who receive services at the Center and the activities of National personnel in their interaction with such patients under this Agreement;

"Wound Care First Treatment Date" has the meaning set forth in **Schedule 2.1**;

"Wound Care Visit" means each patient visit to the Center which generates charges therefrom, including, but not limited to, consults, patient visits, dressing changes, debridements, tests, assessments, procedures, and other similar items, but specifically excluding all HBO Treatments;

"**WCV Fee**" means the fee to be paid by Hospital to National for each Wound Care Visit in accordance with **Schedule 4.2**, provided, however, that National shall be paid only one (1) WCV Fee for each Wound Care Visit, regardless of the number of procedures performed on the patient during such visit.

ARTICLE II TERM, AGREEMENT PURPOSE

Section 2.1 **Preparatory Efforts, Commencement of Term.**

a. This Agreement shall commence on the Effective Date. Following the Effective Date, the Parties shall use their respective commercially reasonable efforts and shall work diligently and cooperatively so that patient care services as contemplated by this Agreement may be provided at the Center by the Intended First Treatment Date.

b. The initial term of this Agreement (the "Initial Term") shall begin on the Effective Date and shall continue until four (4) years following the Commencement Date (as defined and determined in accordance with **Schedule 2.1**) unless earlier terminated in accordance with the terms and conditions of this Agreement. Unless earlier terminated in accordance with the terms and conditions hereof, this Agreement shall automatically renew and be extended for subsequent one (1) year periods (each a "Renewal Term") at the expiration of the Initial Term and each Renewal Term, as applicable, unless either Party provides written notice to the other Party at least ninety (90) days prior to the end of the Initial Term or then existing Renewal Term (as applicable) of its intention not to renew this Agreement for a subsequent 1-year period, in which case this Agreement shall terminate at the end of the then incumbent Term. The Initial Term and each Renewal Term are sometimes otherwise referred to herein individually and collectively (as the context dictates) as the "Term."

Section 2.2 **Purpose of Agreement.** The purpose of this Agreement is to form a strategic alliance for the establishment and operation of the Center; to establish National as manager of the Center; to establish the Physician Panel; and to set forth the terms and conditions upon which the Center shall operate. The mutual goal of the Parties in establishing and operating the Center and the Program is to improve healing rates and clinical outcomes with respect to Hospital patients suffering from chronic wounds and their related complications. National shall have such powers as are reasonable, necessary, and appropriate in furtherance of these goals and purposes, subject to all rules and regulations of the Hospital. The Parties acknowledge and agree that Hospital shall retain the ultimate control and responsibility for the services provided at the Center, including appropriate clinical oversight and coordination and integration of Program services among Hospital medical staff members and departments, as applicable.

ARTICLE III NATIONAL'S RESPONSIBILITIES

Section 3.1 **Day-To-Day Management.** National shall have day-to-day management over operations of the Center and Center Personnel. The Program Director, on National's behalf, is hereby authorized to: (i) manage and administer the Program and Center operations; (ii) take any action which is consistent with the terms and conditions of this Agreement; and (iii) make recommendations to the Hospital for additional services that the Center could provide which would benefit the Center, the Hospital and its constituents. The Program Director shall function as a member of the Hospital management team at the level of department director, developing and maintaining relationships to maximize understanding of the services provided at the Center. The Program Director (and the other National Personnel) shall adhere to all applicable Hospital policies and procedures including, but not limited to, those relating to compliance with HIPAA Rules and Red Flag Rules. The Program Director shall work to educate other members of the

Hospital medical and clinical staff about the services provided at the Center, and with materials management to assure an adequate supply of wound treatment supplies, equipment, and products for the effective operation of the Program and the Center.

Section 3.2 National's Activities. National shall provide or cause to be provided the following in connection with its management activities under this Agreement:

a. "National Personnel" as set forth on **Exhibit A**;

b. Consultative support in the area of revenue-cycle management;

c. A monthly report from National's outpatient prospective payment system;

d. Access to and use of the National Outcome Tracking System, with respect to patients treated at the Center as well as any reports that may be generated through such system;

e. An initial education seminar for Panel Physicians and Center Personnel (the "National Healing Institute") and ongoing training in specialty wound care, HBO therapy, if applicable, and other agreed upon methodologies for healing wounds. National shall, on an annual basis, pay for all such training. National shall pay for travel and accommodations for National Personnel to attend such training;

f. A community awareness and education plan for the Center (the "Center Outreach Plan"), as contemplated in Section 4.1.5, to educate the public and medical community on the availability and benefits of the services offered at the Center. National shall pay, on a matching dollar-for-dollar basis with Hospital, an amount not to exceed Twenty-Five Thousand Dollars ($25,000) annually towards the Center Outreach Plan, as more specifically described in Section 4.1.5;

g. Ongoing education programs for applicable Center Personnel;

h. Staff competency testing for applicable Center Personnel;

i. Operations and clinical policies and procedures manuals for the Center;

j. A healthcare compliance hotline, Code of Conduct and Compliance Program for National Personnel; provided, however, all National Personnel shall observe and comply with the requirements of Hospital's own compliance program and code of conduct including those related to compliance with HIPAA Rules and Red Flag Rules;

k. Written policies and procedures for establishing and maintaining medical records for Center patients;

l. Periodic internal clinical reviews to assess compliance with national standards, including those of The Joint Commission;

m. General liability insurance and professional liability insurance for National Personnel, each with minimum limits of $1,000,000/$3,000,000, employers' liability insurance

for National Personnel in commercially reasonable amounts, workers' compensation insurance for National Personnel in statutory amounts, and property insurance covering National's HBO Equipment;

n. A Medical Director to provide administrative services to the Program; and

o. An HBO safety program and a schedule for maintenance of the HBO Equipment. National shall maintain the HBO Equipment in good repair and replace it, at National's cost, if necessary.

Section 3.3 Center Construction Support.

a. Subject to the terms and conditions of this Agreement, at Hospital's written request made not more than seventy-five (75) days following the Effective Date hereof, National agrees to provide Hospital, not later than twenty (20) days following such request, Two Hundred Thousand Dollars ($200,000.00) towards the cost of construction and/or build out of the Center and related expenses to establish the Program (the "Construction Support"). The Parties acknowledge and agree that the specific uses of the Construction Support in such regard shall be in the sole discretion of Hospital and any and all new construction, build-out, improvements, infrastructure, facilities, equipment, or other results from such use of Construction Support shall be, as between the Parties, the sole property of Hospital.

b. Notwithstanding any provision seemingly to the contrary herein, if the Term of this Agreement is not renewed or is not extended to encompass, in the aggregate, a period of five (5) years following the Commencement Date or otherwise terminates by affirmative action of either Party prior to the expiration of five (5) years from the Commencement Date hereof, then, in each such case, Hospital shall pay to National the "Residual Value" of Construction Support, as hereinafter defined, within fifteen (15) days of such termination. As used herein, the term "Residual Value" means an amount equal to the product of: (I) Four Thousand Three Hundred and Sixty-Eight Dollars and Fifty-Eight Cents ($4,368.58), multiplied by, (II) the sum of: (A) sixty (60), minus (B) the number of complete calendar months which have elapsed following the Commencement Date through and including the effective date of termination. For example, and not in limitation of the foregoing, if this Agreement is terminated in the Fortieth (40^{th}) month following the Commencement Date, then the Residual Value payment would be $87,371.60 ($4,368.58 x [60-40]). The Residual Value payment described above is not a penalty or liquidated damages and is not the sole or exclusive remedy either Party has or may have against the other in the event of any breach or termination of this Agreement which triggers such payment obligation.

ARTICLE IV HOSPITAL RESPONSIBILITIES

Section 4.1 Hospital's Activities. To facilitate the operations of the Center and administration of the Program, Hospital shall supply (or cause to be supplied or maintained) and/or be responsible for, the following:

Section 4.1.1 Facility Space, Insurance. Hospital shall equip and provide, at its sole cost and expense, the Facility for operation of the Center, in accordance with the terms and conditions hereof. In the Facility, the Hospital shall provide and ensure, at its expense: necessary utilities, including, without limitation, heating, air-conditioning, electrical, HVAC, telephone service, fax service; general maintenance; oxygen, and other gaseous service in the locations and in the quantities reasonably designated by National; computer access and hook-up service, with access to the Internet and linkage to the computer and telecommunications system of the Hospital; security service; and directory and visible

signage within and outside the Center, including signage at advantageous locations at other parts of the Hospital. Hospital shall provide general and professional liability insurance for Hospital Personnel, each with limits of not less than $1,000,000/$3,000,000. Hospital shall ensure that the Center is appropriately configured and has sufficient space to accommodate the needs of patients, the Program, and Center Personnel in the performance of their duties and responsibilities. The Center shall operate a minimum of forty (40) hours per week, except on Hospital holidays.

Section 4.1.2 Hospital Personnel. Hospital shall select, provide, assign and compensate, at its expense, certain administrative and clinical personnel ("Hospital Personnel") committed to supporting the Center, as set forth on **Exhibit A**. Hospital Personnel and National Personnel are sometimes collectively referred to as Center Personnel.

Section 4.1.3 Approvals. Hospital shall obtain and maintain at its expense all necessary approvals, authorizations, permits, licenses, and certifications as required by applicable law for the operation of the Center.

Section 4.1.4 Equipment, Supplies. Hospital, at its expense, shall provide the Center with (a) the equipment designated by National, including, but not limited to, the items listed in (and in accordance with) **Exhibit B** attached hereto, but specifically excluding HBO Equipment (the "Equipment"), and (b) the supplies designated by National, including, but not limited to the items listed in (and in accordance with) **Exhibit C** attached hereto (the "Clinic Supplies"), in each case, as reasonably determined by National to be necessary for the effective clinical and business operation of the Center and administration of the Program. Hospital acknowledges that its initial expenditure for such Equipment and Clinic Supplies shall be in the minimum amount set forth in the proforma previously provided by National. Other than HBO Equipment, Hospital shall maintain the Equipment, replace it, if necessary, and provide additional Equipment should National, in consultation with Hospital, deem it necessary or desirable for the effective operation of the Center. Notwithstanding the foregoing or anything seemingly to the contrary herein, National shall be responsible for providing, at its expense, the HBO Equipment. Ownership or leasehold rights to the HBO Equipment shall remain with National and such HBO Equipment shall not be deemed a fixture or accession. To the extent applicable, Hospital hereby waives (and shall cause any landlord to waive) all statutory and common law landlord rights with respect to the HBO Equipment and acknowledges that any lessors of such HBO Equipment and/or National have a security interest that is prior in right.

Section 4.1.5 Community and Professional Awareness. Hospital shall, with assistance from and in collaboration with National, take reasonable steps to develop community awareness of the Program and the Center among all Hospital patients who may benefit, among all potential patients in the Hospital service area, and among physicians, health care providers, and payors whose patients, enrollees, beneficiaries, or participants may benefit from the Program and the services offered at the Center. Such joint efforts and activities are sometimes otherwise referred to as the Center Outreach Plan. The details of the Center Outreach Plan (including certain collateral and promotional materials) shall be established by National, but shall be subject to Hospital's approval, which approval shall not be unreasonably withheld or delayed. The Parties shall, at least thirty (30) days prior to the Intended First Treatment Date, implement the Center Outreach Plan to create community awareness of the Center and Program. On an annual basis, Hospital shall create a budget for, allocate funds to and shall share the cost of the Center Outreach Plan, and shall pay a minimum of Twenty-Five Thousand Dollars ($25,000) annually toward the costs of the Center Outreach Plan.

Section 4.1.6 Patient Registration. Hospital shall register Center patients as Hospital patients.

Section 4.1.7 **Billing**. Hospital shall have sole responsibility for the accounting, coding, billing, and collection of all charges, fees, co-payments and other amounts in respect of Center services and shall perform such billing and collection in compliance with all applicable laws, regulations and payor requirements. National shall not bill any third party for the services provided at the Center. Upon request, National shall assist with additional documentation requests (ADRs) and appeals.

Section 4.1.8 **Diagnostic and Health Screening**. Hospital shall provide Center Personnel with pre-employment and periodic diagnostic and health screening procedures, as required by Hospital. National shall pay for such screening for National Personnel at Hospital's cost.

Section 4.1.9 **Physician Panel**. Following the Effective Date, Hospital shall, in consultation with National, establish the Physician Panel for the Center. It is the mutual objective of the Parties that the Physician Panel shall consist of no less than five (5), and no more than (10), physician members of Hospital's medical staff who represent a variety of medical specialties, all of whom shall be required to obtain training in the Clinical Pathway at the National Healing Institute, and no fewer than five (5) of whom shall be required to receive training in hyperbaric medicine and HBO therapy. Each Panel Physician shall be responsible for the arrangements and costs for their own travel and accommodations to attend such training. The Parties shall mutually endeavor to identify and agree upon the initial members of the Physician Panel (and any subsequently required Panel Physicians) as soon as practicable following the Effective Date so that the training of each member of the Physician Panel may be completed prior to their rendition of clinical services at the Center. The variety of specialties for the Physician Panel and each Panel Physician's ultimate involvement in the Center shall be subject to approval by National, which approval shall not be unreasonably withheld or delayed.

Section 4.2 **Hospital Payments To National**. In consideration for the services provided hereunder, Hospital shall pay to National those fees set forth in and in accordance with **Schedule 4.2**.

Section 4.3 **Charity Care**. National acknowledges that Hospital accepts all patients for which the patient's treating physician has ordered treatment, regardless of race, ethnicity, creed, sex, age, or payor status and that certain patients who are treated at the Center may qualify to receive such care at no cost to such patient, in accordance with Hospital policies and procedures for charity care ("Charity Care Patients"). The Parties acknowledge and agree that Charity Care Patients (i.e., patients who are qualified by Hospital in accordance with applicable Hospital policy and procedure as having no payment obligation for services rendered) shall be accepted for treatment at the Center and the Center shall provide treatment to such patients in accordance with Hospital policy and procedure for the same. Notwithstanding the provisions of Section 4.2, National shall not be entitled to an HBO Treatment Fee or a WCV Fee for any patient who is so qualified as a Charity Care Patient.

ARTICLE V NON-SOLICITATION; INDEMNIFICATION; RISK MANAGEMENT

Section 5.1 **Covenant Against Hiring, Solicitation**.

a. During the Term and for a period of one (1) year following the termination of this Agreement for any reason (including termination by non-renewal), the Parties agree that neither of them shall, without the express written consent of the other Party, directly or indirectly, employ, contract with, or solicit to employ or contract with, any individual who is then or was within one (1) year prior thereto an employee or independent contractor of the other Party, for the purpose of assigning such individual any

duties related to the Center or the operations or management of the Center or any other outpatient wound-treatment facility leased, owned, managed or operated by such Party. Notwithstanding the foregoing, following the termination of this Agreement (including termination by non-renewal), nothing herein shall prevent Hospital from contracting with the Medical Director for any purpose as long as such Medical Director abides by and does not violate any restrictions on competition, solicitation or the disclosure or use of National's confidential information as may be set forth in any written agreement between National and such Medical Director. If any of the restrictions contained in this Article V are determined by a court of competent jurisdiction to be unenforceable, this Article V shall be construed to give effect to its provisions to the fullest extent which is valid and enforceable in the appropriate jurisdiction.

b. The Parties agrees that enforcement of this Section 5.1 may be through injunction, in addition to all other remedies that may be available at law or in equity. If any provision of this Section 5.1 is determined to be invalid or unenforceable and is not reformed by a court of competent jurisdiction, such invalid or unenforceable provision shall be severed and shall not disturb the validity or enforceability of the remainder of this Section or of this Agreement.

c. For the purposes of this Section 5.1, it is the express agreement of the Parties that each Party has a legitimate business interest justifying the restrictions contained herein and that such restrictions are reasonably necessary to protect such legitimate business interests, which interests include, but are not limited to, trade secrets; other valuable confidential business information that may not qualify as trade secrets (including Confidential Information, as defined in Article VI), but as to which each Party has expended time and money in developing and which it holds confidential and proprietary; substantial business relationships with existing and prospective customers, clients and patients; customer, client and patient goodwill associated with such Party's ongoing business and evidenced by the various trademarks, trade names and service marks used by such Party in connection with its business; and an expectation of continuing patronage from its existing customers, clients and patients. The provisions of this Section 5.1 shall survive any termination of this Agreement (including termination by non-renewal). The provisions of this Section 5.1 shall be enforceable by and shall inure to the benefit of each Party's Affiliates and respective successors and assigns.

Section 5.2 **Indemnification**. Each Party (an "Indemnitor") hereby agrees to indemnify, defend and hold harmless the other Party, and such other Party's shareholders, members, directors, officers, employees, agents and representatives (collectively "Representatives") and such Party's Affiliates and their respective Representatives (each, an "Indemnified Party"), against and from any and all claims, causes of action, liabilities, damages, costs, and expenses, including, without limitation, reasonable attorneys' fees and related costs incurred at all pre-trial, trial and appellate proceedings ("Claims"), arising from, relating to or in connection with any act or omission of the Indemnitor, its Affiliates or any of their respective Representatives, including, but not limited to, the failure of Indemnitor to perform its duties hereunder in compliance with all applicable laws. In the event that any Claim is believed to trigger a Party's right of indemnity hereunder, the Indemnified Party shall promptly give notice to the Indemnitor of the same and shall cooperate fully with the Indemnitor in the defense of the Claim. The provisions of this Section 5.2 shall survive any termination of this Agreement (including termination by non-renewal).

Section 5.3 **Risk Management**. Each Party agrees to notify the other Party as soon as possible upon learning of an incident or occurrence at the Center involving or which could have involved damage or injury to person or property and which is required to be disclosed or reported in accordance with applicable law, regulation or accreditation standard, including, by way of example and not in limitation of the foregoing, any adverse incident, patient fall, sentinel event, etc., which notification, in each case, shall be treated as Confidential Information of each Party except as otherwise provided by applicable law or regulation. The Parties shall cooperate with each other in investigation and

documentation of such incidents or occurrences except as may be recommended by each Party's respective legal counsel or risk management advisors. The provisions of this Section 5.3 shall survive any termination of this Agreement (including termination by non-renewal).

ARTICLE VI CONFIDENTIALITY

Section 6.1 Confidentiality by Hospital. Hospital agrees and acknowledges that the wound treatment center concept embodied by this Agreement was developed by National at great expense of resources, time, money, and effort. Hospital agrees and acknowledges that all books, manuals, documents, materials, computerized information or other business or technical information in any form whatsoever developed by National and provided to Hospital by National or its Affiliates, which relate to the Center and which are distributed or otherwise disclosed to Hospital or its designees or developed pursuant to the operation of the Center or to which Hospital or its designees have access as a result of the operation of the Center, are "National's Confidential Information" under this Agreement. National's Confidential Information includes, but is not limited to, technical and business information, software, information relating to software, the National Outcome Tracking System and Documentation, National's outpatient prospective payment system, management information systems, trademarks, servicemarks, designs, products, methods (including the Clinical Pathway), systems, improvements, trade secrets, formulas, treatment outcome data, processes, protocols, community education materials and techniques, licensing, servicing, customer lists, records or financial information, and National's strategy concerning its business or policies. Notwithstanding anything herein to the contrary, National's Confidential Information does not include patient medical charts or billing records (or patient PHI as defined below) and does not include information which (i) at the time of disclosure, is either already known by Hospital and is not then subject to any other covenant or restriction on confidentiality as between National (or any Affiliate) and Hospital, or is freely available for use by the public, or (ii) after the time of disclosure, through no fault of Hospital, becomes freely available to the public. Hospital and its Affiliates shall not use National's Confidential Information for any purpose other than operation of the Center under this Agreement, and shall not disclose, publish, or disseminate National's Confidential Information to any third-party without National's express prior written consent, except as may be required under applicable law, regulation or legal process. Upon termination of this Agreement for any reason (including termination by non-renewal), Hospital shall use its commercially reasonable efforts to retrieve from all Hospital personnel and return to National materials containing National's Confidential Information and all National's Confidential Information in Hospital's actual or constructive possession shall promptly be returned to National. If Hospital becomes legally compelled to disclose any of National's Confidential Information, Hospital will promptly notify National so that National may seek a protective order or other appropriate remedy (at National's expense) and/or waive compliance with the foregoing provisions. If a protective order or other remedy is not obtained, or compliance with the foregoing provisions of this Agreement is waived, Hospital will furnish only that portion of National's Confidential Information that is legally required. The provisions of this section shall survive any termination of this Agreement (including termination by non-renewal). The provisions of this section shall be enforceable by and shall inure to the benefit of National's Affiliates and its respective successors and assigns.

Section 6.2 Confidentiality by National. National hereby acknowledges and agrees that information provided by Hospital, consisting of Protected Health Information as defined in the HIPAA Privacy Rule ("PHI"), financial information, and related business information of Hospital is considered to be "Hospital's Confidential Information." Hospital's Confidential Information does not include information which (i) at the time of disclosure, is already known by National and is not then subject to any other covenant or restriction on confidentiality as between National and Hospital, or is freely available for use by the public, or (ii) at the time of disclosure, through no fault of National, becomes freely available to the public. National shall not use, publish, disclose, or disseminate Hospital's Confidential Information in

any manner, other than in performing its obligations under this Agreement without Hospital's express prior written consent, except as otherwise expressly permitted in this Agreement or in the Business Associate Addendum between the Parties entered into simultaneously herewith and attached hereto at **Exhibit D** (the "BAA"). Upon termination of this Agreement for any reason (including termination by non-renewal), National shall use its commercially reasonable efforts to retrieve all Hospital's Confidential Information from employees of National and all Hospital's Confidential Information in National's actual or constructive possession shall promptly be returned to Hospital. If National becomes legally compelled to disclose any of Hospital's Confidential Information, National will promptly notify Hospital so that Hospital may seek a protective order or other appropriate remedy (at Hospital's expense) and/or waive compliance with the foregoing provisions. If a protective order or other remedy is not obtained, or compliance with the foregoing provisions of this Agreement is waived, National will furnish only that portion of Hospital's Confidential Information that is legally required. Notwithstanding anything herein or in the BAA to the contrary, National may de-identify PHI acquired, received or created by National in the performance of this Agreement in accordance with the de-identification standards described in Section 164.514 of the Privacy Rule ("De-Identified Data"), and aggregate, collect, analyze and use, and authorize others to aggregate, collect, analyze and use the resulting De-Identified Data. Notwithstanding the foregoing, National shall not, without Hospital's prior written consent, disclose the source of any De-Identified Data or identify Hospital in connection with any such use of De-Identified Data. The provisions of this section shall survive any termination of this Agreement (including termination by non-renewal) or the BAA. The provisions of this section shall be enforceable by and shall inure to the benefit of Hospital's and National's Affiliates and their respective successors and assigns.

Section 6.3 Enforcement. The Parties agrees that enforcement of this Article VI by each of them may be through injunction, in addition to all other remedies that may be available at law or in equity. If any provision of this Article VI is determined to be invalid or unenforceable and is not reformed by a court of competent jurisdiction, such invalid or unenforceable provision shall be severed and shall not disturb the validity or enforceability of the remainder of this Article or of this Agreement.

ARTICLE VII RECORDS, ACCOUNTING AND DISCLOSURE

Section 7.1 Records and Accounting. National shall keep books and records for Center operations at its principal office. Books, records, documents, and information maintained by National shall remain National's property; provided, however that individual patient data shall be, and remain, the property of Hospital. As permitted by applicable law and confidentiality requirements, Hospital shall provide National with reasonable access to such patient data for purposes of its performance under this Agreement, subject to the terms and conditions of the BAA attached hereto as **Exhibit D**. As permitted by law and confidentiality requirements, National shall provide Hospital with reasonable access to inspect and copy data management system records. All books, records, and other non-confidential documentation created and maintained by Hospital in connection with Hospital's accounting, billing, and collection responsibilities on behalf of the Center shall be and remain the property of Hospital; provided, however, that National shall be permitted reasonable access to inspect and copy such books and records; and provided further, that National shall be entitled to audit such books and records upon reasonable notice, at National's cost.

Section 7.2 Disclosure. Upon the written request of the Secretary of Health and Human Services, or the Comptroller General, or any of their duly authorized representatives, the Parties hereto, and any of their Affiliates and subcontractors, providing services with a value or cost of ten thousand dollars ($10,000) or more over a twelve-month (12) period shall make available to the Secretary the contracts, books, documents, and records that are necessary to verify the nature and extent of the costs of

providing such services. Such inspection shall be available up to four (4) years after the rendering of such services.

ARTICLE VIII TERMINATION AND RESOLUTION OF DISPUTES

Section 8.1 Termination. Except as otherwise provided in Section 2.1, the Parties agree that this Agreement may be terminated only as follows:

a. **Uncured Breach**. Except as otherwise specifically provided in paragraphs (b) – (d) below, either Party may terminate this Agreement upon written notice, if the other Party (the "Defaulting Party") breaches, defaults or fails to perform or abide by any material term, condition or covenant of this Agreement (each a "Default"), and fails to cure such Default within ninety (90) days after receiving written notice from the non-Defaulting Party specifying with particularity the Default. To justify termination under this paragraph, the non-Defaulting Party must have substantial material facts and information documenting the Default.

b. **Insolvency**. Either Party may terminate this Agreement, upon written notice, if the other Party (i) files a petition in bankruptcy or is adjudicated bankrupt; (ii) institutes, or allows to be instituted, any procedure in bankruptcy court for reorganization or rearrangement of its financial affairs; (iii) has a receiver of its assets or property appointed because of insolvency; or (iv) makes a general assignment for the benefit of creditors.

c. **Failure to Pay**. National may terminate this Agreement upon written notice if Hospital fails to pay any of the fees identified in Section 4.2 hereof within thirty (30) days after National provides written notice to Hospital that such fees are past due.

d. **Immediate Termination**. Either Party may terminate this Agreement upon written notice to the other Party if the other Party: (1) is suspended or excluded from participation in the Medicare or Medicaid program in the state where Hospital is located; or (2) is convicted of any felony involving fraud or misrepresentation with respect to the delivery of or reimbursement for health care services or is convicted of violating any federal law regarding Medicare or Medicaid (such as the "Stark Law", the federal "Anti-kickback" statute, etc.) or any equivalent state law in which Hospital is located, including any state patient brokering or insurance fraud laws.

Section 8.2 Effect of Termination. The termination of this Agreement by either Party (including termination by non-renewal in accordance with Section 2.1) shall not affect or negate any obligations of either Party to the other arising prior to the date of termination, including, but not limited to, Hospital's obligations to pay National as may be applicable in accordance with Section 3.3.b. In the event of any termination of this Agreement, National shall remove or cause to be removed the HBO Equipment from the Center.

Section 8.3 Resolution of Disputes. In the event of a dispute arising under, in connection with, or in relation to this Agreement or any amendment hereof (other than a dispute concerning a Party's Default under Section 5.1 or Article VI for which injunctive relief or other remedy is sought), the Parties agree that the following procedures shall be used in an attempt to resolve the dispute prior to the pursuit by any Party of other available remedies, provided, however, that either Party shall be permitted to terminate this Agreement in accordance with Section 8.1 prior to these remedies being exhausted. The procedures are:

a. A face to face meeting shall be promptly held at which time all Parties are present

or represented by individuals with full decision-making authority regarding the matter(s) in dispute. The Parties agree to participate in good faith in an attempt to resolve any such disputes.

b. If, within thirty (30) days following the initial meeting, the Parties have not succeeded in resolving the dispute, the dispute shall be determined and settled by final and binding arbitration in the county in which the Hospital is located in accordance with the Commercial Rules of Arbitration ("Rules") of the Judicial Arbitration and Mediation Services ("JAMS") before one arbitrator applying the laws of the state in which the Hospital is located. The parties shall attempt to mutually select the arbitrator. In the event they are unable to mutually agree, the arbitrator shall be selected by the procedures prescribed by the JAMS Rules. Any award rendered by the arbitrator shall be final and binding upon each of the Parties, and judgment thereof may be entered in any court having jurisdiction thereof. The costs shall be borne equally by both Parties. This provision shall survive any termination of this Agreement, regardless of the cause of such termination.

ARTICLE IX LIMITED LICENSE ON NATIONAL OUTCOME TRACKING SYSTEM

Section 9.1 Limited License; National System. During the Term, National hereby grants to Hospital a limited, non-exclusive, non-transferable and revocable right to access and use the National Outcome Tracking System (including any integrated software developed by National or any third party engaged by National) and any manuals, documents or secure file transfer protocol such as SSL, and other similar materials associated with the access or use of the National Outcome Tracking System (the "Documentation"), without right of sublicense, solely for the purpose of monitoring and documenting patient healing, adherence to clinical pathways and related matters, in connection with the Program and in accordance with the terms and conditions of this Agreement. Unless a duly authorized officer of National shall otherwise consent in writing, Hospital shall (1) not use or access the National Outcome Tracking System through any means or with any equipment other than the infrastructure established for the Center, (2) not permit any third party to use or reproduce the National Outcome Tracking System or any data or content available through access or use of the same, (3) not distribute, disclose, reproduce or allow use of the National Outcome Tracking System or Documentation, in any format, through timesharing, service bureau network or by any other means to or by any third party, (4) not decompile, disassemble or otherwise reverse engineer or attempt to reconstruct or discover any source code or underlying ideas or algorithms of the National Outcome Tracking System by any means whatsoever, (5) not modify or create derivative works based upon the National Outcome Tracking System or Documentation, or alter the National Outcome Tracking System in any manner, (6) not rent, lease, sell or otherwise transfer or allow use or access to the National Outcome Tracking System or Documentation to any third parties, and (7) have no right to use or allow the use of the National Outcome Tracking System for any other purpose or following the termination or expiration of this Agreement. This grant of a limited license by National shall terminate immediately upon the termination of this Agreement.

Section 9.2 Representations. Hospital acknowledges and understands that the National Outcome Tracking System is a web-based application and database that is being made available by National for Hospital's use in accordance with the Program and that Hospital's use and access rights pertain only to Hospital's patients and are generally similar to that of other hospitals with which National contracts. National represents and warrants that National or its Affiliates have legal right to the National Outcome Tracking System and the right and authority to grant to Hospital the license described in Section 9.1. Subject to the terms of this Section 9.2, National further represents that it shall maintain the National Outcome Tracking System and its availability for use by Hospital in conformity with industry standards for similar web-accessed applications and databases. National represents, to its knowledge, that the National Outcome Tracking System does not contain any viruses or disabling devices that shall substantially impair Hospital's use of or access to the National Outcome Tracking System as contemplated by this Agreement.

Section 9.3 **Disclaimer**. Notwithstanding anything to the contrary herein, National does not warrant and specifically disclaims that operation of the National Outcome Tracking System or Hospital's use of or access to the National Outcome Tracking System shall be continuous, uninterrupted, error-free or free from any other program limitations. The warranties in this Article IX constitute the sole warranties provided by National with respect to the National Outcome Tracking System and are in lieu of all other warranties of any kind or nature whatsoever, written or oral, common law or statutory, express or implied, including, without limitation, and National hereby disclaims, all warranties of merchantability, informational content and fitness for a particular purpose. Further, Hospital acknowledges that Hospital must provide all equipment, and provide and maintain internet and communication services through suitable providers, to access the National Outcome Tracking System, and is solely responsible for all fees, costs and charges associated with, and maintenance of, such equipment and/or service.

Section 9.4 **Proprietary Rights**. Except for the right to access and use the National Outcome Tracking System granted hereunder, Hospital acknowledges that National retains all rights, title and interest in and to the National Outcome Tracking System and Documentation, and any modifications, replacements and enhancements thereof and additions and improvements thereto, including ownership of all trade secrets, copyrights and other associated proprietary and intellectual property rights pertaining thereto. The National Outcome Tracking System and Documentation are confidential and proprietary property of National and are included in and shall be accorded the protections of National's Confidential Information in accordance with Section 6.1. Hospital shall be responsible for the use of the National Outcome Tracking System and Documentation by its employees and agents and shall instruct its employees and agents who have access to the National Outcome Tracking System and Documentation to keep the same confidential, by using the same care and discretion which Hospital uses with respect to its own confidential property and trade secrets, but in any event no less than a reasonable degree of care.

ARTICLE X GENERAL PROVISIONS

Section 10.1 **Amendment**. This Agreement may be amended or modified only in writing signed by a duly authorized representative of each Party.

Section 10.2 **Notices**. All notices, requests, demands, and other communications required or permitted hereunder ("Notice") shall be in writing, shall refer to this Agreement, shall conspicuously identify such transmission as formal notice under this Agreement and unless otherwise expressly provided elsewhere herein, shall be delivered (and shall be deemed to have been duly given or made upon receipt) as follows: (i) personally; or (ii) by certified mail, return receipt requested; or (iii) by overnight courier guaranteeing delivery within two (2) business days, in each case, to the Parties at the following addresses or such other address as a Party may specify to the other Party in accordance with this Section:

If to National:

National Wound Care & Hyperbaric Services, Inc.
4850 T-Rex Avenue, Suite 300
Boca Raton, FL 33431
Attention: James E. Patrick, CEO
Telephone: (561) 994-1174

With a copy to:

National Healing Corporation
4850 T-Rex Avenue, Suite 300
Boca Raton, FL 33431
Attention: General Counsel
Telephone: (561) 994-1174

If to Hospital:

With a copy to:

Mount Vernon Hospital
12 North 7th Avenue
Mount Vernon, NY 10550
Attention: John R. Spicer, CEO
Telephone: _____

Mount Vernon Hospital
12 North 7th Avenue
Mount Vernon, NY 10550
Attention: John Mamangakis, COO
Telephone: _____

Section 10.3 Successors and Assigns. All of the terms and provisions of this Agreement shall inure to the benefit of, and be binding upon, each of the Parties hereto and their respective successors and assigns.

Section 10.4 Entire Agreement, Recitals. This Agreement (including all exhibits, schedules, attachments and all other documents attached or annexed hereto) contains the entire agreement between the Parties with respect to the subject matter hereof and supersedes all prior agreements, proposals, representations, arrangements or understandings, written or oral, among the Parties with respect to such subject matter. The Recitals are true and correct and, together with all attachments hereto, are hereby incorporated by reference.

Section 10.5 Severability. Any provision of this Agreement that is prohibited or unenforceable in any jurisdiction shall, in such jurisdiction, be ineffective to the extent of such prohibition or unenforceability; and any such prohibition or unenforceability in any jurisdiction shall not invalidate or render unenforceable such provision in any other jurisdiction. If any provision of this Agreement shall be held or deemed to be inoperative or unenforceable as applied in any particular case because it conflicts with any other provision or provisions hereof, or with any law, statute, ordinance, rule, regulation, order, writ, decree or injunction, or for any other reason, the same shall not have the effect of rendering the Agreement inoperative or unenforceable to any extent whatsoever. The invalidity of any one or more phrases, sentences, clauses, paragraphs, sections, or subsections of this Agreement shall not affect the remaining portions thereof.

Section 10.6 Waiver. The failure or delay of any Party at any time to require performance by the other Party of any provision of this Agreement, even if known, shall not affect the right of such Party to require performance of that provision or to exercise any right, power or remedy hereunder, and any waiver by a Party of any breach of any provision of this Agreement shall not be construed as a waiver of any continuing or succeeding breach of such provision (or any other provision) or a waiver of the provision itself, or a waiver of any right, power or remedy under this Agreement.

Section 10.7 Remedies Cumulative. Except as otherwise expressly provided herein, no remedy conferred upon any Party is intended to be exclusive of any other remedy, and each and every remedy shall be cumulative and in addition to every other remedy given hereunder or available under law, by statute or in equity.

Section 10.8 Applicable Law. This Agreement shall be governed by, and construed in accordance with, the laws of the state in which the Hospital and Center are located without regard to any conflict of laws principles.

Section 10.9 Captions. The captions, paragraph and section headings in this Agreement are for reference and the convenience of the Parties only and in no way define, describe, extend or limit the scope or intent of this Agreement or any provision herein.

Section 10.10 No Third Party Beneficiaries. Except as otherwise expressly provided herein, the provisions of this Agreement are for the exclusive benefit of the Parties, and no other party, including any patient or creditor of any Party, who shall not have any right or claim against any Party by reason of this Agreement or be entitled to enforce any provision herein against any Party hereto.

Section 10.11 Counterparts. This Agreement may be executed in one or more counterparts, each of which shall be deemed to be an original, but all of which together shall constitute one and the same instrument.

Section 10.12 Word Usage. Words used in this Agreement, regardless of the number and gender, shall be deemed and construed to include any other number, singular or plural, and any other gender, masculine, feminine or neuter, as the context indicates or as appropriate. Whenever words such as "herein", "hereinafter", "hereto" and "hereunder" are used, they shall refer to this Agreement as a whole, unless the context otherwise requires. Whenever the words "include" or "including" are used, they shall be deemed to mean "include, without limitation" or "including, without limitation" as the case may be.

Section 10.13 No Intent to Induce Referrals. Nothing in this Agreement, nor any consideration in connection with it, is intended to induce, contemplates or requires the referral of any patient. This Agreement is not intended to influence the judgment of any physician or patient in choosing the medical facility appropriate for proper treatment and care. Any party performing services shall not receive any compensation or remuneration for referrals, if any. The Parties support the right of a physician or patient to select service providers for patients based on what is in the best interest of the patient. The Parties specifically do not intend to violate the federal (or any state's) Anti-Fraud and Abuse provisions (e.g., 42 USC §1320a-7b(b)).

Section 10.14 Representations. Each Party represents and warrants to the other that it is in good standing under the laws of its respective state of incorporation and under the laws of the state in which the Center is located. Each Party represents and warrants to the other that they are not a party to a collective bargaining agreement or similar labor union contract.

Section 10.15 No Agent or Legal Representative Status. This Agreement does not make either Party the agent or legal representative of the other Party for any purpose whatsoever, nor does it grant either Party any authority to assume or to create any obligation on behalf of or in the name of the other Party. National and the National Personnel are independent contractors of Hospital. Hospital and the Hospital Personnel are independent contractors of National. Each Party agrees to be solely responsible for compliance with all labor and employment laws and regulations applicable to its employees.

Section 10.16 Order Of Precedence. Any conflict or inconsistency among the main body of this Agreement and any attachment to this Agreement shall be resolved in accordance with the main body of this Agreement.

Section 10.17 Legal Compliance. Each Party represents to the other that it shall cause the Center Personnel under its respective control to comply with all applicable laws and regulations including but not limited to, HIPAA Rules, Red Flag Rules and applicable federal and state anti-kickback and self-referral laws and regulations. Each Party further represents that neither it nor any of its personnel that will be providing services under this Agreement have been debarred, disqualified or limited in any manner from participation in any federally funded health insurance program.

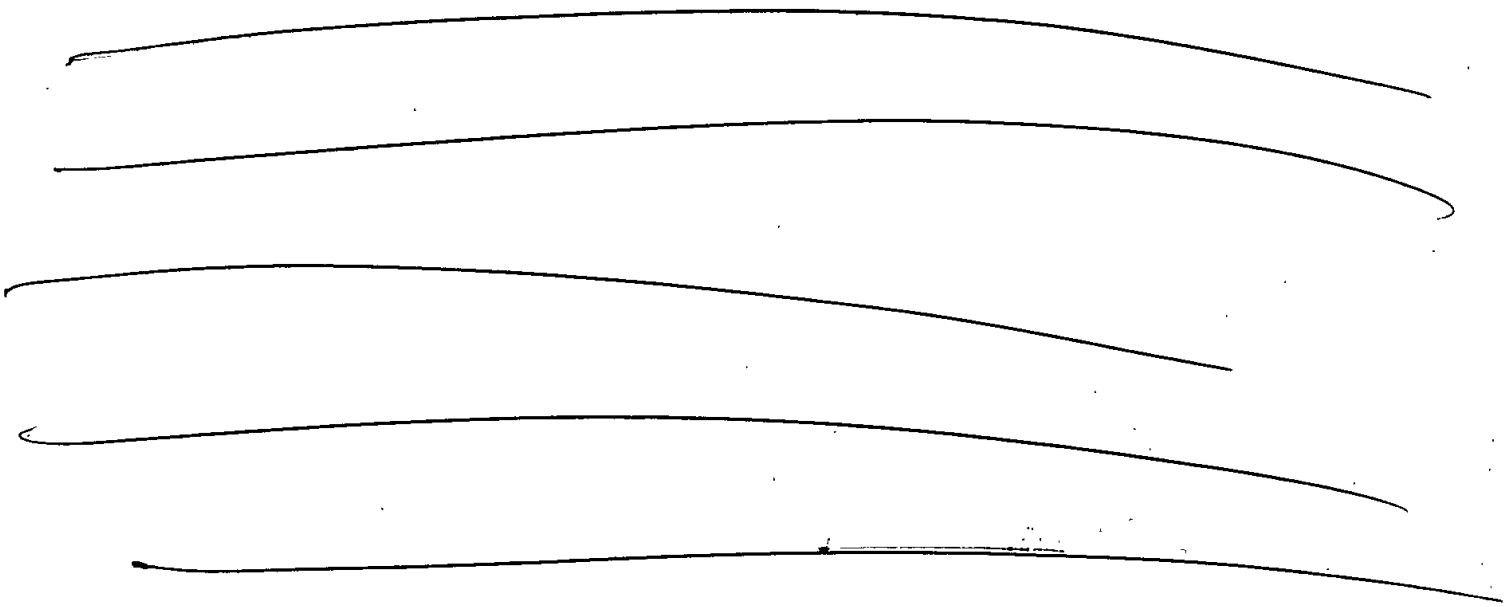
Section 10.18 Force Majeure. For purposes of this Agreement "force majeure" means and includes acts of God commonly characterized as natural disasters, or any other matter outside the

reasonable control of the Party affected thereby, including conditions arising from flooding, tornadoes, hurricanes, or other weather conditions resulting in the inability to maintain normal working conditions for periods of five (5) or more consecutive calendar days; but in any event, force majeure shall not be deemed to include inclement weather, other than as described above, or inability to perform as a result of insufficient financial resources or funding. Either Party hereto shall be excused for the period of delay in the performance of any obligations hereunder when such delay is the result of a force majeure event.

Section 10.19 Construction. The Parties acknowledge that this is a negotiated agreement and that in no event shall the terms hereof be construed against any Party on the basis that such Party, or its counsel, drafted this Agreement.

[REMAINDER OF PAGE INTENTIONALLY LEFT BLANK]

[signature page follows]



AGREEMENT SIGNATURE PAGE

IN WITNESS WHEREOF, the Parties have executed this Agreement between **Sound Shore Health System, Inc.,** a New York not-for-profit corporation, doing business as Mount Vernon Hospital and **National Wound Care & Hyperbaric Services, Inc.** through their respective authorized officers, effective as of the Effective Date above.

National Wound Care & Hyperbaric Services, Inc.

By: _____
Name: James E. Patrick
Title: Chief Executive Officer

Date: 09-29-10

Sound Shore Health System, Inc. d/b/a Mount Vernon Hospital

By: _____
Name: John R. Spicer
Title: Chief Executive Officer

Date: 9/23/10

EXHIBIT A
TO
STRATEGIC ALLIANCE AGREEMENT
FOR INTEGRATED DISEASE MANAGEMENT/WOUND TREATMENT CENTER

CENTER PERSONNEL

I. Center Personnel

Hospital Personnel*	National Personnel
(1) Registered Nurse (RN)	(1) Program Director
(1) Hyperbaric Technician	(1) Clinical Nurse Manager
	(1) Office Coordinator

* Hospital Personnel shall be adjusted as patient volumes increase on an as-needed basis as contemplated below.

II. Additional Hospital Personnel

At the following Wound Care Visit benchmarks, Hospital shall add nursing support as follows:

- At 200 Wound Care Visits per month – an RN or LPN added to Hospital Personnel.
- At each additional 100 Wound Care Visits per month – an additional RN or LPN added to Hospital Personnel.

EXHIBIT B
TO
STRATEGIC ALLIANCE AGREEMENT
FOR INTEGRATED DISEASE MANAGEMENT/WOUND TREATMENT CENTER

ADMINISTRATIVE EQUIPMENT FOR THE CENTER

[See attached]

EXHIBIT C
TO
STRATEGIC ALLIANCE AGREEMENT
FOR INTEGRATED DISEASE MANAGEMENT/WOUND TREATMENT CENTER

SUPPLIES/ INSTRUMENTS

[See attached]

as of 04/16/10

EXHIBIT B
CAPITAL EQUIPMENT

Item #	Item Required In	Item description	Recommended Quantity	Other Specifics	Notes	Hospital Specific
		PAHI CHAMBERS & ACCESSORIES				
1	HBO Room	PAH-S1 32" Diameter Monoplace Hyperbaric Chamber (**all inclusive --see below for specifics)	2	Hospital Specific		Hospital Specific
2		**PAHI All inclusive includes: • 32" Diameter 3 ATA Monoplace Hyperbaric Chamber + Swing Arm Panel • Flexible Stainless Steel Supply Hoses for Oxygen and Air connections • Exhaust Hose and Piping Adapters • Capability to Pressurize with Air or Oxygen • Built-In Air Break Breathing System (non-rebreather mask not included) • Patented Re-Directional Supply Gas Flow System • Pneumatically Controlled Operation System • Redundant Manual Pressurization/Depressurization System • Right or Left Opening Door (available at time of order) • "3D Brand" Gauges for Set Pressure and Ambient Chamber Pressure • Emergency Decompression Control • Patented Dual Safety Door Lock Mechanism • Door Open, Automatic-Mute Audio Control • Door Closed, Automatic Gas Ventilation Supply • Dual Adjustable Patient Cooling Vents • Patient Alert Button • PAH-S1 Use and Operation Manual • Installation and Training on Use of Equipment • Scheduled Annual Maintenance Service for First Two Years • Two Year Warranty on all Parts • Rapid Response Customer Service No Charge/ 2 Wide Dished Bed with Adjustable Height Backrest (one per chamber) No Charge/ 2 Deluxe Hyperbaric Comfort Mattress (one per chamber) No Charge/ 2 Digital Oxygen Analyzer (one per chamber) No Charge/ 2 19" Flat Panel LCD Video Monitor with External A/V In and Output (one per chamber) No Charge/ 2 Computer Adaptable Data Logger (one per chamber) No Charge/ 2 Patient Grounding Strap (one per chamber) No Charge/ 2 Internal/External Communication System with External Audio Input (per chamber) No Charge/ 2 Integrated Environmental Gas Cooling System ("For Chiller") (one per chamber) No Charge/ 2 TCOM Thru-Hull Penetrator and Adapter (one per chamber) No Charge/ 4 Standard Thru-Hull IV Penetrators and Plug Assemblies (two per chamber) No Charge/ 2 7/8" Thru-Hull Penetrator Reserved for NIBP (one per chamber) No Charge/ 2 Thru-Hull Penetrator Reserved for Custom Application (one per chamber)				
3	HBO Room	TcPO2 and HBO -Hose Connector, reusable -02 reservoir bag, Disposable 100% latex-free breathing bag -Reusable non-rebreathing tee -Reusable Tee adapter -Mask anesthesia med clear comfort Adult (air break) -Filter bacterial (air break)	2	King Systems Model 1065 (Adult Large) 50/case (317) 776-6823 Distributed by Cardinal, Owens & Minor, McKesson	HBO Room	Case Per Center

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EXHIBIT B
CAPITAL EQUIPMENT

Item #	Item Required In	Item description	Recommended Quantity	Other Specifics	Notes	Hospital Specific
4	HBO Room	Smoke Hood (PAHI Chamber)	1		1 Per Chamber	
		PERRY CHAMBERS & ACCESSORIES				
1	HBO Room	The Sigma 34 has a larger 34" diameter clear acrylic cylinder which allows patient's upper torso to be elevated up to 25 degrees. (see below for specifics)	2	Hospital Specific		Hospital Specific
2		The Sigma 34--each chamber includes: •Wide hydraulic adjustable-height patient transfer gurney with stretcher and mattress; standard mattress cushion is extra thick for maximum comfort; stretcher back support can be adjusted from full upright to full recline position; handrail assembly. •Right-hand door configuration is standard. Alternate configuration available if specified on Purchase Order. •Perry IV penetrator and plug assembly that provides through-hull interface for intravenous drug/fluid delivery. •Patient air break mask assembly provides the means to supply Medical Air to the patient for short-term air breathing; demand valve, penetrator fittings, internal and external hose, and two (2) disposable masks. •Cable assembly and penetrator to transcutaneous monitor; provides connection path from TcP02 monitor to chamber and chamber to patient monitor cable. Penetrator is constructed to accept the standard monitor extension cables. •Sigma 34 Tool Kit (includes 1 Tool Box, ohmmeter and extension with 1 small clamp; small 1 screwdriver 4 in 1 Allen key set, 1 adjustable wrench 6", 1 adjustable wrench 12" , 1 brass bush, 1 lip seal) •Patient entertainment system which consists of a 20" LCD Flat Panel Video w/ DVD Player; tie rod universal mounting bracket and all cables/ adapters and installation instructions •Armrest assembly •Chamber cover •Hyperbaric pillow •Wedge cushion •Air regulator •Case of adult breathing masks •Parat C smoke hood with wall mount				

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EXHIBIT B
CAPITAL EQUIPMENT

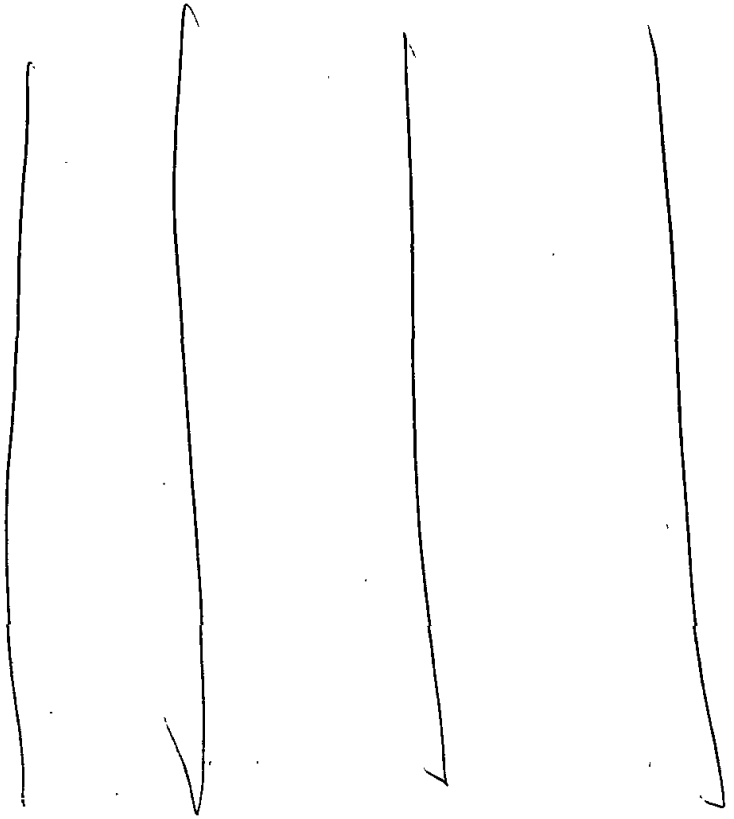
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Item #	Item Required In	Item description	Recommended Quantity	Other Specifics	Notes	Hospital Specific
2		•Portable wrist strap tester •Disinfectant spray (12 per chamber) •Digital timers •Patient wrist strap •Operation and Maintenance Manual, all required installation fittings and equipment (SIGMA 34 is designed, manufactured, tested and installed in accordance with current regulations of the FDA, ASME PVHO-1, and NFPA. The customer is responsible for meeting local and state regulations regarding the installation and operation of the system. •Customer is responsible for ensuring the facility meets Technical/Building Services Specifications TECH-34-902703, Revision E. •Delivery charges to be paid by customer - allow 2-3 months for delivery (after receipt of purchase order) •2-year limited warranty on parts and labor				
3	HBO Room	Smoke Hood (Perry Chamber)	1		Included in chamber purchase	
		SECHRIST CHAMBERS & ACCESSORIES				
1	HBO Room	Monoplace Hyperbaric System, 32" Diameter Pneumatic Control Panel Reverse Pneumatic Control Panel **Chambers come with the following**: Standard Gurney Assembly with Deluxe Wide Patient Stretcher and Mattress with Adjustable Backrest 19 Pin Electrical Port - door side hull Cotton Cover Non Stock Hoses and Adapters for Installation Non Stock Spare Parts Kit Installation and Technical In-service Training **Ancillary Items:** Air Break Breathing Assembly (includes one demand valve, pass-through port, two masks, hoses & fitting) HBO Cable Assembly for Transcutaneous Monitoring (requires 19 Pin Electrical Port - p/n 35243). Connects Radiometer electrode to the chamber, enabling Transcutaneous measurements during treatment. Parts and Labor are warranted for two years from date of purchase.				
2	HBO Room	Smoke Hood (Sechrist chamber)	1		1 Per Chamber	
		TRANSCUTANEOUS MONITOR (TcPO2)				
1	HBO Room	Transcutaneous Monitor (TcPO2)	1	TCM 400-4	monitor with four leads	Per Center
2	HBO Room	TcPO2 - Accessory Kit for the E5250 Electrode	4	904-308	pkg/12 units per box	Pkg. Per Center
3	HBO Room	TcPO2 - D 282 Electrode Fixation Kit	4	904-891	pkg/100	Pkg. Per Center
4	HBO Room	TcPO2 - Oxygen E Cylinder with walking stand	1		for TcPO2 oxygen tests	Per Center
		Procedure Chairs				

as of 04/16/10

EXHIBIT B
CAPITAL EQUIPMENT

Item #	Item Required In	Item description	Recommended Quantity	Other Specifics	Notes	Hospital Specific
1	General Facility	Treatment Room Procedure chair * * Option to substitute one stretcher for one chair – or to purchase from other vendors	2	Stryker Procedure 5050 ** (800) 327-0770 Symphony Medical FS-APC2-2000 (804) 355-2113 *Electro Medical Equipment* Podiatry Chair Model ST0565 (800) 235-2952	**Must order with optional feature independent leg articulation when placing Stryker order. * Symphony's Hausted *APC 2000 multi-position* & stretcher	1 Per Treatment Room 1 for HBO Room



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EXHIBIT B
EQUIPMENT

Item #	Equipment Category	Item Required In	Item description (Equipment)	Quantity	Quantity Unit	Notes
1	General Facility	Center	Blood Pressure cuffs, regular and extra large (electronic blood pressure cuffs with interchangeable cuff sizes)	2	Per Center	
2	General Facility	Center	Stethoscope, 28" tube	2	Per Center	28" tube
3	General Facility	Center	Doppler, bi-directional 5 and 8mHz probe	1	Per Center	
4	General Facility	Center	Dressing/Instrument Cart	1	Per Center	Intended for use during clinic to keep sharps/pharm locked up to meet facility's specific needs (must be lockable)
5	General Facility	Center	Linen Cart - Covered	1	Per Center	If needed - Hospital preference; to meet facility's specific needs
6	General Facility	Center	Oto-ophthalmoscope (with additional ear speculum)	1	Per Center	Set with heads
7	General Facility	Center	Emergency eye wash station	1	Per Center	Per hospital policy.
8	General Facility	Center	Refrigerator - regular	1	Per Center	if staff room available
9	General Facility	Center	Step stool with handrail	TBD	1 Per HBO Room + 1 Per Treatment Room	For patient use (one HBO, one wound care)
10	General Facility	Center	Wheelchair extra wide w/ detachable foot & arms	1	Per Center	
11	General Facility	HBO Room + Treatment Room	Glove dispenser for regular gloves	TBD	2 Per HBO Room + 3 Per Treatment Room	Per Hospital practice
12	General Facility	HBO Room + Treatment Room	Sharps Container - wall mounted	TBD	1 Per HBO Room + 1 Per Treatment Room	Wall mounted
13	General Facility	Treatment Room	Treatment room signals	1	Per Treatment Room	6 flags set and room numbering system
14	General Facility	HBO Room + Treatment Room	Waste container, biohazard, covered	TBD	1 Per HBO Room + 1 Per Treatment Room	Size per hospital policy on disposal of biohazard; per OSHA infection control requirements
15	General Facility	HBO Room + Treatment Room	Waste container, regular, step, covered (open not allowed)	TBD	1 Per HBO Room + 1 Per Treatment Room	Regular, step, covered; per OSHA
16	General Facility	Treatment Room	Clothes hooks, door mount	TBD	Per Treatment Room	Door mount
17	General Facility	Treatment Room	Door numbers (1, 2, 3, 4) etc.	1	Total for All Treatments Rooms	Used to number the treatment rooms
18	General Facility	Treatment Room	Exam Light w /base and casters	1	Total for All Treatments Rooms	
19	General Facility	Treatment Room	Mayo stand w/casters	1	Total for All Treatments Rooms	18" x 21", chrome
20	General Facility	Treatment Room	Semmes-Weinstein monofilament 10g (disposable)	1	Total for All Treatments Rooms	
21	General Facility	Center	Latchable or transport tray/box for soiled instruments	2	Per Center	Per hospital policy

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EXHIBIT B
EQUIPMENT

Item #	Equipment Category	Item Required In	Item description (Equipment)	Quantity	Quantity Unit	Notes
22	General Facility	Center	Shoehorn	1	Per Center	
23	General Facility	Treatment Room	Stool, exam, airlift, casters	1	Per Treatment Room	Optional back rest available
24	General Facility	Center	Utility cart, stainless, small 3-tier	3	Per Center	Hospital preference -- for TcPO2 and supplies
25	HBO	HBO Room	Air H Cylinder with stand or straps	2	Per HBO Room	With stand or straps
26	HBO	HBO Room	Glucometer & supplies	1	Per HBO Room	
27	HBO	HBO Room	Electrodes - grounding wire	1	Per HBO Room	in package quantity
28	Housekeeping	HBO Room	Privacy Curtain/Screen between chambers and around TcPO2 area	1	Per HBO Room	If needed
29	General Facility	Center	Transfer equipment (slide board and walker)	1	Per Center	Per Hospital requirement
30	Instruments	Center	Cautery Pen Hi-Temp Fine Tip	2	Per Center	Must be stored in locked cabinet
31	Instruments	Center	Hammer Percussion	1	Per Center	If requested by DPM
32	Instruments	Center	Nail Nippers: 5.5"	2	Per Center	If requested by DPM
33	Instruments	Center	Nail Nippers: 4.5"	2	Per Center	If requested by DPM
34	Instruments	Center	Nail Splitter - 5" Narrow - Straight	1	Per Center	If requested by DPM
35	Instruments	Center	Needle Holder - Webster 5"	4	Per Center	
36	Instruments	Center	Probe Pratt 5½" - Straight Shaft	4	Per Center	
37	Instruments	Center	Ronguer - 6" 3mm Straight	2	Per Center	Per Physician request
38	Instruments	Center	Ronguer - 6" curved 3mm	2	Per Center	Per Physician request
39	Instruments	Center	Ronguer - 7¼" 5 mm curved	2	Per Center	Per Physician request
40	Instruments	Center	Tissue Nippers 5"	1	Per Center	If requested by DPM
41	Instruments	Center	Tuning Fork C-128 Alloy	1	Per Center	If requested by DPM
42	Instruments	HBO Room + Treatment Room	Scissors - Bandage Scissors	TBD	2 Per HBO Room + 2 Per Treatment Room	Per Infection Control approval; disposable option preferred
43	Instruments	Treatment Room	Curette 6" - #0	4	Total for All Treatments Rooms	Get physician preference; disposable option preferred
44	Instruments	Treatment Room	Curette 6" - #3	4	Total for All Treatments Rooms	Get physician preference disposable option preferred
45	Instruments	Treatment Room	Curette 6" - #7	4	Total for All Treatments Rooms	Get physician preference disposable option preferred
46	Instruments	Treatment Room	Forceps - Adson with teeth	4	Total for All Treatments Rooms	Disposable option preferred
47	Instruments	Treatment Room	Forceps - Adson without teeth	3	Total for All Treatments Rooms	Disposable option preferred
48	Instruments	Treatment Room	Scissors - Iris Curved	6	Total for All Treatments Rooms	Disposable option preferred
49	Instruments	Treatment Room	Scissors - Iris Straight	6	Total for All Treatments Rooms	Disposable option preferred

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EXHIBIT B
EQUIPMENT

Item #	Equipment Category	Item Required In	Item description (Equipment)	Quantity	Quantity Unit	Notes
IF THE CENTER HAS PAHI CHAMBERS - DO NOT ORDER BELOW ITEMS						
50	HBO	HBO Room	TV with DVD/VCR	2	Per HBO Room	With direct front audio output capabilities built-in and wall mount
51	HBO	HBO Room	Regular Pillow 14x20	2	Per HBO Room	
52	HBO	HBO Room	Wedge Pillow 20x30x7	2	Per HBO Room	
53	HBO	HBO Room	Air Regulator for H Cylinder	2	Per HBO Room	Order from RC Medical, Inc. or Western Medical
54	HBO	HBO Room	Adult Face Mask with adjustable air cushions (case)	1	Per HBO Room	With adjustable air cushions
55	HBO	HBO Room	Digital Timer	2	Per HBO Room	Additional purchase for chamber
56	General Purpose	HBO Room	Hyperbaric Chamber Disinfectants	1	Per HBO Room (gallon - case)	Only those cleaners approved by the chamber manufacturer will be used inside of the hyperbaric chamber to prevent damage to the acrylic hull of the chamber.
56	HBO	HBO Room	Chamber Ground Test Kit	1	Per HBO Room	Additional purchase for chamber International ATMO 414 Navarro, Suite 502 San Antonio TX 78205 Phone 210 614-3688 Fax 210-223-4864

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EXHIBIT B
ADMINISTRATIVE ITEMS

Item #	ADMINISTRATIVE LIST	Bus Off	HBO Tech	MD Work Area	Nursing Station	Nurse Mgr Off	Treatment Room	WHC Director	Waiting Area	TOTAL
1	Allergy Stickers	1 roll								1
2	Avery Labels #5160	1 box								1
3	Avery Labels #6490	1 box								1
4	Cabinet – Office Supplies	1								1
5	Chair - Visitor (4 - 10)			1		1	0	2		4
6	Chair w/arms and wheels	1	1	1	2	1		1		7
7	Desk/Workstation (fit to space 6 - 8)	1	1	1	1 per RN	1		1		6 +
8	File Cabinet – 4 Drawer Lateral	1						1		2
9	File Cabinet –2 Drawer Lateral	1	1	1		1		1		6
10	Cabinetry, file space and workstations to be ordered as indicated by space.									TBD
11	*Chairs w/arms – large* (Qty varies w/size of waiting room)								*Approx 10*	10
12	Chairs for waiting room, visitor chairs for treatment rooms and office chairs for workstations. (Quantity varies by center)									TBD
13	Chart Binders	100								100
14	Chart Carts – 2 Shelves	1	1		1					3
15	Chart Dividers Pre-Printed	100								100
16	Chart Racks – Wall / Door - 4 Pocket set (4 to 6) (Qty as needed).									TBD
17	Facsimile Machine – Multifunctional	1			1					2
18	Fax line	1			1					2
19	Paper Shredder – per Hospital policy	1								1
20	Physician dictation system – *per Hospital policy*			1						1
21	Side Tables for waiting room								2	2
22	Telephone–main line plus (3) rollover lines with voicemail	2	1	1	3	1		1		9
23	TV								1	1

RECOMMENDED ADDITIONAL ITEMS / REFERENCE BOOKS:

1 Label maker
1 Nursing Drug Book
1 Physician Drug Reference Book (PDR)
1 CPT Code Book
1 ICD9 Book

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EXHIBIT B
IS EQUIPMENT

Item #	INFORMATION SYSTEM LIST		HBO Tech	Nurse Mgr Office	Nursing Station	Office Coord	Program Director	TOTAL
1	**Scanner**	If the Hospital uses for medical records (according to Hospital IS requirements)						**1**
2	**Computers**	Minimum of 5 needed – see requirements below (If hospital is electronic medical record, more will be needed - 1 Physician COWS (computer on wheels station) or desk-top station.	1	1	1	1	1	**5**
3	**Camera**	2.1 mega-pixel **or better** with extra 32mb Smart Media			1			**1**
4	**Battery(s)**	Rechargeable batteries for the camera with battery charger			1			**1**
5	**Printers**	Minimum of 3 needed – see printer notes below	1 Color Laser for National Outcome Tracking System Reports	1 Inkjet - Network (optional)	1 Inkjet Network (optional)	1 LaserJet Network	1 Color Inkjet	**3**

NOTE: Physician computer may be required per Hospital practice.
OTHER MATERIALS: Strip and surge protector (3 per Center) with 3-prong multi-plug

COMPUTER REQUIREMENTS:
Pentium IV or faster
512 MB RAM
10GB IDE disk or greater
10/100 Network card
17" SVGA Color Monitor
HP Photo smart Printer (Capability to accept 8.5 X 11 inch paper)
Windows XP Professional
Microsoft Office 2003 (Publisher)

PRINTER NOTES:
The color printer is to be used for hard copies of wound photographs, presentations, National Outcome Tracking System, and other documents.

CAMERA NOTES:
Olympus Camera with Software is recommended.
Camera must be able to take 1024 x 768 resolution digital pictures.
Camera must have a USB interface for connection to HBO Tech Computer.
Pictures with too high a resolution may not work with the National Outcome Tracking System.

GENERAL NOTES:
Hospital shall provide computer equipment and network/internet access as appropriate and consistent with Center. Personnel's specified activities, which may include administrative activities, performance/quality monitoring and reporting of clinical documentation. Such equipment may include desktop, laptop and mobile computing devices, printers, scanners as completed by the foregoing.

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EXHIBIT C
CLINIC SUPPLIES

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Item #	Supply Category	Item Required In	Item description (Supply)	Quantity	Quantity Unit	Notes
1	Clean Utility Room	Center	Metal or wire shelving unit(s).	1	Per Center	# dependent upon room size. May need more
2	Compression	Treatment Room	Ace Bandage - 4"	6	Per Treatment Room	
3	Compression	Treatment Room	Coban - 4"	6	Per Treatment Room	
4	Compression	Center	Multi-layered compression bandage system	36	Per Center	
5	Compression	Center	Tubular compression bandage - size D	3	Per Center (box)	
6	Compression	Center	Tubular compression bandage - size F	3	Per Center (box)	
7	Dressing	Treatment Room	Adhesive Wound Closure Strips - 1/4"	5	Per Treatment Room (pkg)	
8	Dressing	Treatment Room	Adhesive Wound Closure Strips - 1/2"	5	Per Treatment Room (pkg)	
9	Dressing	Center	Hydrogel - Amorphous (30 gm)	2	Per Center	
10	Dressing	Treatment Room	Calcium Alginate Rope	5	Per Treatment Room	
11	Dressing	Treatment Room	Hydrocolloid (consider an ultrathin hydrocolloid for NPWT)	5	Per Treatment Room	
12	Dressing	Treatment Room	Petroleum Gauze 3"x9" plain and Bismuth	5	Per Treatment Room	
13	Dressing	Treatment Room	Gauze Sponge Non-Sterile 2X2 Bulk pack	5	Per Treatment Room	
14	Dressing	Treatment Room	Gauze Sponge Non-Sterile 4x4 Bulk pack	5	Per Treatment Room	
15	Dressing	Treatment Room	Gauze Sponge, sterile 4x4, 10 pack	5	Per Treatment Room	
16	Dressing	Treatment Room	Hypoallergenic Cloth Tape 2" x 10 yd	5	Per Treatment Room	
17	Dressing	Treatment Room	Paper Tape 2"	5	Per Treatment Room	
18	Dressing	Treatment Room	Mefix Tape 4"	5	Per Treatment Room	
19	Dressing	Treatment Room	Plain Packing Strip ¼" x 5 yards	3	Per Treatment Room	
20	Dressing	Treatment Room	Stretch Roll Gauze - 2"	5	Per Treatment Room	
21	Dressing	Treatment Room	Stretch Roll Gauze - 4"	5	Per Treatment Room	
22	Dressing	Center	Normal Saline	3	Per Center	
23	Dressing	Treatment Room	Non-Alcohol Skin Preparation Product	3	Per Treatment Room (box)	Wipes or bottle, but not both
24	Dressing	Center	Tincture of Benzoin	1	Per Center (box)	
25	Dressing	Center	Tube-Bandage Elastic Net 25 yds - #8	2	Per Center (box)	
26	Dressing	Center	Tube-Bandage Elastic Net 25 yds - #10	2	Per Center (box)	
27	Dressing	Treatment Room	MMP inhibitor with silver (Prisma)	3	Per Treatment Room (box)	
28	Dressing	Treatment Room	MMP inhibitor without silver (Promogran)	3	Per Treatment Room (box)	
29	Dressing	Treatment Room	Hydrogel - Amorphous (unit dose)	5	Per Treatment Room (box)	
30	Dressing	Treatment Room	Collagen Alginate Dressing	5	Per Treatment Room (box)	
31	Dressing	Treatment Room	Sterile Foam 4x4 or comparable	3	Per Treatment Room (box)	
32	Dressing	Treatment Room	Transparent Film Dressing	5	Per Treatment Room (box)	
33	Dressing	Treatment Room	Silver Dressings - Gel	3	Per Treatment Room (box)	
34	Dressing	Treatment Room	Silver Dressings - Foam	3	Per Treatment Room (box)	
35	Dressing	Treatment Room	Non Adherent Contact layer 3x8	3	Per Treatment Room (box)	
36	Dressing	Treatment Room	Adaptic (non-adherent dressing)	3	Per Treatment Room (box)	
37	Dressing	Treatment Room	Dressing combined 8x10 ABD	5	Per Treatment Room (box)	
38	Dressing	Treatment Room	Saline Bullet (30 ml)	3	Per Treatment Room (box)	
39	Dressing	Treatment Room	Kerlix Non Stretch Roll Gauze	3	Per Treatment Room (box)	
40	General Purpose	Center	Nair (any hair removal product)	2	Per Center	

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EXHIBIT C
CLINIC SUPPLIES

Item #	Supply Category	Item Required In	Item Description (Supply)	Quantity	Quantity Unit	Notes
41	General Purpose	Treatment Room	Alcohol Prep 2 Ply Med	3	Per Treatment Room	
42	General Purpose	HBO Room	Denture Cups	6	Per HBO Room	
43	General Purpose	HBO Room + Treatment Room	Belongings Sacks	TBD	10 Per HBO Room + 10 Per Treatment Room	
44	General Purpose	HBO Room	Bedpans - Disposable	5	Per HBO Room	
45	General Purpose	Center	Urinal Male Plastic	5	Per Center	
46	General Purpose	Treatment Room	Gentian Violet Pens	1	Per Treatment Room	Skin Marker
47	General Purpose	Center	Gloves Non sterile - Small	1	Per Center (1 case)	Sizes per physician/staff preference
48	General Purpose	Center	Gloves Non sterile - Medium	1	Per Center (1 case)	Sizes per physician/staff preference
49	General Purpose	Center	Gloves Non sterile - Large	1	Per Center (1 case)	Sizes per physician/staff preference
50	General Purpose	HBO Room	Peri-wash bottles for patient drinking water	20	Per HBO Room (bottles)	
51	General Purpose	Center	Shoe Cover Vinyl Non-Skid PR	2	Per Center (box)	
52	General Purpose	Center	Surgical Scrub Brush	1	Per Center (box)	
53	General Purpose	Center	Sutures (physician preference)	3	Per Center (box)	Obtain from Central Supply as needed. Must be stored in locked cabinet.
54	General Purpose	Center	Hypodermic Needle 18g x 1"	1	Per Center (box)	Must be stored in locked cabinet.
55	General Purpose	Center	Hypodermic Needle 26g x 1 ¼"	1	Per Center (box)	Must be stored in locked cabinet.
56	General Purpose	Center	Hypodermic Needle 25 or 27g x 5/8"	1	Per Center (box)	Must be stored in locked cabinet.
57	General Purpose	Center	Mask Fluid w/Wrap Visor 25	1	Per Center (box)	
58	General Purpose	Center	Mask Fluid-Resist Tie-On	1	Per Center (box)	
59	General Purpose	Center	PVP Swab Stick Single	1	Per Center (box)	
60	General Purpose	Treatment Room	Sterile foam tipped applicators (need for centimeter markings on plastic handle - Puritan Medical)	3	Per Treatment Room (box)	Plastic preferred
61	General Purpose	Treatment Room	Sterile Tongue Depressor	3	Per Treatment Room (box)	
62	General Purpose	Center	Syringes 35 cc	1	Per Center (1 case)	
63	General Purpose	Center	Syringes 10cc	1	Per Center (1 case)	
64	General Purpose	Center	Syringes 5cc	1	Per Center (1 case)	
65	General Purpose	Treatment Room	Measuring Tapes 91cm paper	1	Per Treatment Room (pad)	
66	General Purpose	Treatment Room	Wound Measuring Tapes 20cm paper	1	Per Treatment Room (pad)	
67	General Purpose	Center	Plastic Medicine Cups	1	Per Center (sleeve)	
68	Housekeeping	HBO Room + Treatment Room	Skin Care Products (skin cleanser - present formulary)	TBD	1 Per HBO Room + 3 Per Treatment Room	
69	Housekeeping	HBO Room + Treatment Room	Skin Care Products (skin lotion - present formulary)	TBD	1 Per HBO Room + 3 Per Treatment Room	
70	Housekeeping	HBO Room + Treatment Room	Skin Care Products (skin barrier - present formulary)	TBD	1 Per HBO Room + 3 Per Treatment Room	
71	Housekeeping	HBO Room	Spray containers for disinfectants	2	Per HBO Room	Per Hospital Policy - 32 oz preferred

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EXHIBIT C
CLINIC SUPPLIES

Item #	Supply Category	Item Required In	Item description (Supply)	Quantity	Quantity Unit	Notes
72	Housekeeping	HBO Room+ Treatment Room	Treatment Room Disinfectant Wipes	TBD	1 Per HBO Room + 3 Per Treatment Room	
73	Housekeeping	HBO Room + Treatment Room	Antimicrobial hand rinse pumps / rinse	TBD	3 Per HBO Room + 3 Per Treatment Room	
74	Housekeeping	Treatment Room	Treatment Room Disinfectant	5	Treatment Room	Per Hospital Policy
75	Housekeeping	HBO Room + Treatment Room	Paper Towel dispenser	TBD	1 Per HBO Room + 1 Per Treatment Room	
76	Housekeeping	HBO Room + Treatment Room	Plastic bags for regular and bio waste	TBD	2 Per HBO Room + 2 Treatment Room	For regular and bio-waste
77	Housekeeping	HBO Room + Treatment Room	Soap for dispenser	TBD	1 Per HBO Room + 1 Per Treatment Room	
78	Housekeeping	HBO Room + Treatment Room	Soap dispenser, foot or hand pump w/ soap	TBD	1 Per HBO Room + 1 Per Treatment Room	Or per local contract
79	Housekeeping	Center	Hamper, linen with bags, 18"	2	Per Center	Per OSHA - 1 for HBO, 1 for WC (Dependent upon hospital policy, 1 per HBO Room + Treatment Room.)
80	Housekeeping	Treatment Room	Pillow, poly	3	Per Treatment Room	Poly 20 x 26
81	Instruments-Disposable	HBO Room + Treatment Room	Suture Removal Tray	TBD	2 Per HBO Room + 3 Per Treatment Room	
82	Instruments-Disposable	Treatment Room	Staple Remover	5	Per treatment Room	
83	Instruments-Disposable	HBO Room + Treatment Room	Scalpel Sterile Disposable - #10	TBD	2 Per HBO Room + 2 Per Treatment Room (boxes)	Must be stored in locked cabinet.
84	Instruments-Disposable	HBO Room + Treatment Room	Scalpel Sterile Disposable - #11	TBD	2 Per HBO Room + 2 Per Treatment Room (boxes)	Must be stored in locked cabinet.
85	Instruments-Disposable (boxes)	HBO Room + Treatment Room	Scalpel Sterile Disposable - #15	TBD	2 Per HBO Room + 2 Per Treatment Room	Must be stored in locked cabinet.
86	Laboratory	Treatment Room	Specimen jar & Formaldehyde + Formaldehyde Labels	9	Per Treatment Room	Must be stored in locked cabinet.
87	Laboratory	Treatment Room	Sterile specimen jar	9	Per Treatment Room	
88	Laboratory	Center	Biopsy Punch Dispose 5mm	2	Per Center (box)	Must be stored in locked cabinet.
89	Laboratory	Center	Aerobic culturettes	1	Per Center (pack)	
90	Laboratory	Center	Anaerobic culturettes	1	Per Center (pack)	
91	Linens	Treatment Room	Gown Imperv Elas Cuff - Disposable	14	Per Treatment Room	Label for HBO only.
92	Linens	Treatment Room	Draw Sheets	15	Per Treatment Room	
93	Linens	Treatment Room	Towels	15	Per Treatment Room	
94	Linens	Treatment Room	Washcloths	15	Per Treatment Room	
95	Linens	Center	Gowns - NFPA 99, Chapter 20 (100% Cotton)	48	Per Center	Label for HBO only
96	Linens	Center	Sheets - NFPA 99, Chapter 20 (100% Cotton)	48	Per Center	
97	Linens	Center	Pillow Cases - NFPA 99, Chapter 20 (100% Cotton)	48	Per Center	
98	Linens	Center	Blankets - NFPA 99, Chapter 20 (100% Cotton)	48	Per Center	
99	Nutritional Srvs	Center	Orange Juice 4 oz	12	Per Center	
100	Nutritional Srvs	Center	Apple Juice 4 oz	12	Per Center	
101	Nutritional Srvs	Center	Cranberry Juice 4 oz	12	Per Center	

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EXHIBIT C
CLINIC SUPPLIES

Item #	Supply Category	Item Required In	Item description (Supply)	Quantity	Quantity Unit	Notes
102	Nutritional Srvs	Center	Grape Juice 4 oz	12	Per Center	
103	Nutritional Srvs	Center	Liquid Nutritional Supplement (diabetic)	12	Per Center	
104	Nutritional Srvs	Center	Milk	12	Per Center	
105	Nutritional Srvs	Center	Creamers	12	Per Center	
106	Nutritional Srvs	Center	Graham Crackers	24	Per Center	
107	Nutritional Srvs	Center	Saltines - salt free	24	Per Center	
108	Nutritional Srvs	Center	Peanut Butter	12	Per Center	
109	Personal Care	Treatment Room	Tissue	5	Per Treatment Room	
110	Personal Care	Treatment Room	Wash basin	4	Per Treatment Room	
111	Personal Care	Treatment Room	Underpad, Poly 17 x 24	40	Per Treatment Room (pack)	Hospital preference
112	Pharmaceutical	Treatment Room	Cadexomer Iodine, gel or pad	2	Per Treatment Room	IODOSORB (Smith and Nephew)
113	Pharmaceutical	Treatment Room	Collagenase	2	Per Treatment Room	
114	Pharmaceutical	Treatment Room	Bleeding control agent such as Gel form, Surgicel or Laceration/Skin Tear Powder	2	Per Treatment Room	
115	Pharmaceutical	Center	Lidocaine 1% with EPI	1	Per Center	
116	Pharmaceutical	Treatment Room	Lidocaine gel 2% (unit dose or multi-dose)	2	Per Treatment Room	
117	Pharmaceutical	Treatment Room	Topical Lidocaine liquid 4%	2	Per Treatment Room	
118	Pharmaceutical	Treatment Room	Benzociane 20% spray	2	Per Treatment Room	
119	Pharmaceutical	Center	Steroid Cream (mid to high potency)	2	Per Center	
120	Pharmaceutical	Treatment Room	Antifungal cream	2	Per Treatment Room	

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Exhibit "B"

BUSINESS ASSOCIATE AGREEMENT

Sound Shore Health System, Inc. d/b/a Mount Vernon Hospital
~~Sound Shore Medical Center of Westchester~~

and

National Wound Care + Hyperbaric Services, Inc.

This Business Associate Agreement ("BAA") effective on the last signature date below, is entered into by and between National Wound Care + Hyperbaric Services Inc. ("Company") and Sound Shore Medical Center of Westchester ("Covered Entity").

1. BACKGROUND AND PURPOSE. The Parties have entered into, and may in the future enter into, one or more written agreements, that require Company to be provided with, to have access to, and/or to create Protected Health Information (the "Underlying Contract(s)"), that is subject to the federal regulations issued pursuant to the Health Insurance Portability and Accountability Act ("HIPAA") and codified at 45 C.P.R. parts 160 and 164 ("HIPAA Regulations"). This BAA shall supplement and/or amend each of the Underlying Contract(s) only with respect to Company's Use, Disclosure, and creation of PHI under the Underlying Contract(s) to allow Covered Entity to comply with sections 164.502(e) and 164.314(a)(2)(i) of the HIPAA Regulations. Company acknowledges that effective January 1, 2010, as a business associate, it is responsible to comply with the HIPAA Security and Privacy regulations pursuant to Subtitle D of the Health Information Technology for Economic and Clinical Health Act ("HITECH"), including Sections 164.308, 164.310, 164.312 and 164.316 of title 45 of the Code of Federal Regulations. Except as so supplemented and/or amended, the terms of the Underlying Contract(s) shall continue unchanged and shall apply with full force and effect to govern the matters addressed in this BAA and in each of the Underlying Contract(s).

2. DEFINITIONS. Unless otherwise defined in this BAA, all capitalized terms used in this BAA have the meanings ascribed in the HIPAA Regulations, provided, however, that "PHI" and "ePHI" shall mean Protected Health Information and Electronic Protected Health Information, respectively, as defined in 45 C.F.R. § 160.103, limited to the information Company received from or created or received on behalf of Covered Entity as Covered Entity's Business Associate. "Administrative Safeguards" shall have the same meaning as the term "administrative safeguards" in 45 C.F.R. § 164.304, with the exception that it shall apply to the management of the conduct of Company's workforce, not Covered Entity's workforce, in relation to the protection of that information.

3. OBLIGATIONS OF THE PARTIES WITH RESPECT TO PHI.

3.1. Obligations of Company. With regard to its Use and/or Disclosure of PHI, Company agrees to:

a. not Use or Disclose PHI other than as permitted or required by this BAA or as Required By Law. [§ 164.504 (e)(2)(ii)(A)] Effective January 1, 2010, Company may Use and Disclose Protected Health Information only if its Use or Disclosure is in compliance with each applicable requirement of section 164.504(e) of title 45 of the Code of Federal Regulations.

b. use appropriate safeguards to prevent Use or Disclosure of PHI other than as provided for by this BAA. [§ 164.504 (e)(2)(ii)(B)]

c. report to Covered Entity any Use or Disclosure of PHI not provided for by this BAA of which Company becomes aware. [§ 164.504 (e)(2)(ii)(C)]

d. ensure that any agents and subcontractors to whom it provides PHI received from, or created or received by Company on behalf of Covered Entity agree to the same restrictions and conditions set forth in the business associate provisions of the HIPAA Regulations that apply through this BAA to Company with respect to such information. [§ 164.504 (e)(2)(ii)(D)]

e. within twenty (20) days of receiving a written request from Covered Entity, make available to the Covered Entity PHI necessary for Covered Entity to respond to Individuals' requests for access to PHI about them in the event that the PHI in Company's possession constitutes a Designated Record Set. [§ 164.504 (e)(2)(ii)(E)] In the event any individual requests access to PHI directly from Company, Company shall within five (5) business days forward such request to the Covered Entity. Any denials of access to the PHI requested shall be the responsibility of the Covered Entity.

f. within thirty (30) days of receiving a written request from Covered Entity, make available to the Covered Entity PHI for amendment and incorporate any amendments to the PHI in accordance with 45 C.F.R. Part 164 Subpart E ("Privacy Rule") in the event that the PHI in Company's possession constitutes a Designated Record Set. [§ 164.504 (e)(2)(ii)(F)]

g. within thirty (30) days of receiving a written request from Covered Entity, make available to the Covered Entity the information required for the Covered Entity to provide an accounting of disclosures of PHI as required by the Privacy Rule. [§ 164.504 (e)(2)(ii)(G)] Company shall provide the Covered Entity with the following information: (i) the date of the disclosure, (ii) the name of the entity or person who received the PHI, and if known, the address of such entity or person, (iii) a brief description of the PHI disclosed, and (iv) one of the following, as applicable: (a) a brief statement of the purpose of such disclosure which includes an explanation that reasonably informs the individual of the basis for such disclosure or in lieu of such statement, (b) a copy of a written request from the Secretary of Health and Human Services to investigate or determine compliance with HIPAA; or (c) a copy of the individual's request for an accounting. In the event the request for an accounting is delivered directly to Company, Company shall within seven (7) business days forward such request to the Covered Entity.

h. make its internal practices, books and records relating to the Use and Disclosure of PHI available to the Secretary of HHS for purposes of determining Covered Entity's compliance with the Privacy Rule. [§ 164.504 (e)(2)(ii)(H)]

i. upon the expiration or termination of an Underlying Contract, return to Covered Entity or destroy all PHI, including such information in possession of Company's subcontractors, as a result of the Underlying Contract at issue and retain no copies, if it is feasible to do so. If return or destruction is infeasible, Company agrees to extend all protections, limitations and restrictions contained in this BAA to Company's Use and/or Disclosure of any retained PHI, and to limit further Uses and/or Disclosures to the purposes that make the return or destruction of the PHI infeasible. This provision shall survive the termination or expiration of this BAA and/or any Underlying Contract. [§ 164.504 (e)(2)(ii)(I)]

j. use reasonable commercial efforts to mitigate any harmful effect that is known to Company of a Use or Disclosure of PHI by Company in violation of the requirements of this BAA.

k. implement Administrative Safeguards, Physical Safeguards, and Technical Safeguards ("Safeguards") that reasonably and appropriately protect the Confidentiality, Integrity, and Availability of ePHI as required by 45 C.F.R. Part 164 Subpart C ("Security Rule"). [§ 164.314 (a)(2)(i)(A)]

l. ensure that any agent and subcontractor to whom Company provides ePHI agrees to implement reasonable and appropriate safeguards to protect ePHI. [§ 164.314 (a)(2)(i)(B)]

m. report promptly to Covered Entity any successful Security Incident of which Company becomes aware [§ 164.314 (a)(2)(i)(C)]; provided, however, that with respect to attempted unauthorized access, Use, Disclosure, modification, or destruction of information or interference with system operations in an information system affecting ePHI, such report to Covered Entity will be made available upon written request.

n. make its policies, procedures and documentation required by the Security Rule relating to the Safeguards available to the Secretary of HHS for purposes of determining Covered Entity's compliance with the Security Rule. [68 Fed. Reg. 8334,8359]

o. Effective January 1, 2010, if Company accesses, maintains, retains, modifies, records, stores, destroys, or otherwise holds, uses, or discloses Unsecured Protected Health Information (as defined in HITECH Sec. 4402(h)(1), it shall, following the discovery of a breach of such information, notify the Covered Entity of such breach. Such notice shall include the identification of each individual whose unsecured protected health information has been, or is reasonably believed by Company to have been accessed, acquired, or disclosed during such breach. [HITECH Sec. 4402 (b)]

3.2. Permitted Uses and Disclosures of PHI. Except as otherwise specified in this BAA, Company may make any and all Uses and Disclosures of PHI necessary to perform its obligations under the Underlying Contract(s). Unless otherwise limited herein, Company may:

a. Use the PHI in its possession for its proper management and administration and to carry out the legal responsibilities of Company [§ 164.504 (e)(4)(i)];

b. Disclose the PHI in its possession to a third party for the purpose of Company's proper management and administration or to carry out the legal responsibilities of Company, provided that the Disclosures are Required By Law or Company obtains reasonable assurances from the third party regarding the confidential handling of such PHI as required under the Privacy Rule [§ 164.504 (e)(4)(ii)];

c. provide Data Aggregation services relating to the Health Care Operations of the Covered Entity [§ 164.504 (e)(2)(i)(B)]; and

d. de-identify any and all PHI obtained by Company under this BAA, and use such de-identified data, all in accordance with the de-identification requirements of the Privacy Rule. [§ 164.502 (d)(l)]

3.3. Obligations of Covered Entity. Covered Entity agrees to timely notify Company, in writing, of any arrangements between Covered Entity and the Individual that is the subject of PHI that may impact in any manner the Use and/or Disclosure of that PHI by Company under this BAA.

4. TERMINATION BY COVERED ENTITY. Should Covered Entity become aware of a pattern of activity or practice that constitutes a material breach of a material term of this BAA by Company, the Covered Entity shall provide Company with written notice of such breach in sufficient detail to enable Company to understand the specific nature of the breach. Covered Entity shall be entitled to terminate the Underlying Contract associated with such breach if, after Covered Entity provides the notice to Company, Company fails to cure the breach within a reasonable time period not less than thirty (30) days specified by Covered Entity in such notice; provided, however, that such time period specified by Covered Entity shall be based on the nature of the breach involved. [§§ 164.504 (e)(1)(ii)(A), (B) & 164.314 (a)(2)(i)(D)].

5. MISCELLANEOUS.

5.1. Interpretation. The terms of this BAA shall prevail in the case of any conflict with the terms of any Underlying Contract to the extent necessary to allow Covered Entity to comply with the HIPAA Regulations. The bracketed citations to the HIPAA Regulations in several paragraphs of this BAA are for reference only and shall not be relevant in interpreting any provision of this BAA.

5.2. No Third Party Beneficiaries. Nothing in this BAA shall confer upon any person other than the Parties and their respective successors or assigns, any rights, remedies, obligations, or liabilities whatsoever.

5.3. Amendment. To the extent that any relevant provision of the HIPAA Regulations is materially amended in a manner that changes the obligations of Business Associates or Covered Entities, the Parties agree to negotiate in good faith appropriate amendment(s) to this BAA to give effect to these revised obligations.

IN WITNESS WHEREOF, each of the undersigned has caused this BAA to be duly executed in its name and on its behalf.

National Wound Care + Hyperbaric Services Inc. ~~SOUND SHORE MEDICAL CENTER~~

By: _____

Print Name: James E. Patrick

Print Title: CEO

Date: 09/29/10

Sound Shore Medical Center

By: _____

Print Name: John R. Spicer

Print Title: Chief Executive Officer

Date: 9/23/10

SCHEDULE 2.1
TO
STRATEGIC ALLIANCE AGREEMENT
FOR INTEGRATED DISEASE MANAGEMENT/WOUND TREATMENT CENTER

First Treatment Dates

1. **Wound Care First Treatment Date.** **April 26, 2011** is hereby designated as the date on which the first patient Wound Care Visit occurred at the Center (the "Wound Care First Treatment Date"), as determined in accordance with the provisions set forth in Paragraph 4 below.

2. **HBO First Treatment Date.** **May 10, 2011** is hereby designated as the date on which the first patient HBO Treatment occurred at the Center (the "HBO First Treatment Date"), as determined in accordance with the provisions set forth in Paragraph 4 below.

3. **Commencement Date.** **May 10, 2011** is hereby designated as the Commencement Date (the later of the Wound Care First Treatment Date and the HBO First Treatment Date, as defined in Section 1.1), for purposes (among others) of establishing the commencement of the Initial Term, as defined in Section 2.1.

4. **Determination Process.** Notwithstanding any provision in the Agreement to which this Schedule pertains seemingly to the contrary, Hospital acknowledges, by its execution of the Agreement, that the Wound Care First Treatment Date and the HBO First Treatment Date (collectively, the "Treatment Dates") shall be deemed to be definitively established by the generation of any patient medical record or billing encounter documentation for the above-described Center services. Once such documentation is generated, National shall complete the blank spaces in Paragraphs 1, 2 and 3 above and shall timely provide an executed copy of this **Schedule 2.1** to Hospital, which shall have thirty (30) days to review the same and, barring any correction submitted by Hospital within such 30-day period (which correction, in any event, shall be subject to verification by National and memorialized in a corrected and executed Schedule 2.1), the foregoing Treatment Dates (or verified, corrected Treatment Date(s), as the case may be) will be binding on the Parties and shall automatically be integrated into the Agreement. The Parties will work cooperatively to resolve any correction submitted by Hospital. Notwithstanding the provisions of Section 10.2 to the contrary, submission of this **Schedule 2.1**, as completed (and any correction) in accordance with the foregoing, may be transmitted via U.S. Mail, facsimile or electronic mail (e-mail) to the Hospital contact specified in Section 10.2 or his/her designee.

The wound care and HBO Facility is located at:

The Beale Wound Treatment & Hyperbaric Center
12 North 7th Avenue
Mount Vernon, NY 10550

National Wound Care & Hyperbaric Services, Inc.

By: _____
Name: James M. Tyler
Its: Chief Operating Officer
Date: May 13, 2011

SCHEDULE 4.2

TO
STRATEGIC ALLIANCE AGREEMENT
FOR INTEGRATED WOUND TREATMENT CENTER

Fees

In accordance with Section 4.2 of the Agreement, Hospital shall make the following payments to National:

a. Management Fee. On a monthly basis, beginning on the actual date that clinical services are first provided at the Center (i.e., the Wound Care First Treatment Date or the HBO First Treatment Date, whichever occurs first), and continuing on a monthly basis thereafter, Hospital shall pay to National, within thirty (30) days of receipt of an invoice, an amount equal to Nine Thousand Five Hundred Dollars ($9,500.00) as a Management Fee. On the second (2nd) anniversary of the Commencement Date, the Management Fee shall automatically increase to Nine Thousand Nine Hundred And Seventy Five Dollars ($9,975.00). On the fourth (4th) anniversary of the Commencement Date and on an annual basis throughout the Term thereafter, the Management Fee shall automatically increase by an amount which is the lesser of (i) three percent (3%), or (ii) the increase in the Consumer Price Index for All Urban Consumers relative to the prior year (the "CPI-U").

b. HBO Treatment Fee. On a monthly basis, beginning on the HBO First Treatment Date (as defined in **Schedule 2.1**), and continuing for a period of one hundred twenty (120) days, Hospital shall pay to National, within thirty (30) days after the receipt of invoice, an HBO Treatment Fee equal to Twenty Five Dollars ($25.00) for each HBO Treatment occurring during such 120 day period, which HBO Treatment Fee shall automatically increase to Fifty Dollars ($50.00) for each HBO Treatment occurring after such initial 120 day period. On the second (2nd) anniversary of the Commencement Date, the HBO Treatment Fee shall automatically increase to Fifty Three Dollars ($53.00). On the fourth (4th) anniversary of the Commencement Date and on an annual basis throughout the Term thereafter, the HBO Treatment Fee shall automatically increase by an amount which is the lesser of (i) three percent (3%), or (ii) the CPI-U.

c. WCV Fee. On a monthly basis, beginning on the Wound Care First Treatment Date (as defined in **Schedule 2.1**) and continuing for a period of one hundred twenty (120) days, Hospital shall pay to National, within thirty (30) days after receipt of invoice, a WCV Fee equal to Fifty Dollars ($50.00) for each such Wound Care Visit occurring during such 120 day period, which WCV Fee shall automatically increase to One Hundred Dollars ($100.00) for each Wound Care Visit occurring after such initial 120 day period. On the second (2nd) anniversary of the Commencement Date, the WCV Fee shall automatically increase to One Hundred Five Dollars ($105.00). On the fourth (4th) anniversary of the Commencement Date and on an annual basis throughout the Term thereafter, the WCV Fee shall automatically increase by an amount which is the lesser of (i) three percent (3%), or (ii) the CPI-U.

d. Residual Value. Hospital shall pay the Residual Value, if any, to National in accordance with Section 3.3.b.

Exhibit "C"

FIRST AMENDMENT TO STRATEGIC ALLIANCE AGREEMENT FOR INTEGRATED DISEASE MANAGEMENT/WOUND TREATMENT CENTER

This First Amendment (this "Amendment") is effective as of April 1, 2011 (the "Effective Date"), by and between **NATIONAL WOUND CARE & HYPERBARIC SERVICES, INC.**, a Delaware corporation ("National"), and **MOUNT VERNON HOSPITAL**, a New York not-for-profit corporation ("Hospital"). National and Hospital are sometimes otherwise referred to herein individually as a "Party" and collectively as the "Parties".

RECITALS:

WHEREAS, National and Hospital entered into that certain Strategic Alliance Agreement for Integrated Disease Management/Wound Treatment Center dated as of September 23, 2010 (the "Agreement"); and

WHEREAS, National and Hospital wish to amend the Agreement as hereinafter described;

NOW, THEREFORE, in exchange for the mutual covenants stated herein and for other good and valuable consideration, the receipt and sufficiency of which is hereby acknowledged by the Parties, it is agreed as follows:

TERMS:

1. Recitals, Definitions. The foregoing Recitals are true and correct and, with any exhibits or other attachments hereto, are hereby incorporated by reference. Capitalized terms used but not otherwise defined or amended herein shall have the meanings ascribed to them in the Agreement.

2. Revised Exhibit "A". Exhibit "A" to the Agreement is hereby replaced with the attached revised Exhibit "A" amending the list of National Personnel by deleting the Office Coordinator position and adding such position to the list of Hospital Personnel, which revised Exhibit "A" shall be effective as the Effective Date hereof.

3. Revised Schedule 4.2. As a result of the amendment to Exhibit "A", Schedule 4.2 (Fees) is hereby replaced in its entirety with the attached revised Schedule 4.2 (reflecting a reduction in the Management Fee), which revised Schedule 4.2 shall be effective as of the Effective Date hereof.

4. Superseder. Except as otherwise specifically amended pursuant to the terms and conditions of this Amendment, all terms and conditions of the Agreement shall remain in full force and effect in accordance therewith. In the event of a conflict between the provisions of the Agreement and the provisions of this Amendment, the terms and conditions of this Amendment shall control and supersede. The terms of this Amendment are hereby incorporated into the Agreement as of the Effective Date hereof.

5. Counterparts, Electronic Signatures. This Amendment may be executed in one or more counterparts, each of which shall be deemed to be an original, but all of which together shall constitute one and the same instrument. Electronically provided signatures, such as scanned, imaged or "PDF" versions of originals, facsimile (whether telephonic, computer-based or other method of transmittal), photocopies or other similarly duplicated, reproduced or transmitted accurate record of original signatures shall be equivalent to original, full handwritten signatures and any other pen marking method of executing this Amendment.

IN WITNESS WHEREOF, the parties hereto have caused this Amendment to be executed effective as of the Effective Date.

NATIONAL WOUND CARE & HYPERBARIC SERVICES, INC.	MOUNT VERNON HOSPITAL
By: _____	By: _____
James M. Tyler Chief Operating Officer	Name: John P Mandarakas Title: Senior Vice President
Date: 5/11/2011	Date: May 5, 2011

EXHIBIT A (TO FIRST AMENDMENT)- CENTER PERSONNEL

WOUND CARE/HYPERBARIC MEDICINE CENTER PERSONNEL*

[revised to be effective April 1, 2011]

Hospital Personnel*	National Personnel
(1) Registered Nurse (RN)	(1) Program Director
(1) Hyperbaric Technician	(1) Clinical Nurse Manager
(1) Office Coordinator	

* Hospital Personnel shall be adjusted as patient volumes increase on an as-needed basis as contemplated below.

II. Additional Hospital Personnel

At the following Wound Care Visit benchmarks, Hospital shall add nursing support as follows:

- At 200 Wound Care Visits per month – an RN or LPN added to Hospital Personnel.
- At each additional 100 Wound Care Visits per month – an additional RN or LPN added to Hospital Personnel.

SCHEDULE 4.2

TO
STRATEGIC ALLIANCE AGREEMENT
FOR INTEGRATED WOUND TREATMENT CENTER

[revised to be effective April 1, 2011]

Fees

In accordance with Section 4.2 of the Agreement, Hospital shall make the following payments to National:

a. Management Fee. On a monthly basis, beginning on the actual date that clinical services are first provided at the Center (i.e., the Wound Care First Treatment Date or the HBO First Treatment Date, whichever occurs first), and continuing on a monthly basis thereafter, Hospital shall pay to National, within thirty (30) days of receipt of an invoice, an amount equal to Five Thousand Two Hundred Ninety Dollars ($5,290.00) as a Management Fee. On the second (2nd) anniversary of the Commencement Date, the Management Fee shall automatically increase to Five Thousand Five Hundred And Fifty-Five Dollars ($5,555.00). On the fourth (4th) anniversary of the Commencement Date and on an annual basis throughout the Term thereafter, the Management Fee shall automatically increase by an amount which is the lesser of (i) three percent (3%), or (ii) the increase in the Consumer Price Index for All Urban Consumers relative to the prior year (the "CPI-U").

b. HBO Treatment Fee. On a monthly basis, beginning on the HBO First Treatment Date (as defined in Schedule 2.1), and continuing for a period of one hundred twenty (120) days, Hospital shall pay to National, within thirty (30) days after the receipt of invoice, an HBO Treatment Fee equal to Twenty Five Dollars ($25.00) for each HBO Treatment occurring during such 120 day period, which HBO Treatment Fee shall automatically increase to Fifty Dollars ($50.00) for each HBO Treatment occurring after such initial 120 day period. On the second (2nd) anniversary of the Commencement Date, the HBO Treatment Fee shall automatically increase to Fifty Three Dollars ($53.00). On the fourth (4th) anniversary of the Commencement Date and on an annual basis throughout the Term thereafter, the HBO Treatment Fee shall automatically increase by an amount which is the lesser of (i) three percent (3%), or (ii) the CPI-U.

c. WCV Fee. On a monthly basis, beginning on the Wound Care First Treatment Date (as defined in Schedule 2.1) and continuing for a period of one hundred twenty (120) days, Hospital shall pay to National, within thirty (30) days after receipt of invoice, a WCV Fee equal to Fifty Dollars ($50.00) for each such Wound Care Visit occurring during such 120 day period, which WCV Fee shall automatically increase to One Hundred Dollars ($100.00) for each Wound Care Visit occurring after such initial 120 day period. On the second (2nd) anniversary of the Commencement Date, the WCV Fee shall automatically increase to One Hundred Five Dollars ($105.00). On the fourth (4th) anniversary of the Commencement Date and on an annual basis throughout the Term thereafter, the WCV Fee shall automatically increase by an amount which is the lesser of (i) three percent (3%), or (ii) the CPI-U.

d. Residual Value. Hospital shall pay the Residual Value, if any, to National in accordance with Section 3.3.b.

From: (904) 798-3700
JOHN B. MACDONALD
Akerman LLP
50 North Laura Street, Suite 3100

Jacksonville, FL 32202

Origin ID: NRBA

FedEx Express

J14101312270326

Ship Date: 24JAN14
ActWgt: 1.0 LB
CAD: 103658174/WSXI2500

Delivery Address Bar Code

SHIP TO: 18663001288 BILL SENDER

GCG, Inc.
5151 BLAZER PKWY STE A

DUBLIN, OH 43017

Ref # 051811.0274754-1895
Invoice #
PO #
Dept #

RELEASE#: 3785346

MON - 27 JAN 10:30A
PRIORITY OVERNIGHT

TRK# 0201 7977 2183 1982

XX OSUA

43017
OH-US
LCK

522G1/D3EC/F220

FOLD on this line and place in shipping pouch with bar code and delivery address visible

1. Fold the first printed page in half and use as the shipping label.
2. Place the label in a waybill pouch and affix it to your shipment so that the barcode portion of the label can be read and scanned.
3. Keep the second page as a receipt for your records. The receipt contains the terms and conditions of shipping and information useful for tracking your package.

Robert M. Hirsh, Esq.
David J. Kozlowski, Esq.
Arent Fox LLP
1675 Broadway
New York, NY 10019-5820
Tel.: (212) 484-3900
Fax: (212) 484-3990

Attorneys for Medline Industries, Inc.

THE GARDEN CITY GROUP, INC.
AUG 22 2013

FILED - 00259
U.S. BANKRUPTCY COURT FOR THE SOUTHERN DISTRICT OF NEW YORK
SOUND SHORE MEDICAL CENTER OF WESTCHESTER
ROBERT D. DRAIN

UNITED STATES BANKRUPTCY COURT
SOUTHERN DISTRICT OF NEW YORK

In re	Chapter 11
Sound Shore Medical Center of Westchester, et al.,[1]	Case No. 13-22840 (RDD)
	Jointly Administered
Debtors.	

MOTION OF MEDLINE INDUSTRIES, INC. FOR ALLOWANCE AND PAYMENT OF ADMINISTRATIVE EXPENSE CLAIM UNDER 11 U.S.C. § 503(b)(9)

Medline Industries, Inc. ("Medline"), by and through its undersigned counsel, hereby files this motion (the "Motion") for an order (i) allowing Medline's Section 503(b)(9) administrative expense claim (the "503(b)(9) Claim") and (ii) directing the Debtors to pay Medline's 503(b)(9) Claim, pursuant to 11 U.S.C. § 503(b)(9). In support of this Motion, Medline respectfully represents as follows:

JURISDICTION

1. This Court has jurisdiction over this matter pursuant to 28 U.S.C. §§ 157 and 1334. This is a core proceeding pursuant to 28 U.S.C. § 157(b)(2)(A) and (B), and the statutory

[1] The Debtors in these chapter 11 cases, along with the last four digits of each Debtor's federal tax identification number, include: Sound Shore Medical Center of Westchester (0117); Howe Avenue Nursing Home, d/b/a Michael Schaffer Extended Care Center (0781); New Rochelle Sound Shore Housing, LLC (0117); NRHMC Services Corporation (9137); The M.V.H. Corporation (1514); The Mount Vernon Hospital, Inc. (0115); Sound Shore Health System, Inc. (1398). The principle address for the parent Debtor: Sound Shore Medical Center of Westchester is: 16 Guion Place, New Rochelle, New York 10802.

basis for the relief requested herein is 11 U.S.C. § 503. Venue is proper in this Court pursuant to 28 U.S.C. §§ 1408 and 1409.

BACKGROUND

2. On May 29, 2013 (the "Petition Date"), the Debtors filed voluntary petitions for relief under Chapter 11 of Title 11 of the United States Code (the "Bankruptcy Code"). The Debtors remain in possession of their assets and continue to manage their businesses as debtors in possession pursuant to Sections 1107 and 1108 of the Bankruptcy Code.

3. Medline supplied various medical goods and products to the Debtors in the ordinary course of business prior to the Petition Date. Goods worth $316,043.29 were, in the ordinary course of business, sold to and received by the Debtors during the twenty (20) days prior to the Petition Date, when the Debtors were insolvent, and for which Medline has not received payment (the "503(b)(9) Goods").

4. Upon information and belief, the Debtors continue to operate their businesses post-petition, have used the 503(b)(9) Goods in the ordinary course of business, and have generated revenue. Despite generating post-petition revenue, the Debtors have not paid for the 503(b)(9) Goods.

5. True and correct copies of supporting documentation of the unpaid charges for the 503(b)(9) Goods are attached hereto as **Exhibit A**.

RELIEF REQUESTED

6. By this Request, Medline seeks (i) allowance of Medline's administrative expense claim pursuant to Section 503(b)(9) in the amount of $316,043.29, and (ii) direction that the

Debtors pay the 503(b)(9) Claim to Medline immediately, or as soon as practicable, pursuant to 11 U.S.C. § 503(b)(9).[2]

ARGUMENT

7. Medline is entitled to the allowance and payment of its 503(b)(9) Claim pursuant to Section 503(b)(9) of the Bankruptcy Code, which provides that:

> After notice and a hearing, there shall be allowed, administrative expenses, other than claims allowed under § 502(f) of this title, including . . . the value of any goods received by the debtor within 20 days before the date of commencement of a case under this title in which the goods have been sold to the debtor in the ordinary course of such debtor's business.

11 U.S.C. § 503(b)(9). As identified in Exhibit A, the Debtors received the 503(b)(9) Goods sold and delivered by Medline in the ordinary course of business within 20 days before the Petition Date, and Medline is therefore entitled to an allowed 503(b)(9) Claim pursuant to Section 503(b)(9) of the Bankruptcy Code. Further, Medline's 503(b)(9) Claim is entitled to priority, pursuant to section 507(a)(2) of the Bankruptcy Code.

8. Under section 503(b)(9), this Court may require the Debtors to make an immediate payment of Medline's 503(b)(9) Claim. *See In re Photo Promotion Assocs., Inc.*, 881 F.2d 6, 8–9 (2d Cir. 1989) (stating that bankruptcy court has "broad discretion" in applying section 503(b)); *In re Dakota Indus., Inc.*, 31 B.R. 23, 26 (D.S.D. 1983) ("There is no restriction on the debtor's paying administrative claims prior to confirmation of the plan in a Chapter 11 case . . . ."); *In re Isis Foods, Inc.*, 27 B.R. 156, 157–58 (W.D. Mo. 1982) (affirming bankruptcy court's order authorizing payment of administrative expenses by debtor before effective date of chapter 11 plan).

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[2] Medline reserves all rights, including the rights to amend the amount of the 503(b)(9) Claim and to request additional amounts owing. If there is a difference between the amount of the 503(b)(9) Claim and the corresponding amount in the Debtors' books and records, Medline will attempt to address such difference with the Debtors in an effort to fix the amount of the 503(b)(9) Claim.

9. Medline respectfully submits that immediate payment by the Debtors of the 503(b)(9) Claim is appropriate. Section 503(b)(9) helps troubled companies to continue their operations by assuring suppliers that they will be paid promptly and in full in the event of bankruptcy. The Debtors here continue to operate their businesses and generate revenue post-petition, have used the 503(b)(9) Goods in the ordinary course of business, and yet have not paid for the 503(b)(9) Goods. Immediate payment of the 503(b)(9) Claim is consistent with the purpose and the letter of Section 503(b)(9) of the Bankruptcy Code, and should be approved.

NOTICE

10. Notice has been provided to (a) counsel to the Debtors, (b) the office of the United States Trustee, and (c) all parties who have requested and are receiving notices through the Bankruptcy Court's electronic filing system. In light of the nature of the relief requested herein, Medline submits that no other or further notice is required.

NO PRIOR REQUEST

11. No previous motion for the relief sought herein has been made to this or to any other court.

CONCLUSION

12. Medline respectfully requests that this Court enter an order (i) allowing the 503(b)(9) Claim as set forth herein; (ii) directing the Debtors to immediately pay Medline the full amount of the 503(b)(9) Claim; and (iii) for such other and further relief as is proper and just.

Dated: New York, New York
July 9, 2013

ARENT FOX LLP
Attorneys for Medline Industries, Inc.

By: */s/ Robert M. Hirsh*
Robert M. Hirsh, Esq.
David J. Kozlowski, Esq.
1675 Broadway
New York, NY 10019
(212) 484-3900

NYC/751080.1

EXHIBIT A - PART 1

MEDLINE

www.medline.com

INVOICE

Customer PO. #	Invoice Date	Invoice #
NR176810	05/10/2013	1063745393

Sold To:
SOUND SHORE MEDICAL CTR/500
16 GUION PL
NEW ROCHELLE, NY 10801-5502

Ship To:
SOUND SHORE MISCELLANEOUS
16 GUION PL
NEW ROCHELLE, NY 10801-5502

SALES REP #	SALES ORDER #	CARRIER	FREIGHT TERMS	CUSTOMER #	CURRENCY	AMOUNT DUE
210	680671084	FEDEX GROUND	MEDLINE	1084466	USD	$335.60

LINE NO	ORDER QTY	U/M	INVOICE QTY	ITEM NO / DESCRIPTION	CODE*	DELIVERY #	UNIT PRICE	AMOUNT
30	3.00	CS	3.00	HUD1690 /CANNULA,NASAL,CPAP,INFANT	TE,C	853476847	108.25	324.74

Subtotal

Freight: 10.86 **Tax:** 0.00 324.74

GROSS	TAX AMOUNT	FREIGHT	TOTAL
324.74	0.00	10.86	$335.60

Eligible Gross Amount $324.74
Discount amount $6.49 if recd. by 06/09/13

*Code
TE - Tax Exempt
C - Customer Freight

CUSTOMER SHALL PAY THE FREIGHT CHARGES INDICATED ON THIS INVOICE. ALL CLAIMS OF SHORT SHIPMENTS, MIS-SHIPMENTS AND OTHER ERRORS IN DELIVERY SHALL BE
COMMUNICATED TO MEDLINE IN WRITING WITHIN TWO BUSINESS DAYS OF THE INVOICE DATE, OR THEY ARE DEEMED WAIVED. ALL CLAIMS FOR PRICING AND BILLING ERRORS
SHALL BE COMMUNICATED TO MEDLINE IN WRITING WITHIN 180 DAYS OF INVOICE DATE, OR THEY ARE DEEMED WAIVED.

Billing Inquiries: 1-800-388-2147, A/R Svcs Rep: Lisa Serpico-Foreman x-4233

REMITTANCE

Bill To:
SOUND SHORE MEDICAL CTR/500
16 GUION PL
NEW ROCHELLE NY 10801-5502

Customer #	1084466
Invoice #	1063745393
Invoice Date	05/10/2013
Sales Rep #	210
Payment Terms	2% 30, 1% 60, Net 90
Amount Due	$335.60

Remit To:
Medline Industries, Inc.
Box 382075
Pittsburgh PA 15251-8075

AMOUNT PAID $_____

Detach and return this portion with your payment

MEDLINE

www.medline.com

INVOICE

Customer PO #	Invoice Date	Invoice #
NR176624	05/10/2013	1063745394

Sold To:
SOUND SHORE MEDICAL CTR/500
16 GUION PL
NEW ROCHELLE, NY 10801-5502

Ship To:
MOUNT VERNON MISCELLANEOUS
9 N 8TH AVE
MOUNT VERNON, NY 10550-1965

SALES REP #	SALES ORDER #	CARRIER	FREIGHT TERMS	CUSTOMER #	CURRENCY	AMOUNT DUE
210	680618743	MEDTRANS TRUCK # 3	CUSTOMER	1084466	USD	$106.90

LINE NO	ORDER QTY	U/M	INVOICE QTY	ITEM NO / DESCRIPTION	CODE*	DELIVERY #	UNIT PRICE	AMOUNT
30	2.00	BX	2.00	PDC505014PDM PDC505014PDM /BAND,ID,WRITE-ON,TRI-LAM,SNAP,YELLOW	TE	853477982	53.45	106.90

Subtotal

Freight: 0.00 **Tax:** 0.00 **106.90**

GROSS	TAX AMOUNT	FREIGHT	TOTAL
106.90	0.00	0.00	$106.90

Eligible Gross Amount $106.90
Discount amount $2.14 if recd. by 06/09/13

*Code
TE - Tax Exempt
C - Customer Freight

CUSTOMER SHALL PAY THE FREIGHT CHARGES INDICATED ON THIS INVOICE. ALL CLAIMS OF SHORT SHIPMENTS, MIS-SHIPMENTS AND OTHER ERRORS IN DELIVERY SHALL BE
COMMUNICATED TO MEDLINE IN WRITING WITHIN TWO BUSINESS DAYS OF THE INVOICE DATE, OR THEY ARE DEEMED WAIVED. ALL CLAIMS FOR PRICING AND BILLING ERRORS
SHALL BE COMMUNICATED TO MEDLINE IN WRITING WITHIN 180 DAYS OF INVOICE DATE, OR THEY ARE DEEMED WAIVED.

Billing Inquiries: 1-800-388-2147, A/R Svcs Rep: Lisa Serpico-Foreman x-4233

REMITTANCE

Bill To:
SOUND SHORE MEDICAL CTR/500
16 GUION PL
NEW ROCHELLE NY 10801-5502

Customer #	1084466
Invoice #	1063745394
Invoice Date	05/10/2013
Sales Rep #	210
Payment Terms	2% 30, 1% 60, Net 90
Amount Due	$106.90

Remit To:
Medline Industries, Inc.
Box 382075
Pittsburgh PA 15251-8075

AMOUNT PAID $_____

Detach and return this portion with your payment

MEDLINE

www.medline.com

INVOICE

Customer PO #	Invoice Date	Invoice #
NR176597	05/10/2013	1063745395

Sold To:
SOUND SHORE MEDICAL CTR/500
16 GUION PL
NEW ROCHELLE, NY 10801-5502

Ship To:
MOUNT VERNON INVENTORY
9 N 8TH AVE
MOUNT VERNON, NY 10550-1965

SALES REP #	SALES ORDER #	CARRIER	FREIGHT TERMS	CUSTOMER #	CURRENCY	AMOUNT DUE
210	680613228	MEDTRANS TRUCK # 3	MEDLINE	1084466	USD	$830.93

LINE NO	ORDER QTY	U/M	INVOICE QTY	ITEM NO / DESCRIPTION	CODE*	DELIVERY #	UNIT PRICE	AMOUNT
270	6.00	CS	6.00	KDL3606	TE	853482411	138.49	830.93
				0142200 /DRESSING,WET,ISOTONIC SALINE,8X4,2/PK				
		*0142200						
Subtotal 999								
		Freight:	0.00	Tax:	0.00			830.93

GROSS	TAX AMOUNT	FREIGHT	TOTAL
830.93	0.00	0.00	$830.93

Eligible Gross Amount $830.93
Discount amount $16.62 if recd. by 06/09/13

*Code
TE - Tax Exempt
C - Customer Freight

CUSTOMER SHALL PAY THE FREIGHT CHARGES INDICATED ON THIS INVOICE. ALL CLAIMS OF SHORT SHIPMENTS, MIS-SHIPMENTS AND OTHER ERRORS IN DELIVERY SHALL BE
COMMUNICATED TO MEDLINE IN WRITING WITHIN TWO BUSINESS DAYS OF THE INVOICE DATE, OR THEY ARE DEEMED WAIVED. ALL CLAIMS FOR PRICING AND BILLING ERRORS
SHALL BE COMMUNICATED TO MEDLINE IN WRITING WITHIN 180 DAYS OF INVOICE DATE, OR THEY ARE DEEMED WAIVED.

Billing Inquiries: 1-800-388-2147, A/R Svcs Rep: Lisa Serpico-Foreman x-4233

REMITTANCE

Bill To:
SOUND SHORE MEDICAL CTR/500
16 GUION PL
NEW ROCHELLE NY 10801-5502

Customer #	1084466
Invoice #	1063745395
Invoice Date	05/10/2013
Sales Rep #	210
Payment Terms	2% 30, 1% 60, Net 90
Amount Due	$830.93

Remit To:
Medline Industries, Inc.
Box 382075
Pittsburgh PA 15251-8075

AMOUNT PAID $_____

Detach and return this portion with your payment

MEDLINE

www.medline.com

INVOICE

Customer PO #	Invoice Date	Invoice #
NR176597	05/10/2013	1063745396

Sold To:
SOUND SHORE MEDICAL CTR/500
16 GUION PL
NEW ROCHELLE, NY 10801-5502

Ship To:
MOUNT VERNON INVENTORY
9 N 8TH AVE
MOUNT VERNON, NY 10550-1965

SALES REP #	SALES ORDER #	CARRIER	FREIGHT TERMS	CUSTOMER #	CURRENCY	AMOUNT DUE
210	680613228	MEDTRANS TRUCK # 3	MEDLINE	1084466	USD	$79.11

LINE NO	ORDER QTY	U/M	INVOICE QTY	ITEM NO / DESCRIPTION	CODE*	DELIVERY #	UNIT PRICE	AMOUNT
430	5.00	BX	5.00	MLK86055 804800 /TUBE,ENDOTRACH,LO-PRO,MURPHY,9.0 MM	TE	853483468	15.82	79.11
Subtotal								
		Freight:	0.00		**Tax:**	0.00		**79.11**

GROSS	TAX AMOUNT	FREIGHT	TOTAL
79.11	0.00	0.00	$79.11

Eligible Gross Amount $79.11
Discount amount $1.58 if recd. by 06/09/13

*Code
TE - Tax Exempt
C - Customer Freight

CUSTOMER SHALL PAY THE FREIGHT CHARGES INDICATED ON THIS INVOICE. ALL CLAIMS OF SHORT SHIPMENTS, MIS-SHIPMENTS AND OTHER ERRORS IN DELIVERY SHALL BE
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Billing Inquiries: 1-800-388-2147, A/R Svcs Rep: Lisa Serpico-Foreman x-4233

REMITTANCE

Bill To:
SOUND SHORE MEDICAL CTR/500
16 GUION PL
NEW ROCHELLE NY 10801-5502

Customer #	1084466
Invoice #	1063745396
Invoice Date	05/10/2013
Sales Rep #	210
Payment Terms	2% 30, 1% 60, Net 90
Amount Due	$79.11

Remit To:
Medline Industries, Inc.
Box 382075
Pittsburgh PA 15251-8075

AMOUNT PAID $_____

Detach and return this portion with your payment

MEDLINE

www.medline.com

INVOICE

Customer PO #	Invoice Date	Invoice #
NR176743	05/10/2013	1063745397

Sold To:
SOUND SHORE MEDICAL CTR/500
16 GUION PL
NEW ROCHELLE, NY 10801-5502

Ship To:
MOUNT VERNON OR
9 N 8TH AVE
MOUNT VERNON, NY 10550-1965

SALES REP #	SALES ORDER #	CARRIER	FREIGHT TERMS	CUSTOMER #	CURRENCY	AMOUNT DUE
210	680652011	MEDTRANS TRUCK # 3	MEDLINE	1084466	USD	$483.00

LINE NO.	ORDER QTY	U/M	INVOICE QTY	ITEM NO. / DESCRIPTION	CODE*	DELIVERY #	UNIT PRICE	AMOUNT
20	10.00	PK	10.00	SMI1507232 SMI1507232 /AIRWAY,NASOPHARYNGEAL,ADJ FLG,32 FR,LF	TE	853485314	48.30	483.00

Subtotal

Freight: 0.00 **Tax:** 0.00 483.00

GROSS	TAX AMOUNT	FREIGHT	TOTAL
483.00	0.00	0.00	$483.00

Eligible Gross Amount $483.00
Discount amount $9.66 if recd. by 06/09/13

*Code
TE - Tax Exempt
C - Customer Freight

CUSTOMER SHALL PAY THE FREIGHT CHARGES INDICATED ON THIS INVOICE. ALL CLAIMS OF SHORT SHIPMENTS, MIS-SHIPMENTS AND OTHER ERRORS IN DELIVERY SHALL BE
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Billing Inquiries: 1-800-388-2147, A/R Svcs Rep: Lisa Serpico-Foreman x-4233

REMITTANCE

Bill To:
SOUND SHORE MEDICAL CTR/500
16 GUION PL
NEW ROCHELLE NY 10801-5502

Customer #	1084466
Invoice #	1063745397
Invoice Date	05/10/2013
Sales Rep #	210
Payment Terms	2% 30, 1% 60, Net 90
Amount Due	$483.00

Remit To:
Medline Industries, Inc.
Box 382075
Pittsburgh PA 15251-8075

AMOUNT PAID $_____

Detach and return this portion with your payment

MEDLINE

www.medline.com

INVOICE

Customer PO #	Invoice Date	Invoice #
NR176911	05/10/2013	1063745398

Sold To:
SOUND SHORE MEDICAL CTR/500
16 GUION PL
NEW ROCHELLE, NY 10801-5502

Ship To:
MOUNT VERNON MISCELLANEOUS
9 N 8TH AVE
MOUNT VERNON, NY 10550-1965

SALES REP #	SALES ORDER #	CARRIER	FREIGHT TERMS	CUSTOMER #	CURRENCY	AMOUNT DUE
210	680703071	FEDEX GROUND	CUSTOMER	1084466	USD	$70.23

LINE NO	ORDER QTY	U/M	INVOICE QTY	ITEM NO / DESCRIPTION	CODE*	DELIVERY #	UNIT PRICE	AMOUNT
10	2.00	BX	2.00	SGECT01921Z /GLOVE,CHEMOPLUS,LATEX,18MIL,MD	TE	853493595	30.16	60.32

Subtotal

Freight: 9.91 **Tax:** 0.00 60.32

GROSS	TAX AMOUNT	FREIGHT	TOTAL
60.32	0.00	9.91	$70.23

Eligible Gross Amount $60.32
Discount amount $1.21 if recd. by 06/09/13

*Code
TE - Tax Exempt
C - Customer Freight

CUSTOMER SHALL PAY THE FREIGHT CHARGES INDICATED ON THIS INVOICE. ALL CLAIMS OF SHORT SHIPMENTS, MIS-SHIPMENTS AND OTHER ERRORS IN DELIVERY SHALL BE
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Billing Inquiries: 1-800-388-2147, A/R Svcs Rep: Lisa Serpico-Foreman x-4233

REMITTANCE

Bill To:
SOUND SHORE MEDICAL CTR/500
16 GUION PL
NEW ROCHELLE NY 10801-5502

Customer #	1084466
Invoice #	1063745398
Invoice Date	05/10/2013
Sales Rep #	210
Payment Terms	2% 30, 1% 60, Net 90
Amount Due	$70.23

Remit To:
Medline Industries, Inc.
Box 382075
Pittsburgh PA 15251-8075

AMOUNT PAID $_____

Detach and return this portion with your payment

MEDLINE www.medline.com

INVOICE

Customer PO #	Invoice Date	Invoice #
NR176906	05/10/2013	1063745399

Sold To:
SOUND SHORE MEDICAL CTR/500
16 GUION PL
NEW ROCHELLE, NY 10801-5502

Ship To:
MOUNT VERNON INVENTORY
9 N 8TH AVE
MOUNT VERNON, NY 10550-1965

SALES REP #	SALES ORDER #	CARRIER	FREIGHT TERMS	CUSTOMER #	CURRENCY	AMOUNT DUE
210	680702385	MEDTRANS TRUCK # 3	MEDLINE	1084466	USD	$9,123.56

LINE NO	ORDER QTY	U/M	INVOICE QTY	ITEM NO / DESCRIPTION	CODE*	DELIVERY #	UNIT PRICE	AMOUNT
260	6.00	BX	6.00	OMMAT0704Z	TE	853494652	28.00	168.00
				521400 /LANCET,21G,SAFETY,UNISTIK 2,200/BX				
		521400						
HCPCS Code #: A4259								
Subtotal 500								
		Freight:	**0.00**	**Tax:**		**0.00**		**168.00**
10	2.00	CS	2.00	NON25416	TE	853494652	69.80	139.60
				600400 /GAUZE,SPONGE,4"X4",16PLY,WOVEN,NS,LF				
		600400						
HCPCS Code #: A6216								
Subtotal 400								
		Freight:	**0.00**	**Tax:**		**0.00**		**139.60**
270	6.00	CS	6.00	NON27381	TE	853494652	22.03	132.18
				601200 /MASK,FACE,BLUE,CONE STYLE,1 BAND,LF				
		601200						
Subtotal 300								
		Freight:	**0.00**	**Tax:**		**0.00**		**132.18**

CUSTOMER SHALL PAY THE FREIGHT CHARGES INDICATED ON THIS INVOICE. ALL CLAIMS OF SHORT SHIPMENTS, MIS-SHIPMENTS AND DTHER ERRORS IN DELIVERY SHALL BE
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Billing Inquiries: 1-800-388-2147, A/R Svcs Rep: Lisa Serpico-Foreman x-4233

REMITTANCE

Bill To:
SOUND SHORE MEDICAL CTR/500
16 GUION PL
NEW ROCHELLE NY 10801-5502

Customer #	1084466
Invoice #	1063745399
Invoice Date	05/10/2013
Sales Rep #	210
Payment Terms	2% 30, 1% 60, Net 90
Amount Due	$9,123.56

Remit To:
Medline Industries, Inc.
Box 382075
Pittsburgh PA 15251-8075

AMOUNT PAID $_____

Detach and return this portion with your payment

MEDLINE

www.medline.com

INVOICE

Customer PO #	Invoice Date	Invoice #
NR176906	05/10/2013	1063745399

Ship To:
MOUNT VERNON INVENTORY
9 N 8TH AVE
MOUNT VERNON, NY 10550-1965

LINE NO	ORDER QTY	U/M	INVOICE QTY	ITEM NO / DESCRIPTION	CODE*	DELIVERY #	UNIT PRICE	AMOUNT
20	3.00	CS	3.00	DYND80235S 702600 /URINAL,MALE,SUPREME	TE	853494652	15.18	45.54
30	2.00	CS	2.00	NON21453 307200 /PAD,ABDOMINAL,8"X7.5",STERILE,LF,1/PK	TE	853494652	22.72	45.44
HCPCS Code #: A6253								
40	50.00	CS	50.00	CUR9225 313100 /GLOVE,EXAM,STRETCH VINYL,M	TE	853494652	47.52	2,376.00
50	3.00	CS	3.00	DYND80347 707300 /WASHBASIN,RECTANGULAR,GRAPHITE,6 QT	TE	853494652	16.50	49.50
60	5.00	CS	5.00	NON042001 201600 /TEASPOON,PLASTIC,WHITE,BULK	TE	853494652	8.99	44.95
70	1.00	CS	1.00	DYND80000 205800 /CUP,MEDICINE,GRAD,PLASTIC,1OZ	TE	853494652	26.94	26.94
80	3.00	CS	3.00	MSC095020 419000 /SHAMPOO,BABY/ADULT,4 OZ	TE	853494652	34.53	103.59
90	3.00	CS	3.00	DYND10500 306300 /TRAY,URETHRAL,CATHETER,VINYL,14FR	TE	853494652	33.91	101.73
HCPCS Code #: A4353								
110	1.00	CS	1.00	BRD0038460 305400 /SYRINGE,TOOMEY,70CC -ORDR QTY 50	TE	853494652	77.50	77.50
120	2.00	CS	2.00	NPKB10800 606800 /PAD,PREP,CHLORASCRUB,1ML	TE	853494652	106.90	213.80
130	4.00	CS	4.00	MDS090735 MDS090735 /PAD,PREP,ALCOHOL,STERILE,MEDIUM,2-PLY	TE	853494652	26.00	104.00
HCPCS Code #: A4245								
140	2.00	CS	2.00	DYND50216 601800 /TUBING,SUCTION,CONNECTING,3/16"X6',STRL	TE	853494652	22.54	45.08
HCPCS Code #: A7002								
150	4.00	BX	4.00	EXG128800 0174900 /COVER,THERM,EAR,DISP,PROBE WRAP,LTX	TE	853494652	88.73	354.91
160	2.00	CS	2.00	SWD850558 406600 /NEEDLE,SAFETY,25G X 5/8",MAGELLAN	TE	853494652	86.93	173.86
HCPCS Code #: A4215								
170	4.00	CS	4.00	B-D367342 409600 /SET,BLOOD COLL,VACUTAINER,23G X .75"	TE	853494652	267.25	1,069.00
180	4.00	CS	4.00	SWD300777CS 408700 /SYRINGE,3 CC,LL,SOFT PACK	TE	853494652	29.53	118.10
HCPCS Code #: A4210								
190	4.00	CS	4.00	CLH49100 201400 /DEODORIZER,GERMICIDAL,CITRACE,14 OZ	TE	853494652	72.97	291.88
200	1.00	CS	1.00	MDS057006 301700 /BANDAGE,ELASTIC,SURE-WRAP,6"X5YD,WHITE	TE	853494652	34.00	34.00
HCPCS Code #: A4649								

MEDLINE

www.medline.com

INVOICE

Customer PO #	Invoice Date	Invoice #
NR176906	05/10/2013	1063745399

Ship To:
MOUNT VERNON INVENTORY
9 N 8TH AVE
MOUNT VERNON, NY 10550-1965

LINE NO	ORDER QTY	U/M	INVOICE QTY	ITEM NO / DESCRIPTION	CODE*	DELIVERY #	UNIT PRICE	AMOUNT
210	1.00	CS	1.00	DYND44140 303500 /TRAP,MUCUS SPECIMEN,40CC	TE	853494652	51.16	51.16
220	1.00	CS	1.00	BRN1313 305700 /RAZOR,TWIN BLADE,BLUE	TE	853494652	53.78	53.78
230	2.00	CS	2.00	NON70500 307300 /PACK,SHROUD,ADULT,54"X108"	TE	853494652	48.44	96.88
240	12.00	CS	12.00	DYND75020 307000 /TOURNIQUET,1"X18",BLUE,LF,ROLLED	TE	853494652	28.85	346.20
250	1.00	CS	1.00	KDL7831 308400 /GAUZE,PACKING STRIP,IODOFORM,1/4"	TE	853494652	36.56	36.56
HCPCS Code #: A6266								
280	3.00	GR	3.00	MDS136000 602500 /TOOTHBRUSH,INDIVDUALLY WRAPPED,30 TUFT	TE	853494652	8.83	26.49
290	2.00	GR	2.00	MDS137007 602600 /COMB,BLACK,7"	TE	853494652	6.67	13.34
300	2.00	CS	2.00	MMM15272 606200 /TAPE,SURGICAL,TRANSPORE,2"X10YD	TE	853494652	74.83	149.66
HCPCS Code #: A4452								
310	1.00	CS	1.00	MMM132224MM 606700 /TAPE,INDICATOR,STEAM,LEAD FREE,1322,24MM	TE	853494652	76.97	76.97
320	1.00	CS	1.00	KDL2500SA 607800 /CONTAINER,SPECIMEN,COMMODE ONE	TE	853494652	56.89	56.89
HCPCS Code #: A9270								
330	10.00	CS	10.00	NPBMAXA 702200 /SENSOR,ADULT,ADHESIVE,USE;W/D-25	TE	853494652	235.22	2,352.23
340	1.00	CS	1.00	DYND80327 800200 /BASIN,EMESIS,GRAPHITE,500ML	TE	853494652	16.61	16.61
350	3.00	CS	3.00	DYND20102 801500 /TRAY,IRRIGATION,BULB SYRINGE,60ML,STRL	TE	853494652	19.10	57.30
HCPCS Code #: A4320								
360	3.00	BX	3.00	USU150462 802600 /REMOVER,STAPLE,SKIN,PREMIUM,SINGLE USE	TE	853494652	24.63	73.89

Subtotal 8683.78

Freight: 0.00 **Tax:** 0.00

GROSS	TAX AMOUNT	FREIGHT	TOTAL
9,123.56	0.00	0.00	$9,123.56

Eligible Gross Amount $9,123.56
Discount amount $182.47 if recd. by 06/09/13

*Code
TE - Tax Exempt
C - Customer Freight

MEDLINE

www.medline.com

INVOICE

Customer PO #	Invoice Date	Invoice #
NR176908	05/10/2013	1063745400

Sold To:
SOUND SHORE MEDICAL CTR/500
16 GUION PL
NEW ROCHELLE, NY 10801-5502

Ship To:
MOUNT VERNON MISCELLANEOUS
9 N 8TH AVE
MOUNT VERNON, NY 10550-1965

SALES REP #	SALES ORDER #	CARRIER	FREIGHT TERMS	CUSTOMER #	CURRENCY	AMOUNT DUE
210	680702488	MEDTRANS TRUCK # 3	CUSTOMER	1084466	USD	$87.58

LINE NO	ORDER QTY	U/M	INVOICE QTY	ITEM NO / DESCRIPTION	CODE*	DELIVERY #	UNIT PRICE	AMOUNT
10	2.00	CS	2.00	MDT2168204	TE	853494654	43.79	87.58
				MDT2168204 /TOWEL,OR,DSP,ST,BLUE,DLX,4/PK,20PK/CS				

Subtotal

Freight: 0.00 **Tax:** 0.00 87.58

GROSS	TAX AMOUNT	FREIGHT	TOTAL
87.58	0.00	0.00	$87.58

Eligible Gross Amount $87.58
Discount amount $1.75 if recd. by 06/09/13

*Code
TE - Tax Exempt
C - Customer Freight

CUSTOMER SHALL PAY THE FREIGHT CHARGES INDICATED ON THIS INVOICE. ALL CLAIMS OF SHORT SHIPMENTS, MIS-SHIPMENTS AND OTHER ERRORS IN DELIVERY SHALL BE
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Billing Inquiries: 1-800-388-2147, A/R Svcs Rep: Lisa Serpico-Foreman x-4233

REMITTANCE

Bill To:
SOUND SHORE MEDICAL CTR/500
16 GUION PL
NEW ROCHELLE NY 10801-5502

Customer #	1084466
Invoice #	1063745400
Invoice Date	05/10/2013
Sales Rep #	210
Payment Terms	2% 30, 1% 60, Net 90
Amount Due	$87.58

Remit To:
Medline Industries, Inc.
Box 382075
Pittsburgh PA 15251-8075

AMOUNT PAID $_____

Detach and return this portion with your payment

MEDLINE

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INVOICE

Customer PO #	Invoice Date	Invoice #
NR176910	05/10/2013	1063745401

Sold To:
SOUND SHORE MEDICAL CTR/500
16 GUION PL
NEW ROCHELLE, NY 10801-5502

Ship To:
MOUNT VERNON MISCELLANEOUS
9 N 8TH AVE
MOUNT VERNON, NY 10550-1965

SALES REP #	SALES ORDER #	CARRIER	FREIGHT TERMS	CUSTOMER #	CURRENCY	AMOUNT DUE
210	680702736	MEDTRANS TRUCK # 3	MEDLINE	1084466	USD	$943.39

LINE NO.	ORDER QTY.	U/M	INVOICE QTY.	ITEM NO. / DESCRIPTION	CODE*	DELIVERY #	UNIT PRICE	AMOUNT
10	5.00	CS	5.00	SGE9707CS 200000 /CLOTH,SKIN PREP,PREOP,2%CHG,2 PK/32 SETS	TE	853494658	188.68	943.39

Subtotal

Freight: 0.00 **Tax:** 0.00 **943.39**

GROSS	TAX AMOUNT	FREIGHT	TOTAL
943.39	0.00	0.00	$943.39

Eligible Gross Amount $943.39
Discount amount $18.87 if recd. by 06/09/13

*Code
TE - Tax Exempt
C - Customer Freight

CUSTOMER SHALL PAY THE FREIGHT CHARGES INDICATED ON THIS INVOICE. ALL CLAIMS OF SHORT SHIPMENTS, MIS-SHIPMENTS AND OTHER ERRORS IN DELIVERY SHALL BE
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Billing Inquiries: 1-800-388-2147, A/R Svcs Rep: Lisa Serpico-Foreman x-4233

REMITTANCE

Bill To:
SOUND SHORE MEDICAL CTR/500
16 GUION PL
NEW ROCHELLE NY 10801-5502

Customer #	1084466
Invoice #	1063745401
Invoice Date	05/10/2013
Sales Rep #	210
Payment Terms	2% 30, 1% 60, Net 90
Amount Due	$943.39

Remit To:
Medline Industries, Inc.
Box 382075
Pittsburgh PA 15251-8075

AMOUNT PAID $_____

Detach and return this portion with your payment

MEDLINE

www.medline.com

INVOICE

Customer PO #	Invoice Date	Invoice #
NR176913	05/10/2013	1063745402

Sold To:
SOUND SHORE MEDICAL CTR/500
16 GUION PL
NEW ROCHELLE, NY 10801-5502

Ship To:
MOUNT VERNON INVENTORY
9 N 8TH AVE
MOUNT VERNON, NY 10550-1965

SALES REP #	SALES ORDER #	CARRIER	FREIGHT TERMS	CUSTOMER #	CURRENCY	AMOUNT DUE
210	680703825	MEDTRANS TRUCK # 3	CUSTOMER	1084466	USD	$165.00

LINE NO	ORDER QTY	U/M	INVOICE QTY	ITEM NO / DESCRIPTION	CODE*	DELIVERY #	UNIT PRICE	AMOUNT
10	3.00	CS	3.00	DYND15207 309400 /BAG,DRAINAGE,ANTI-REFLUX DEVICE,2000ML	TE	853496099	55.00	165.00

HCPCS Code #: A4357

Subtotal

Freight: 0.00 **Tax:** 0.00 **165.00**

GROSS	TAX AMOUNT	FREIGHT	TOTAL
165.00	0.00	0.00	$165.00

Eligible Gross Amount $165.00
Discount amount $3.30 if recd. by 06/09/13

*Code
TE - Tax Exempt
C - Customer Freight

CUSTOMER SHALL PAY THE FREIGHT CHARGES INDICATED ON THIS INVOICE. ALL CLAIMS OF SHORT SHIPMENTS, MIS-SHIPMENTS AND OTHER ERRORS IN DELIVERY SHALL BE
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Billing Inquiries: 1-800-388-2147, A/R Svcs Rep: Lisa Serpico-Foreman x-4233

REMITTANCE

Bill To:
SOUND SHORE MEDICAL CTR/500
16 GUION PL
NEW ROCHELLE NY 10801-5502

Customer #	1084466
Invoice #	1063745402
Invoice Date	05/10/2013
Sales Rep #	210
Payment Terms	2% 30, 1% 60, Net 90
Amount Due	$165.00

Remit To:
Medline Industries, Inc.
Box 382075
Pittsburgh PA 15251-8075

AMOUNT PAID $_____

Detach and return this portion with your payment

MEDLINE

www.medline.com

INVOICE

Customer PO #	Invoice Date	Invoice #
NR176915	05/10/2013	1063745403

Sold To:
SOUND SHORE MEDICAL CTR/500
16 GUION PL
NEW ROCHELLE, NY 10801-5502

Ship To:
SOUND SHORE OR
16 GUION PL
NEW ROCHELLE, NY 10801-5502

SALES REP #	SALES ORDER #	CARRIER	FREIGHT TERMS	CUSTOMER #	CURRENCY	AMOUNT DUE
210	432228014		MEDLINE	1084466	USD	$51,981.66

LINE NO	ORDER QTY	U/M	INVOICE QTY	ITEM NO / DESCRIPTION	CODE	DELIVERY #	UNIT PRICE	AMOUNT
10	3.00	BX	3.00	ETHB12LT ETHB12LT /TROCAR,BLADELESS,OBTUR,OPTICAL,12/100MM	TE	853500772	1,249.94	3,749.82
20	4.00	CS	4.00	NONFB100 NONFB100 /KIT,ANTI FOG,W/SPONGE & FLUID,SOFT PACK	TE	853500772	26.36	105.44
30	2.00	BX	2.00	USU020730 USU020730 /STAPLER,INTERNAL,PURSTRING,45MM,SS,DISP	TE	853500772	215.80	431.60
40	2.00	BX	2.00	USU030449 USU030449 /STAPLER,ENDO GIA UNIVER,INTRNL,30/45/60	TE	853500772	301.17	602.34
50	1.00	BX	1.00	USU030451 USU030451 /STAPLER,ENDO GIA UNIVERSL,30-2.5,TITANUM	TE	853500772	859.73	859.73
60	4.00	BX	4.00	USU030455 USU030455 /STAPLER,ENDO GIA UNIVERSL,45-3.5,TITANUM	TE	853500772	982.50	3,929.99
70	2.00	BX	2.00	USU030456 USU030456 /STAPLER,ENDO GIA UNIVERSL,45-4.8,TITANUM	TE	853500772	1,031.69	2,063.38
80	8.00	BX	8.00	USU030458 USU030458 /STAPLER,ENDO GIA UNIVERSL,60-3.5,TITANUM	TE	853500772	1,223.73	9,789.82

CUSTOMER SHALL PAY THE FREIGHT CHARGES INDICATED ON THIS INVOICE. ALL CLAIMS OF SHORT SHIPMENTS, MIS-SHIPMENTS AND OTHER ERRORS IN DELIVERY SHALL BE
COMMUNICATED TO MEDLINE IN WRITING WITHIN TWO BUSINESS DAYS OF THE INVOICE DATE, OR THEY ARE DEEMED WAIVED. ALL CLAIMS FOR PRICING AND BILLING ERRORS
SHALL BE COMMUNICATED TO MEDLINE IN WRITING WITHIN 180 DAYS OF INVOICE DATE, OR THEY ARE DEEMED WAIVED.

Billing Inquiries: 1-800-388-2147, A/R Svcs Rep: Lisa Serpico-Foreman x-4233

REMITTANCE

Bill To:
SOUND SHORE MEDICAL CTR/500
16 GUION PL
NEW ROCHELLE NY 10801-5502

Customer #	1084466
Invoice #	1063745403
Invoice Date	05/10/2013
Sales Rep #	210
Payment Terms	2% 30, 1% 60, Net 90
Amount Due	$51,981.66

Remit To:
Medline Industries, Inc.
Box 382075
Pittsburgh PA 15251-8075

AMOUNT PAID $_____

Detach and return this portion with your payment

MEDLINE

www.medline.com

INVOICE

Customer PO #	Invoice Date	Invoice #
NR176915	05/10/2013	1063745403

Ship To:
SOUND SHORE OR
16 GUION PL
NEW ROCHELLE, NY 10801-5502

LINE NO	ORDER QTY	U/M	INVOICE QTY	ITEM NO / DESCRIPTION	CODE*	DELIVERY #	UNIT PRICE	AMOUNT
90	4.00	BX	4.00	USU030459	TE	853500772	1,284.85	5,139.41
				USU030459 /STAPLER,ENDO GIA UNIVERSL,60-4.8,TITANUM				
100	1.00	BX	1.00	USU059037	TE	853500772	112.95	112.95
				USU059037 /STAPLER,SKIN,MULTIFIRE PREMIUM,35 WIDE				
110	2.00	BX	2.00	USU134031	TE	853500772	359.57	719.14
				USU134031 /APPLIER,CLIP,SURGICLIP,M-11.5,AUTO,BLUE				
120	4.00	BX	4.00	USU172015	TE	853500772	170.61	682.45
				USU172015 /NEEDLE,SURGINEEDLE, 120MM INSTRUMENT				
130	4.00	BX	4.00	USU173019	TE	853500772	83.64	334.55
				USU173019 /DEVICE,ENDOSCOPIC,PEANUT,5MM,3/PK				
140	3.00	BX	3.00	USU173049	TE	853500772	327.66	982.98
				USU173049 /RETRIEVER,ENDO-CATCH,II 15MM				
150	4.00	BX	4.00	USU176643	TE	853500772	375.99	1,503.95
				USU176643 /SHEARS,ENDOSCOPIC,5MM				
160	5.00	BX	5.00	USU176657	TE	853500772	512.80	2,564.00
				USU176657 /APPLIER,CLIP,ENDO CLIP II,10MM,TITANIUM				
170	20.00	BX	20.00	USU179075	TE	853500772	167.12	3,342.34
				USU179075 /TROCAR,BLUNTPORT,DISP,5MM-12MM				
180	40.00	BX	40.00	USU179093F	TE	853500772	88.83	3,553.36
				USU179093F /TROCAR,VERSAPORT V2,FIX-CANNULA,SHRT,5MM				
190	2.00	BX	2.00	USUEEAXL2535	TE	853500772	1,150.51	2,301.02
				USUEEAXL2535 /STAPLER,DST SERIES EEA XL,25MM,WHITE,3.5				
200	5.00	BX	5.00	USUEGIAUNIVXL	TE	853500772	481.88	2,409.42
				USUEGIAUNIVXL /STAPLER,ENDO GIA UNIVERSAL,XL,SNGL USE				
210	2.00	CS	2.00	USULF1537	TE	853500772	3,401.99	6,803.97
				USULF1537 /LIGASURE,5MM				
Subtotal								
		Freight:	**0.00**	**Tax:**	**0.00**			**51981.66**

GROSS	TAX AMOUNT	FREIGHT	TOTAL
51,981.66	0.00	0.00	$51,981.66

Eligible Gross Amount $51,981.66
Discount amount $1039.63 if recd. by 06/09/13

*Code
TE - Tax Exempt
C - Customer Freight

MEDLINE

www.medline.com

INVOICE

Customer PO #	Invoice Date	Invoice #
NR176797	05/10/2013	1063747964

Sold To:
SOUND SHORE MEDICAL CTR/500
16 GUION PL
NEW ROCHELLE, NY 10801-5502

Ship To:
SOUND SHORE OR
16 GUION PL
NEW ROCHELLE, NY 10801-5502

SALES REP #	SALES ORDER #	CARRIER	FREIGHT TERMS	CUSTOMER #	CURRENCY	AMOUNT DUE
210	432153543	VENDOR	MEDLINE	1084466	USD	$101.64

LINE NO	ORDER QTY	U/M	INVOICE QTY	ITEM NO / DESCRIPTION	CODE*	DELIVERY #	UNIT PRICE	AMOUNT
280	2.00	EA	2.00	MDG1141956 MDG1141956 /HOOK,GRAHAM,BLUNT,NERVE,1/8",7"	TE		50.82	101.64

Subtotal

Freight: 0.00 **Tax:** 0.00 **101.64**

GROSS	TAX AMOUNT	FREIGHT	TOTAL
101.64	0.00	0.00	$101.64

Eligible Gross Amount $101.64
Discount amount $2.03 if recd. by 06/09/13

*Code
TE - Tax Exempt
C - Customer Freight

CUSTOMER SHALL PAY THE FREIGHT CHARGES INDICATED ON THIS INVOICE. ALL CLAIMS OF SHORT SHIPMENTS, MIS-SHIPMENTS AND OTHER ERRORS IN DELIVERY SHALL BE
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Billing Inquiries: 1-800-388-2147, A/R Svcs Rep: Lisa Serpico-Foreman x-4233

REMITTANCE

Bill To:
SOUND SHORE MEDICAL CTR/500
16 GUION PL
NEW ROCHELLE NY 10801-5502

Customer #	1084466
Invoice #	1063747964
Invoice Date	05/10/2013
Sales Rep #	210
Payment Terms	2% 30, 1% 60, Net 90
Amount Due	$101.64

Remit To:
Medline Industries, Inc.
Box 382075
Pittsburgh PA 15251-8075

AMOUNT PAID $_____

Detach and return this portion with your payment

MEDLINE

www.medline.com

INVOICE

Customer PO #	Invoice Date	Invoice #
NR176895	05/11/2013	1063777793

Sold To:
SOUND SHORE MEDICAL CTR/500
16 GUION PL
NEW ROCHELLE, NY 10801-5502

Ship To:
SOUND SHORE OR
16 GUION PL
NEW ROCHELLE, NY 10801-5502

SALES REP #	SALES ORDER #	CARRIER	FREIGHT TERMS	CUSTOMER #	CURRENCY	AMOUNT DUE
210	432205355	MEDTRANS	MEDLINE	1084466	USD	$814.86

LINE NO	ORDER QTY	U/M	INVOICE QTY	ITEM NO / DESCRIPTION	CODE*	DELIVERY #	UNIT PRICE	AMOUNT
20	2.00	BX	2.00	ETHDHV12 ETHDHV12 /ADHESIVE,SKIN,DERMABOND,.5ML,DOME TIP	TE	853457655	407.43	814.86

Subtotal

Freight: 0.00 **Tax:** 0.00 **814.86**

GROSS	TAX AMOUNT	FREIGHT	TOTAL
814.86	0.00	0.00	$814.86

Eligible Gross Amount $814.86
Discount amount $16.30 if recd. by 06/10/13

*Code
TE - Tax Exempt
C - Customer Freight

CUSTOMER SHALL PAY THE FREIGHT CHARGES INDICATED ON THIS INVOICE. ALL CLAIMS OF SHORT SHIPMENTS, MIS-SHIPMENTS AND OTHER ERRORS IN DELIVERY SHALL BE
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Billing Inquiries: 1-800-388-2147, A/R Svcs Rep: Lisa Serpico-Foreman x-4233

REMITTANCE

Bill To:
SOUND SHORE MEDICAL CTR/500
16 GUION PL
NEW ROCHELLE NY 10801-5502

Customer #	1084466
Invoice #	1063777793
Invoice Date	05/11/2013
Sales Rep #	210
Payment Terms	2% 30, 1% 60, Net 90
Amount Due	$814.86

Remit To:
Medline Industries, Inc.
Box 382075
Pittsburgh PA 15251-8075

AMOUNT PAID $_____

Detach and return this portion with your payment

MEDLINE

www.medline.com

INVOICE

Customer PO #	Invoice Date	Invoice #
NR176894	05/11/2013	1063777794

Sold To:
SOUND SHORE MEDICAL CTR/500
16 GUION PL
NEW ROCHELLE, NY 10801-5502

Ship To:
SOUND SHORE OR
16 GUION PL
NEW ROCHELLE, NY 10801-5502

SALES REP #	SALES ORDER #	CARRIER	FREIGHT TERMS	CUSTOMER #	CURRENCY	AMOUNT DUE
210	680695972	MEDTRANS	CUSTOMER	1084466	USD	$368.32

LINE NO	ORDER QTY	U/M	INVOICE QTY	ITEM NO / DESCRIPTION	CODE*	DELIVERY #	UNIT PRICE	AMOUNT
10	2.00	CS	2.00	NON28625 NON28625 /CAP,SURGEON,SCRIM,TIE BACK,BLUE	TE	853459237	70.20	140.40
30	3.00	CS	3.00	MCK2002S MCK2002S /DECANTER BAG 9IN	TE	853459237	75.97	227.92

Subtotal

Freight: 0.00 **Tax:** 0.00 **368.32**

GROSS	TAX AMOUNT	FREIGHT	TOTAL
368.32	0.00	0.00	$368.32

Eligible Gross Amount $368.32
Discount amount $7.37 if recd. by 06/10/13

*Code
TE - Tax Exempt
C - Customer Freight

CUSTOMER SHALL PAY THE FREIGHT CHARGES INDICATED ON THIS INVOICE. ALL CLAIMS OF SHORT SHIPMENTS, MIS-SHIPMENTS AND OTHER ERRORS IN DELIVERY SHALL BE
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Billing Inquiries: 1-800-388-2147, A/R Svcs Rep: Lisa Serpico-Foreman x-4233

REMITTANCE

Bill To:
SOUND SHORE MEDICAL CTR/500
16 GUION PL
NEW ROCHELLE NY 10801-5502

Customer #	1084466
Invoice #	1063777794
Invoice Date	05/11/2013
Sales Rep #	210
Payment Terms	2% 30, 1% 60, Net 90
Amount Due	$368.32

Remit To:
Medline Industries, Inc.
Box 382075
Pittsburgh PA 15251-8075

AMOUNT PAID $_____

Detach and return this portion with your payment

MEDLINE

www.medline.com

INVOICE

Customer PO #	Invoice Date	Invoice #
NR175732	05/11/2013	1063777795

Sold To:
SOUND SHORE MEDICAL CTR/500
16 GUION PL
NEW ROCHELLE, NY 10801-5502

Ship To:
SOUND SHORE MISCELLANEOUS
16 GUION PL
NEW ROCHELLE, NY 10801-5502

SALES REP #	SALES ORDER #	CARRIER	FREIGHT TERMS	CUSTOMER #	CURRENCY	AMOUNT DUE
210	680337584	MEDTRANS	CUSTOMER	1084466	USD	$85.60

LINE NO	ORDER QTY	U/M	INVOICE QTY	ITEM NO / DESCRIPTION	CODE*	DELIVERY #	UNIT PRICE	AMOUNT
10	3.00	EA	3.00	PTX512060 /TUBE,TRACH,UNCUFFED,FENESTRATED,6.0MM	TE	853480009	25.44	76.33

Subtotal

Freight: 9.27 **Tax:** 0.00 **76.33**

GROSS	TAX AMOUNT	FREIGHT	TOTAL
76.33	0.00	9.27	$85.60

Eligible Gross Amount $76.33
Discount amount $1.53 if recd. by 06/10/13

*Code
TE - Tax Exempt
C - Customer Freight

CUSTOMER SHALL PAY THE FREIGHT CHARGES INDICATED ON THIS INVOICE. ALL CLAIMS OF SHORT SHIPMENTS, MIS-SHIPMENTS AND OTHER ERRORS IN DELIVERY SHALL BE
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Billing Inquiries: 1-800-388-2147, A/R Svcs Rep: Lisa Serpico-Foreman x-4233

REMITTANCE

Bill To:
SOUND SHORE MEDICAL CTR/500
16 GUION PL
NEW ROCHELLE NY 10801-5502

Customer #	1084466
Invoice #	1063777795
Invoice Date	05/11/2013
Sales Rep #	210
Payment Terms	2% 30, 1% 60, Net 90
Amount Due	$85.60

Remit To:
Medline Industries, Inc.
Box 382075
Pittsburgh PA 15251-8075

AMOUNT PAID $_____

Detach and return this portion with your payment

MEDLINE

www.medline.com

INVOICE

Customer PO #	Invoice Date	Invoice #
NR176520	05/11/2013	1063777796

Sold To:
SOUND SHORE MEDICAL CTR/500
16 GUION PL
NEW ROCHELLE, NY 10801-5502

Ship To:
SOUND SHORE-MISCELLANEOUS
16 GUION PL
NEW ROCHELLE, NY 10801-5502

SALES REP #	SALES ORDER #	CARRIER	FREIGHT TERMS	CUSTOMER #	CURRENCY	AMOUNT DUE
210	680594561	MEDTRANS	CUSTOMER	1084466	USD	$225.00

LINE NO	ORDER QTY	U/M	INVOICE QTY	ITEM NO. / DESCRIPTION	CODE*	DELIVERY #	UNIT PRICE	AMOUNT
20	2.00	CS	2.00	8XTDIN1518X BXTDIN1518X /NDL,18GA ADG LGTH,BONE,MARROW ILL/ASP	TE	853482408	96.43	192.85
Subtotal								
		Freight:	32.15		Tax:	0.00		192.85

GROSS	TAX AMOUNT	FREIGHT	TOTAL
192.85	0.00	32.15	$225.00

Eligible Gross Amount $192.85
Discount amount $3.86 if recd. by 06/10/13

*Code
TE - Tax Exempt
C - Customer Freight

CUSTOMER SHALL PAY THE FREIGHT CHARGES INDICATED ON THIS INVOICE. ALL CLAIMS OF SHORT SHIPMENTS, MIS-SHIPMENTS AND OTHER ERRORS IN DELIVERY SHALL BE
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Billing Inquiries: 1-800-388-2147, A/R Svcs Rep: Lisa Serpico-Foreman x-4233

REMITTANCE

Bill To:
SOUND SHORE MEDICAL CTR/500
16 GUION PL
NEW ROCHELLE NY 10801-5502

Customer #	1084466
Invoice #	1063777796
Invoice Date	05/11/2013
Sales Rep #	210
Payment Terms	2% 30, 1% 60, Net 90
Amount Due	$225.00

Remit To:
Medline Industries, Inc.
Box 382075
Pittsburgh PA 15251-8075

AMOUNT PAID $_____

Detach and return this portion with your payment

MEDLINE

www.medline.com

INVOICE

Customer PO #	Invoice Date	Invoice #
NR176520	05/11/2013	1063777797

Sold To:
SOUND SHORE MEDICAL CTR/500
16 GUION PL
NEW ROCHELLE, NY 10801-5502

Ship To:
SOUND SHORE MISCELLANEOUS
16 GUION PL
NEW ROCHELLE, NY 10801-5502

SALES REP #	SALES ORDER #	CARRIER	FREIGHT TERMS	CUSTOMER #	CURRENCY	AMOUNT DUE
210	680594561	MEDTRANS	CUSTOMER	1084466	USD	$225.30

LINE NO	ORDER QTY	U/M	INVOICE QTY	ITEM NO / DESCRIPTION	CODE*	DELIVERY #	UNIT PRICE	AMOUNT
10	2.00	CS	2.00	BXTDIN1515X BXTDIN1515X /NEEDLE,15GA ADJ LGTH,BONE, MARROW,	TE	853484391	92.04	184.08

Subtotal

Freight: 41.22 **Tax:** 0.00 **184.08**

GROSS	TAX AMOUNT	FREIGHT	TOTAL
184.08	0.00	41.22	$225.30

Eligible Gross Amount $184.08
Discount amount $3.68 if recd. by 06/10/13

*Code
TE - Tax Exempt
C - Customer Freight

CUSTOMER SHALL PAY THE FREIGHT CHARGES INDICATED ON THIS INVOICE. ALL CLAIMS OF SHORT SHIPMENTS, MIS-SHIPMENTS AND OTHER ERRORS IN DELIVERY SHALL BE
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Billing Inquiries: 1-800-388-2147, A/R Svcs Rep: Lisa Serpico-Foreman x-4233

REMITTANCE

Bill To:
SOUND SHORE MEDICAL CTR/500
16 GUION PL
NEW ROCHELLE NY 10801-5502

Customer #	1084466
Invoice #	1063777797
Invoice Date	05/11/2013
Sales Rep #	210
Payment Terms	2% 30, 1% 60, Net 90
Amount Due	$225.30

Remit To:
Medline Industries, Inc.
Box 382075
Pittsburgh PA 15251-8075

AMOUNT PAID $_____

Detach and return this portion with your payment

MEDLINE

www.medline.com

INVOICE

Customer PO #	Invoice Date	Invoice #
NR176768	05/11/2013	1063777798

Sold To:
SOUND SHORE MEDICAL CTR/500
16 GUION PL
NEW ROCHELLE, NY 10801-5502

Ship To:
SOUND SHORE INVENTORY
16 GUION PL
NEW ROCHELLE, NY 10801-5502

SALES REP #	SALES ORDER #	CARRIER	FREIGHT TERMS	CUSTOMER #	CURRENCY	AMOUNT DUE
210	680660057	MEDTRANS	MEDLINE	1084466	USD	$361.32

LINE NO	ORDER QTY	U/M	INVOICE QTY	ITEM NO / DESCRIPTION	CODE*	DELIVERY #	UNIT PRICE	AMOUNT
140	4.00	CS	4.00	SGE7943 200100 /CLOTH,BATH,DEODORANT	TE	853485249	90.33	361.32

Subtotal

Freight: 0.00 **Tax:** 0.00 **361.32**

GROSS	TAX AMOUNT	FREIGHT	TOTAL
361.32	0.00	0.00	$361.32

Eligible Gross Amount $361.32
Discount amount $7.23 if recd. by 06/10/13

*Code
TE - Tax Exempt
C - Customer Freight

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Billing Inquiries: 1-800-388-2147, A/R Svcs Rep: Lisa Serpico-Foreman x-4233

REMITTANCE

Bill To:
SOUND SHORE MEDICAL CTR/500
16 GUION PL
NEW ROCHELLE NY 10801-5502

Customer #	1084466
Invoice #	1063777798
Invoice Date	05/11/2013
Sales Rep #	210
Payment Terms	2% 30, 1% 60, Net 90
Amount Due	$361.32

Remit To:
Medline Industries, Inc.
Box 382075
Pittsburgh PA 15251-8075

AMOUNT PAID $_____

Detach and return this portion with your payment

MEDLINE

www.medline.com

INVOICE

Customer PO #	Invoice Date	Invoice #
NR176909	05/11/2013	1063777801

Sold To:
SOUND SHORE MEDICAL CTR/500
16 GUION PL
NEW ROCHELLE, NY 10801-5502

Ship To:
SOUND SHORE INVENTORY
16 GUION PL
NEW ROCHELLE, NY 10801-5502

SALES REP #	SALES ORDER #	CARRIER	FREIGHT TERMS	CUSTOMER #	CURRENCY	AMOUNT DUE
210	680702729	MEDTRANS	MEDLINE	1084466	USD	$6,845.63

LINE NO	ORDER QTY	U/M	INVOICE QTY	ITEM NO / DESCRIPTION	CODE*	DELIVERY #	UNIT PRICE	AMOUNT
20	3.00	CS	3.00	DYNJP2498 102200 /SHEET, DRAPE, SPLIT, STERILE	TE	853494656	51.70	155.10
		102200						
Subtotal 200								
		Freight:	0.00		Tax:	0.00		155.10
10	2.00	CS	2.00	DYNJAA4836A 130100 /CIRCUIT,ANESTHESIA,ADULT	TE	853494656	100.00	200.00
30	1.00	CS	1.00	DYNJP2416 102500 /DRAPE,REIN 53X77,STERILE	TE	853494656	50.09	50.09
40	2.00	CS	2.00	DYNJP3009 102900 /DRAPE,LAPAROTOMY,T,PEDI,STERILE	TE	853494656	64.38	128.76
50	2.00	CS	2.00	DYNJP5020A DYNJP5020A /PACK,CYSTOSCOPY,PK III,AURORA	TE	853494656	69.53	139.06
60	3.00	CS	3.00	DYNJ24994C 104400 /BASIC PACK-LF	TE	853494656	348.72	1,046.16
70	2.00	CS	2.00	MDS251518RNG 104600 /SPONGE,LAP,18"X18",RING,XR,ST,5/PK,40PK	TE	853494656	64.99	129.98

CUSTOMER SHALL PAY THE FREIGHT CHARGES INDICATED ON THIS INVOICE. ALL CLAIMS OF SHORT SHIPMENTS, MIS-SHIPMENTS AND OTHER ERRORS IN DELIVERY SHALL BE
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Billing Inquiries: 1-800-388-2147, A/R Svcs Rep: Lisa Serpico-Foreman x-4233

REMITTANCE

Bill To:
SOUND SHORE MEDICAL CTR/500
16 GUION PL
NEW ROCHELLE NY 10801-5502

Customer #	1084466
Invoice #	1063777801
Invoice Date	05/11/2013
Sales Rep #	210
Payment Terms	2% 30, 1% 60, Net 90
Amount Due	$6,845.63

Remit To:
Medline Industries, Inc.
Box 382075
Pittsburgh PA 15251-8075

AMOUNT PAID $_____

Detach and return this portion with your payment

MEDLINE

www.medline.com

INVOICE

Customer PO #	Invoice Date	Invoice #
NR176909	05/11/2013	1063777801

Ship To:
SOUND SHORE INVENTORY
16 GUION PL
NEW ROCHELLE, NY 10801-5502

LINE NO	ORDER QTY	U/M	INVOICE QTY	ITEM NO / DESCRIPTION	CODE*	DELIVERY #	UNIT PRICE	AMOUNT
80	1.00	CS	1.00	DYNJP2707	TE	853494656	84.86	84.86
				107500 /GOWN,REINFORCED,POLY,AURORA,LARGE,STRL				
90	2.00	CS	2.00	CDS981070C	TE	853494656	635.20	1,270.40
				107900 /TOTAL JOINT PROCEDURE				
100	3.00	CS	3.00	MDS8085	TE	853494656	72.93	218.79
				609500 /GLOVE,EXAM,NITRILE,PF,LF,MD				
110	4.00	CS	4.00	MDS8086	TE	853494656	72.93	291.72
				609600 /GLOVE,EXAM,NITRILE,PF,LF,LG				
120	30.00	CS	30.00	CUR9225	TE	853494656	47.52	1,425.60
				313100 /GLOVE,EXAM,STRETCH VINYL,M				
130	20.00	CS	20.00	CUR9226	TE	853494656	47.52	950.40
				CUR9226 /GLOVE,EXAM,STRETCH VINYL,L				
140	4.00	CS	4.00	SGE9707CS	TE	853494656	188.68	754.71
				200000 /CLOTH,SKIN PREP,PREOP,2%CHG,2 PK/32 SETS				
Subtotal								
		Freight:	0.00		**Tax:**	0.00		**6690.53**

GROSS	TAX AMOUNT	FREIGHT	TOTAL
6,845.63	0.00	0.00	$6,845.63

Eligible Gross Amount $6,845.63
Discount amount $136.91 if recd. by 06/10/13

*Code
TE - Tax Exempt
C - Customer Freight

MEDLINE

www.medline.com

INVOICE

Customer PO #	Invoice Date	Invoice #
NR176920	05/11/2013	1063777802

Sold To:
SOUND SHORE MEDICAL CTR/500
16 GUION PL
NEW ROCHELLE, NY 10801-5502

Ship To:
SOUND SHORE OR
16 GUION PL
NEW ROCHELLE, NY 10801-5502

SALES REP #	SALES ORDER #	CARRIER	FREIGHT TERMS	CUSTOMER #	CURRENCY	AMOUNT DUE
210	432228243	FEDEX GROUND	CUSTOMER	1084466	USD	$740.73

LINE NO	ORDER QTY	U/M	INVOICE QTY	ITEM NO / DESCRIPTION	CODE*	DELIVERY #	UNIT PRICE	AMOUNT
10	1.00	PK	1.00	SKR0700001026 /CLEANER,DOCKING,NEPTUNE 2	TE	853506606	462.36	462.36
Subtotal								
		Freight:	278.37		**Tax:**	0.00		462.36

GROSS	TAX AMOUNT	FREIGHT	TOTAL
462.36	0.00	278.37	$740.73

Eligible Gross Amount $462.36
Discount amount $9.25 if recd. by 06/10/13

*Code
TE - Tax Exempt
C - Customer Freight

CUSTOMER SHALL PAY THE FREIGHT CHARGES INDICATED ON THIS INVOICE. ALL CLAIMS OF SHORT SHIPMENTS, MIS-SHIPMENTS AND OTHER ERRORS IN DELIVERY SHALL BE
COMMUNICATED TO MEDLINE IN WRITING WITHIN TWO BUSINESS DAYS OF THE INVOICE DATE, OR THEY ARE DEEMED WAIVED. ALL CLAIMS FOR PRICING AND BILLING ERRORS
SHALL BE COMMUNICATED TO MEDLINE IN WRITING WITHIN 180 DAYS OF INVOICE DATE, OR THEY ARE DEEMED WAIVED.

Billing Inquiries: 1-800-388-2147, A/R Svcs Rep: Lisa Serpico-Foreman x-4233

REMITTANCE

Bill To:
SOUND SHORE MEDICAL CTR/500
16 GUION PL
NEW ROCHELLE NY 10801-5502

Customer #	1084466
Invoice #	1063777802
Invoice Date	05/11/2013
Sales Rep #	210
Payment Terms	2% 30, 1% 60, Net 90
Amount Due	$740.73

Remit To:
Medline Industries, Inc.
Box 382075
Pittsburgh PA 15251-8075

AMOUNT PAID $_____

Detach and return this portion with your payment

MEDLINE

www.medline.com

INVOICE

Customer PO #	Invoice Date	Invoice #
NR176934	05/11/2013	1063777803

Sold To:
SOUND SHORE MEDICAL CTR/500
16 GUION PL
NEW ROCHELLE, NY 10801-5502

Ship To:
MOUNT VERNON INVENTORY
9 N 8TH AVE
MOUNT VERNON, NY 10550-1965

SALES REP #	SALES ORDER #	CARRIER	FREIGHT TERMS	CUSTOMER #	CURRENCY	AMOUNT DUE
210	680709898	FEDEX GROUND	MEDLINE	1084466	USD	$55.45

LINE NO	ORDER QTY	U/M	INVOICE QTY	ITEM NO / DESCRIPTION	CODE*	DELIVERY #	UNIT PRICE	AMOUNT
260	1.00	BX	1.00	MPP100558GSZ 808000 /POUCH,STERILIZATION,SELF-SEAL,12" X 18"	TE,C	853528529	44.57	44.57

Subtotal

Freight: 10.88 **Tax:** 0.00 44.57

GROSS	TAX AMOUNT	FREIGHT	TOTAL
44.57	0.00	10.88	$55.45

Eligible Gross Amount $44.57
Discount amount $0.89 if recd. by 06/10/13

*Code
TE - Tax Exempt
C - Customer Freight

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Billing Inquiries: 1-800-388-2147, A/R Svcs Rep: Lisa Serpico-Foreman x-4233

REMITTANCE

Bill To:
SOUND SHORE MEDICAL CTR/500
16 GUION PL
NEW ROCHELLE NY 10801-5502

Customer #	1084466
Invoice #	1063777803
Invoice Date	05/11/2013
Sales Rep #	210
Payment Terms	2% 30, 1% 60, Net 90
Amount Due	$55.45

Remit To:
Medline Industries, Inc.
Box 382075
Pittsburgh PA 15251-8075

AMOUNT PAID $_____

Detach and return this portion with your payment

MEDLINE

www.medline.com

INVOICE

Customer PO #	Invoice Date	Invoice #
NR176741	05/11/2013	1063777804

Sold To:
SOUND SHORE MEDICAL CTR/500
16 GUION PL
NEW ROCHELLE, NY 10801-5502

Ship To:
MOUNT VERNON OR
9 N 8TH AVE
MOUNT VERNON, NY 10550-1965

SALES REP #	SALES ORDER #	CARRIER	FREIGHT TERMS	CUSTOMER #	CURRENCY	AMOUNT DUE
210	680651655	FEDEX GROUND	MEDLINE	1084466	USD	$6,744.62

LINE NO	ORDER QTY	U/M	INVOICE QTY	ITEM NO DESCRIPTION	CODE*	DELIVERY #	UNIT PRICE	AMOUNT
10	2.00	CS	2.00	BAR5733730CS BAR5733730CS /KIT,CATHETER,HEMOSPLIT,STRAIGHT,14.5FR	TE,C	853536385	3,367.73	6,735.46

Subtotal

Freight: **9.16** **Tax:** **0.00** **6735.46**

GROSS	TAX AMOUNT	FREIGHT	TOTAL
6,735.46	0.00	9.16	$6,744.62

Eligible Gross Amount $6,735.46
Discount amount $134.71 if recd. by 06/10/13

*Code
TE - Tax Exempt
C - Customer Freight

CUSTOMER SHALL PAY THE FREIGHT CHARGES INDICATED ON THIS INVOICE. ALL CLAIMS OF SHORT SHIPMENTS, MIS-SHIPMENTS AND OTHER ERRORS IN DELIVERY SHALL BE
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Billing Inquiries: 1-800-388-2147, A/R Svcs Rep: Lisa Serpico-Foreman x-4233

REMITTANCE

Bill To:
SOUND SHORE MEDICAL CTR/500
16 GUION PL
NEW ROCHELLE NY 10801-5502

Customer #	1084466
Invoice #	1063777804
Invoice Date	05/11/2013
Sales Rep #	210
Payment Terms	2% 30, 1% 60, Net 90
Amount Due	$6,744.62

Remit To:
Medline Industries, Inc.
Box 382075
Pittsburgh PA 15251-8075

AMOUNT PAID $_____

Detach and return this portion with your payment

MEDLINE

www.medline.com

INVOICE

Customer PO #	Invoice Date	Invoice #
NR176904	05/11/2013	1063779975

Sold To:
SOUND SHORE MEDICAL CTR/500
16 GUION PL
NEW ROCHELLE, NY 10801-5502

Ship To:
MOUNT VERNON OR
9 N 8TH AVE
MOUNT VERNON, NY 10550-1965

SALES REP #	SALES ORDER #	CARRIER	FREIGHT TERMS	CUSTOMER #	CURRENCY	AMOUNT DUE
210	680702376	NONE PROVIDED	MEDLINE	1084466	USD	$774.54

LINE NO.	ORDER QTY.	U/M	INVOICE QTY.	ITEM NO. / DESCRIPTION	CODE*	DELIVERY #	UNIT PRICE	AMOUNT
10	2.00	CS	2.00	BRD0172L18 BRD0172L18 /CATHETER, COUNCIL TIP 5CC 18FR	TE,C		373.04	746.08

Subtotal

Frt/Handlg: **3.46** **Tax:** **0.00** **746.08**

Additional charges which have been added into the freight/handling total on this invoice

Drop ship fee 25.00

GROSS	TAX AMOUNT	FREIGHT/HANDLING	TOTAL
746.08	0.00	28.46	$774.54

Eligible Gross Amount $746.08
Discount amount $14.92 if recd. by 06/10/13

*Code
TE - Tax Exempt
C - Customer Freight

CUSTOMER SHALL PAY THE FREIGHT CHARGES INDICATED ON THIS INVOICE. ALL CLAIMS OF SHORT SHIPMENTS, MIS-SHIPMENTS AND OTHER ERRORS IN DELIVERY SHALL BE
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Billing Inquiries: 1-800-388-2147, A/R Svcs Rep: Lisa Serpico-Foreman x-4233

REMITTANCE

Bill To:
SOUND SHORE MEDICAL CTR/500
16 GUION PL
NEW ROCHELLE NY 10801-5502

Customer #	1084466
Invoice #	1063779975
Invoice Date	05/11/2013
Sales Rep #	210
Payment Terms	2% 30, 1% 60, Net 90
Amount Due	$774.54

Remit To:
Medline Industries, Inc.
Box 382075
Pittsburgh PA 15251-8075

AMOUNT PAID $_____

Detach and return this portion with your payment

MEDLINE

www.medline.com

INVOICE

Customer PO #	Invoice Date	Invoice #
NR176525	05/13/2013	1063784883

Sold To:
SOUND SHORE MEDICAL CTR/500
16 GUION PL
NEW ROCHELLE, NY 10801-5502

Ship To:
MOUNT VERNON MISCELLANEOUS
9 N 8TH AVE
MOUNT VERNON, NY 10550-1965

SALES REP #	SALES ORDER #	CARRIER	FREIGHT TERMS	CUSTOMER #	CURRENCY	AMOUNT DUE
210	680595093	MEDTRANS	MEDLINE	1084466	USD	$410.30

LINE NO	ORDER QTY	U/M	INVOICE QTY	ITEM NO / DESCRIPTION	CODE*	DELIVERY #	UNIT PRICE	AMOUNT
20	3.00	CS	1.00	UTD59480300 UTD59480300 /DRESSING,ALGINATE,CALCIUM,ALGISITE,6"X8"	TE	853511559	410.30	410.30

HCPCS Code #: A6197

Subtotal

Freight: 0.00 **Tax:** 0.00 410.30

GROSS	TAX AMOUNT	FREIGHT	TOTAL
410.30	0.00	0.00	$410.30

Eligible Gross Amount $410.30
Discount amount $8.21 if recd. by 06/12/13

*Code
TE - Tax Exempt
C - Customer Freight

CUSTOMER SHALL PAY THE FREIGHT CHARGES INDICATED ON THIS INVOICE. ALL CLAIMS OF SHORT SHIPMENTS, MIS-SHIPMENTS AND OTHER ERRORS IN DELIVERY SHALL BE
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Billing Inquiries: 1-800-388-2147, A/R Svcs Rep: Lisa Serpico-Foreman x-4233

REMITTANCE

Bill To:
SOUND SHORE MEDICAL CTR/500
16 GUION PL
NEW ROCHELLE NY 10801-5502

Customer #	1084466
Invoice #	1063784883
Invoice Date	05/13/2013
Sales Rep #	210
Payment Terms	2% 30, 1% 60, Net 90
Amount Due	$410.30

Remit To:
Medline Industries, Inc.
Box 382075
Pittsburgh PA 15251-8075

AMOUNT PAID $_____

Detach and return this portion with your payment

MEDLINE

www.medline.com

INVOICE

Customer PO #	Invoice Date	Invoice #
NR176741	05/13/2013	1063784884

Sold To:
SOUND SHORE MEDICAL CTR/500
16 GUION PL
NEW ROCHELLE, NY 10801-5502

Ship To:
MOUNT VERNON OR
9 N 8TH AVE
MOUNT VERNON, NY 10550-1965

SALES REP #	SALES ORDER #	CARRIER	FREIGHT TERMS	CUSTOMER #	CURRENCY	AMOUNT DUE
210	680651655	MEDTRANS	MEDLINE	1084466	USD	$1,286.07

LINE NO	ORDER QTY	U/M	INVOICE QTY	ITEM NO / DESCRIPTION	CODE*	DELIVERY #	UNIT PRICE	AMOUNT
30	6.00	EA	6.00	BRD777624 BRD777624 /STENT,URETERAL,INLAY,6FR,24CM	TE	853513637	214.35	1,286.07

Subtotal

Freight: **0.00** **Tax:** **0.00** **1286.07**

GROSS	TAX AMOUNT	FREIGHT	TOTAL
1,286.07	0.00	0.00	$1,286.07

Eligible Gross Amount $1,286.07
Discount amount $25.72 if recd. by 06/12/13

*Code
TE - Tax Exempt
C - Customer Freight

CUSTOMER SHALL PAY THE FREIGHT CHARGES INDICATED ON THIS INVOICE. ALL CLAIMS OF SHORT SHIPMENTS, MIS-SHIPMENTS AND OTHER ERRORS IN DELIVERY SHALL BE
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Billing Inquiries: 1-800-388-2147, A/R Svcs Rep: Lisa Serpico-Foreman x-4233

REMITTANCE

Bill To:
SOUND SHORE MEDICAL CTR/500
16 GUION PL
NEW ROCHELLE NY 10801-5502

Customer #	1084466
Invoice #	1063784884
Invoice Date	05/13/2013
Sales Rep #	210
Payment Terms	2% 30, 1% 60, Net 90
Amount Due	$1,286.07

Remit To:
Medline Industries, Inc.
Box 382075
Pittsburgh PA 15251-8075

AMOUNT PAID $_____

Detach and return this portion with your payment

MEDLINE

www.medline.com

INVOICE

Customer PO #	Invoice Date	Invoice #
NR176630	05/13/2013	1063784885

Sold To:
SOUND SHORE MEDICAL CTR/500
16 GUION PL
NEW ROCHELLE, NY 10801-5502

Ship To:
SOUND SHORE MISCELLANEOUS
16 GUION PL
NEW ROCHELLE, NY 10801-5502

SALES REP #	SALES ORDER #	CARRIER	FREIGHT TERMS	CUSTOMER #	CURRENCY	AMOUNT DUE
210	680620880	MEDTRANS	MEDLINE	1084466	USD	$59.71

LINE NO	ORDER QTY	U/M	INVOICE QTY	ITEM NO / DESCRIPTION	CODE*	DELIVERY #	UNIT PRICE	AMOUNT
10	30.00	EA	2.00	HUD60705EA HUD60705EA /MASK,DISPOSABLE FULL FACE MASK,VENTED L	TE	853515245	29.86	59.71

Subtotal

Freight: 0.00 **Tax:** 0.00 59.71

GROSS	TAX AMOUNT	FREIGHT	TOTAL
59.71	0.00	0.00	$59.71

Eligible Gross Amount $59.71
Discount amount $1.19 if recd. by 06/12/13

*Code
TE - Tax Exempt
C - Customer Freight

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Billing Inquiries: 1-800-388-2147, A/R Svcs Rep: Lisa Serpico-Foreman x-4233

REMITTANCE

Bill To:
SOUND SHORE MEDICAL CTR/500
16 GUION PL
NEW ROCHELLE NY 10801-5502

Customer #	1084466
Invoice #	1063784885
Invoice Date	05/13/2013
Sales Rep #	210
Payment Terms	2% 30, 1% 60, Net 90
Amount Due	$59.71

Remit To:
Medline Industries, Inc.
Box 382075
Pittsburgh PA 15251-8075

AMOUNT PAID $_____

Detach and return this portion with your payment

MEDLINE

www.medline.com

INVOICE

Customer PO #	Invoice Date	Invoice #
NR176871	05/13/2013	1063784886

Sold To:
SOUND SHORE MEDICAL CTR/500
16 GUION PL
NEW ROCHELLE, NY 10801-5502

Ship To:
MOUNT VERNON INVENTORY
9 N 8TH AVE
MOUNT VERNON, NY 10550-1965

SALES REP #	SALES ORDER #	CARRIER	FREIGHT TERMS	CUSTOMER #	CURRENCY	AMOUNT DUE
210	680687045	MEDTRANS	MEDLINE	1084466	USD	$32.16

LINE NO	ORDER QTY	U/M	INVOICE QTY	ITEM NO / DESCRIPTION	CODE*	DELIVERY #	UNIT PRICE	AMOUNT
160	4.00	CS	1.00	HUD719025 106500 /SPIROMETER,INCENTIVE,VOLDYNE,2500ML	TE	853516053	32.16	32.16

Subtotal

Freight: 0.00 **Tax:** 0.00 **32.16**

GROSS	TAX AMOUNT	FREIGHT	TOTAL
32.16	0.00	0.00	$32.16

Eligible Gross Amount $32.16
Discount amount $0.64 if recd. by 06/12/13

*Code
TE - Tax Exempt
C - Customer Freight

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Billing Inquiries: 1-800-388-2147, A/R Svcs Rep: Lisa Serpico-Foremen x-4233

REMITTANCE

Bill To:
SOUND SHORE MEDICAL CTR/500
16 GUION PL
NEW ROCHELLE NY 10801-5502

Customer #	1084466
Invoice #	1063784886
Invoice Date	05/13/2013
Sales Rep #	210
Payment Terms	2% 30, 1% 60, Net 90
Amount Due	$32.16

Remit To:
Medline Industries, Inc.
Box 382075
Pittsburgh PA 15251-8075

AMOUNT PAID $_____

Detach and return this portion with your payment

MEDLINE

www.medline.com

INVOICE

Customer PO #	Invoice Date	Invoice #
NR176871	05/13/2013	1063784886

Sold To:
SOUND SHORE MEDICAL CTR/500
16 GUION PL
NEW ROCHELLE, NY 10801-5502

Ship To:
MOUNT VERNON INVENTORY
9 N 8TH AVE
MOUNT VERNON, NY 10550-1965

SALES REP #	SALES ORDER #	CARRIER	FREIGHT TERMS	CUSTOMER #	CURRENCY	AMOUNT DUE
210	680687045	MEDTRANS	MEDLINE	1084466	USD	$32.16

LINE NO	ORDER QTY	U/M	INVOICE QTY	ITEM NO / DESCRIPTION	CODE*	DELIVERY #	UNIT PRICE	AMOUNT
160	4.00	CS	1.00	HUD719025 106500 /SPIROMETER,INCENTIVE,VOLDYNE,2500ML	TE	853516053	32.16	32.16

Subtotal

Freight: 0.00 **Tax:** 0.00 **32.16**

GROSS	TAX AMOUNT	FREIGHT	TOTAL
32.16	0.00	0.00	$32.16

Eligible Gross Amount $32.16
Discount amount $0.64 if recd. by 06/12/13

*Code
TE - Tax Exempt
C - Customer Freight

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Billing Inquiries: 1-800-388-2147, A/R Svcs Rep: Lisa Serpico-Foreman x-4233

REMITTANCE

Bill To:
SOUND SHORE MEDICAL CTR/500
16 GUION PL
NEW ROCHELLE NY 10801-5502

Customer #	1084466
Invoice #	1063784886
Invoice Date	05/13/2013
Sales Rep #	210
Payment Terms	2% 30, 1% 60, Net 90
Amount Due	$32.16

Remit To:
Medline Industries, Inc.
Box 382075
Pittsburgh PA 15251-8075

AMOUNT PAID $_____

Detach and return this portion with your payment

MEDLINE

www.medline.com

INVOICE

Customer PO #	Invoice Date	Invoice #
NR176887	05/13/2013	1063784887

Sold To:
SOUND SHORE MEDICAL CTR/500
16 GUION PL
NEW ROCHELLE, NY 10801-5502

Ship To:
MOUNT VERNON INVENTORY
9 N 8TH AVE
MOUNT VERNON, NY 10550-1965

SALES REP #	SALES ORDER #	CARRIER	FREIGHT TERMS	CUSTOMER #	CURRENCY	AMOUNT DUE
210	680694454	MEDTRANS	MEDLINE	1084466	USD	$34.38

LINE NO	ORDER QTY	U/M	INVOICE QTY	ITEM NO / DESCRIPTION	CODE*	DELIVERY #	UNIT PRICE	AMOUNT
190	5.00	CS	2.00	HUD1104 106700 /CANNULA,FLARED,7' TUBING	TE	853519233	17.19	34.38

Subtotal

Freight: **0.00** **Tax:** **0.00** **34.38**

GROSS	TAX AMOUNT	FREIGHT	TOTAL
34.38	0.00	0.00	$34.38

Eligible Gross Amount $34.38
Discount amount $0.69 if recd. by 06/12/13

*Code
TE - Tax Exempt
C - Customer Freight

CUSTOMER SHALL PAY THE FREIGHT CHARGES INDICATED ON THIS INVOICE. ALL CLAIMS OF SHORT SHIPMENTS, MIS-SHIPMENTS AND OTHER ERRORS IN DELIVERY SHALL BE
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Billing Inquiries: 1-800-388-2147, A/R Svcs Rep: Lisa Serpico-Foreman x-4233

REMITTANCE

Bill To:
SOUND SHORE MEDICAL CTR/500
16 GUION PL
NEW ROCHELLE NY 10801-5502

Customer #	1084466
Invoice #	1063784887
Invoice Date	05/13/2013
Sales Rep #	210
Payment Terms	2% 30, 1% 60, Net 90
Amount Due	$34.38

Remit To:
Medline Industries, Inc.
Box 382075
Pittsburgh PA 15251-8075

AMOUNT PAID $_____

Detach and return this portion with your payment

MEDLINE

www.medline.com

INVOICE

Customer PO #	Invoice Date	Invoice #
NR176502	05/13/2013	1063784888

Sold To:
SOUND SHORE MEDICAL CTR/500
16 GUION PL
NEW ROCHELLE, NY 10801-5502

Ship To:
SOUND SHORE MISCELLANEOUS
16 GUION PL
NEW ROCHELLE, NY 10801-5502

SALES REP #	SALES ORDER #	CARRIER	FREIGHT TERMS	CUSTOMER #	CURRENCY	AMOUNT DUE
210	680585417	MEDTRANS	MEDLINE	1084466	USD	$101.77

LINE NO.	ORDER QTY.	U/M	INVOICE QTY.	ITEM NO. / DESCRIPTION	CODE*	DELIVERY #	UNIT PRICE	AMOUNT
60	6.00	EA	4.00	PTX512060 PTX512060 /TUBE,TRACH,UNCUFFED,FENESTRATED,6.0MM	TE	853520808	25.44	101.77

Subtotal

Freight: 0.00 **Tax:** 0.00 **101.77**

GROSS	TAX AMOUNT	FREIGHT	TOTAL
101.77	0.00	0.00	$101.77

Eligibla Gross Amount $101.77
Discount amount $2.04 if recd. by 06/12/13

*Code
TE - Tax Exempt
C - Customer Freight

CUSTOMER SHALL PAY THE FREIGHT CHARGES INDICATED ON THIS INVOICE. ALL CLAIMS OF SHORT SHIPMENTS, MIS-SHIPMENTS AND OTHER ERRORS IN DELIVERY SHALL BE
COMMUNICATED TO MEDLINE IN WRITING WITHIN TWO BUSINESS DAYS OF THE INVOICE DATE, OR THEY ARE DEEMED WAIVED. ALL CLAIMS FOR PRICING AND BILLING ERRORS
SHALL BE COMMUNICATED TO MEDLINE IN WRITING WITHIN 180 DAYS OF INVOICE DATE, OR THEY ARE DEEMED WAIVED.

Billing Inquiries: 1-800-388-2147, A/R Svcs Rep: Lisa Serpico-Foreman x-4233

REMITTANCE

Bill To:
SOUND SHORE MEDICAL CTR/500
16 GUION PL
NEW ROCHELLE NY 10801-5502

Customer #	1084466
Invoice #	1063784888
Invoice Date	05/13/2013
Sales Rep #	210
Payment Terms	2% 30, 1% 60, Net 90
Amount Due	$101.77

Remit To:
Medline Industries, Inc.
Box 382075
Pittsburgh PA 15251-8075

AMOUNT PAID $_____

Detach and return this portion with your payment

MEDLINE www.medline.com

INVOICE

Customer PO #	Invoice Date	Invoice #
NR176593	05/13/2013	1063784889

Sold To:
SOUND SHORE MEDICAL CTR/500
16 GUION PL
NEW ROCHELLE, NY 10801-5502

Ship To:
MOUNT VERNON OR
9 N 8TH AVE
MOUNT VERNON, NY 10550-1965

SALES REP #	SALES ORDER #	CARRIER	FREIGHT TERMS	CUSTOMER #	CURRENCY	AMOUNT DUE
210	680611946	MEDTRANS	CUSTOMER	1084466	USD	$343.54

LINE NO	ORDER QTY	U/M	INVOICE QTY	ITEM NO / DESCRIPTION	CODE*	DELIVERY #	UNIT PRICE	AMOUNT
10	1.00	CS	1.00	SGE9324831 SGE9324831 /GLOVES,LATEX,HIGH RISK,18ML,PF,LF,LG,BLU	TE	853520809	343.54	343.54

Subtotal

Freight: 0.00 **Tax:** 0.00 343.54

GROSS	TAX AMOUNT	FREIGHT	TOTAL
343.54	0.00	0.00	$343.54

Eligible Gross Amount $343.54
Discount amount $6.87 if recd. by 06/12/13

*Code
TE - Tax Exempt
C - Customer Freight

CUSTOMER SHALL PAY THE FREIGHT CHARGES INDICATED ON THIS INVOICE. ALL CLAIMS OF SHORT SHIPMENTS, MIS-SHIPMENTS AND OTHER ERRORS IN DELIVERY SHALL BE
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Billing Inquiries: 1-800-388-2147, A/R Svcs Rep: Lisa Serpico-Foreman x-4233

REMITTANCE

Bill To:
SOUND SHORE MEDICAL CTR/500
16 GUION PL
NEW ROCHELLE NY 10801-5502

Customer #	1084466
Invoice #	1063784889
Invoice Date	05/13/2013
Sales Rep #	210
Payment Terms	2% 30, 1% 60, Net 90
Amount Due	$343.54

Remit To:
Medline Industries, Inc.
Box 382075
Pittsburgh PA 15251-8075

AMOUNT PAID $_____

Detach and return this portion with your payment

MEDLINE

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INVOICE

Customer PO #	Invoice Date	Invoice #
NR176504	05/13/2013	1063784890

Sold To:
SOUND SHORE MEDICAL CTR/500
16 GUION PL
NEW ROCHELLE, NY 10801-5502

Ship To:
SOUND SHORE MISCELLANEOUS
16 GUION PL
NEW ROCHELLE, NY 10801-5502

SALES REP #	SALES ORDER #	CARRIER	FREIGHT TERMS	CUSTOMER #	CURRENCY	AMOUNT DUE
210	680586815	MEDTRANS	MEDLINE	1084466	USD	$27.88

LINE NO	ORDER QTY	U/M	INVOICE QTY	ITEM NO / DESCRIPTION	CODE*	DELIVERY #	UNIT PRICE	AMOUNT
30	1.00	CS	1.00	HUD1080 HUD1080 /MASK,AEROSOL,PEDIATRIC	TE	853524114	27.88	27.88

Subtotal

Freight: 0.00 **Tax:** 0.00 27.88

GROSS	TAX AMOUNT	FREIGHT	TOTAL
27.88	0.00	0.00	$27.88

Eligible Gross Amount $27.88
Discount amount $0.56 if recd. by 06/12/13

*Code
TE - Tax Exempt
C - Customer Freight

CUSTOMER SHALL PAY THE FREIGHT CHARGES INDICATED ON THIS INVOICE. ALL CLAIMS OF SHORT SHIPMENTS, MIS-SHIPMENTS AND OTHER ERRORS IN DELIVERY SHALL BE
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Billing Inquiries: 1-800-388-2147, A/R Svcs Rep: Lisa Serpico-Foreman x-4233

REMITTANCE

Bill To:
SOUND SHORE MEDICAL CTR/500
16 GUION PL
NEW ROCHELLE NY 10801-5502

Customer #	1084466
Invoice #	1063784890
Invoice Date	05/13/2013
Sales Rep #	210
Payment Terms	2% 30, 1% 60, Net 90
Amount Due	$27.88

Remit To:
Medline Industries, Inc.
Box 382075
Pittsburgh PA 15251-8075

AMOUNT PAID $_____

Detach and return this portion with your payment

MEDLINE

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INVOICE

Customer PO #	Invoice Date	Invoice #
NR176930	05/13/2013	1063784891

Sold To:
SOUND SHORE MEDICAL CTR/500
16 GUION PL
NEW ROCHELLE, NY 10801-5502

Ship To:
SOUND SHORE MISCELLANEOUS
16 GUION PL
NEW ROCHELLE, NY 10801-5502

SALES REP #	SALES ORDER #	CARRIER	FREIGHT TERMS	CUSTOMER #	CURRENCY	AMOUNT DUE
210	680708971	MEDTRANS	MEDLINE	1084466	USD	$2,634.06

LINE NO	ORDER QTY	U/M	INVOICE QTY	ITEM NO / DESCRIPTION	CODE*	DELIVERY #	UNIT PRICE	AMOUNT
10	6.00	BX	6.00	HDT312107 HDT312107 /TUBING,CIRCUIT/6' F/CPAP/BIPAP DISP	TE	853529044	139.31	835.86
20	30.00	EA	25.00	HUD60705EA HUD60705EA /MASK,DISPOSABLE FULL FACE MASK,VENTED L	TE	853529044	29.86	746.43
30	30.00	EA	30.00	HUD60704EA HUD60704EA /MASK,DISPOSABLE FULL FACE MASK,VENTED M	TE	853529044	29.86	895.72
40	6.00	CS	6.00	HUD1607 HUD1607 /CIRCUIT,VENT,STRAIGHT,72"	TE	853529044	26.01	156.05

Subtotal

Freight: 0.00 **Tax:** 0.00 **2634.06**

GROSS	TAX AMOUNT	FREIGHT	TOTAL
2,634.06	0.00	0.00	$2,634.06

Eligible Gross Amount $2,634.06
Discount amount $52.68 if recd. by 06/12/13

*Code
TE - Tax Exempt
C - Customer Freight

CUSTOMER SHALL PAY THE FREIGHT CHARGES INDICATED ON THIS INVOICE. ALL CLAIMS OF SHORT SHIPMENTS, MIS-SHIPMENTS AND OTHER ERRORS IN DELIVERY SHALL BE
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Billing Inquiries: 1-800-388-2147, A/R Svcs Rep: Lisa Serpico-Foreman x-4233

REMITTANCE

Bill To:
SOUND SHORE MEDICAL CTR/500
16 GUION PL
NEW ROCHELLE NY 10801-5502

Customer #	1084466
Invoice #	1063784891
Invoice Date	05/13/2013
Sales Rep #	210
Payment Terms	2% 30, 1% 60, Net 90
Amount Due	$2,634.06

Remit To:
Medline Industries, Inc.
Box 382075
Pittsburgh PA 15251-8075

AMOUNT PAID $_____

Detach and return this portion with your payment

MEDLINE

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INVOICE

Customer PO #	Invoice Date	Invoice #
NR176933	05/13/2013	1063784892

Sold To:
SOUND SHORE MEDICAL CTR/500
16 GUION PL
NEW ROCHELLE, NY 10801-5502

Ship To:
SOUND SHORE MISCELLANEOUS
16 GUION PL
NEW ROCHELLE, NY 10801-5502

SALES REP #	SALES ORDER #	CARRIER	FREIGHT TERMS	CUSTOMER #	CURRENCY	AMOUNT DUE
210	680709790	MEDTRANS	MEDLINE	1084466	USD	$1,176.56

LINE NO	ORDER QTY	U/M	INVOICE QTY	ITEM NO / DESCRIPTION	CODE*	DELIVERY #	UNIT PRICE	AMOUNT
10	2.00	CT	2.00	SWD668007 SWD668007 /TRAY,CATHETER,SE,MAHURKAR,11.5FR,19.5CM	TE	853529045	588.28	1,176.56

Subtotal

Freight: 0.00 **Tax:** 0.00 **1176.56**

GROSS	TAX AMOUNT	FREIGHT	TOTAL
1,176.56	0.00	0.00	$1,176.56

Eligible Gross Amount $1,176.56
Discount amount $23.53 if recd. by 06/12/13

*Code
TE - Tax Exempt
C - Customer Freight

CUSTOMER SHALL PAY THE FREIGHT CHARGES INDICATED ON THIS INVOICE. ALL CLAIMS OF SHORT SHIPMENTS, MIS-SHIPMENTS AND OTHER ERRORS IN DELIVERY SHALL BE
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Billing Inquiries: 1-800-388-2147, A/R Svcs Rep: Lisa Serpico-Foreman x-4233

REMITTANCE

Bill To:
SOUND SHORE MEDICAL CTR/500
16 GUION PL
NEW ROCHELLE NY 10801-5502

Customer #	1084466
Invoice #	1063784892
Invoice Date	05/13/2013
Sales Rep #	210
Payment Terms	2% 30, 1% 60, Net 90
Amount Due	$1,176.56

Remit To:
Medline Industries, Inc.
Box 382075
Pittsburgh PA 15251-8075

AMOUNT PAID $_____

Detach and return this portion with your payment

MEDLINE

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INVOICE

Customer PO #	Invoice Date	Invoice #
NR176932	05/13/2013	1063784894

Sold To:
SOUND SHORE MEDICAL CTR/500
16 GUION PL
NEW ROCHELLE, NY 10801-5502

Ship To:
MOUNT VERNON MISCELLANEOUS
9 N 8TH AVE
MOUNT VERNON, NY 10550-1965

SALES REP #	SALES ORDER #	CARRIER	FREIGHT TERMS	CUSTOMER #	CURRENCY	AMOUNT DUE
210	680709795	MEDTRANS	CUSTOMER	1084466	USD	$226.06

LINE NO	ORDER QTY	U/M	INVOICE QTY	ITEM NO / DESCRIPTION	CODE	DELIVERY #	UNIT PRICE	AMOUNT
20	2.00	CS	2.00	LTP30806726 LTP30806726 /GEL,SKIN PREP,EEG,NU PREP,4OZ TUBE	TE	853529046	86.90	173.80

Subtotal 173.80

Freight: 52.26 **Tax:** 0.00

GROSS	TAX AMOUNT	FREIGHT	TOTAL
173.80	0.00	52.26	$226.06

Eligible Gross Amount $173.80
Discount amount $3.48 if recd. by 06/12/13

*Code
TE - Tax Exempt
C - Customer Freight

CUSTOMER SHALL PAY THE FREIGHT CHARGES INDICATED ON THIS INVOICE. ALL CLAIMS OF SHORT SHIPMENTS, MIS-SHIPMENTS AND OTHER ERRORS IN DELIVERY SHALL BE
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Billing Inquiries: 1-800-388-2147, A/R Svcs Rep: Lisa Serpico-Foreman x-4233

REMITTANCE

Bill To:
SOUND SHORE MEDICAL CTR/500
16 GUION PL
NEW ROCHELLE NY 10801-5502

Customer #	1084466
Invoice #	1063784894
Invoice Date	05/13/2013
Sales Rep #	210
Payment Terms	2% 30, 1% 60, Net 90
Amount Due	$226.06

Remit To:
Medline Industries, Inc.
Box 382075
Pittsburgh PA 15251-8075

AMOUNT PAID $_____

Detach and return this portion with your payment

MEDLINE

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INVOICE

Customer PO #	Invoice Date	Invoice #
NR176934	05/13/2013	1063784898

Sold To:
SOUND SHORE MEDICAL CTR/500
16 GUION PL
NEW ROCHELLE, NY 10801-5502

Ship To:
MOUNT VERNON INVENTORY
9 N 8TH AVE
MOUNT VERNON, NY 10550-1965

SALES REP #	SALES ORDER #	CARRIER	FREIGHT TERMS	CUSTOMER #	CURRENCY	AMOUNT DUE
210	680709898	MEDTRANS	MEDLINE	1084466	USD	$7,820.47

LINE NO	ORDER QTY	U/M	INVOICE QTY	ITEM NO / DESCRIPTION	CODE	DELIVERY #	UNIT PRICE	AMOUNT
110	6.00	CS	6.00	B-D364902	TE	853529047	139.18	835.10
				101300 /DEVICE,ACCESS,MALE LUER ADAPT,STRL BULK				
		101300						
80	3.00	CS	3.00	B-D367861	TE	853529047	65.00	194.99
				101600 /TUBE,WHOLE BLOOD,LVNDR,ADD,13X75MM,4ML				
		101600						
Subtotal 999								
		Freight:	**0.00**		**Tax:**	**0.00**		**1030.09**
60	8.00	CS	8.00	MSC281230	TE	853529047	27.94	223.52
				600900 /UNDERPAD,FLUFF,STD,PROTPLUS,17X24"				
		600900						
Subtotal 100								
		Freight:	**0.00**		**Tax:**	**0.00**		**223.52**
10	2.00	CS	2.00	DYNJP3003	TE	853529047	64.38	128.76
				102700 /SHEET, T, LAPAROTOMY, STERILE				
20	3.00	CS	3.00	MSG1080	TE	853529047	157.71	473.13
				604700 /GLOVE,SURG,SENSICARE,ALOE,LF,PF,8				

CUSTOMER SHALL PAY THE FREIGHT CHARGES INDICATED ON THIS INVOICE. ALL CLAIMS OF SHORT SHIPMENTS, MIS-SHIPMENTS AND OTHER ERRORS IN DELIVERY SHALL BE
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Billing Inquiries: 1-800-388-2147, A/R Svcs Rep: Lisa Serpico-Foreman x-4233

REMITTANCE

Bill To:
SOUND SHORE MEDICAL CTR/500
16 GUION PL
NEW ROCHELLE NY 10801-5502

Customer #	1084466
Invoice #	1063784898
Invoice Date	05/13/2013
Sales Rep #	210
Payment Terms	2% 30, 1% 60, Net 90
Amount Due	$7,820.47

Remit To:
Medline Industries, Inc.
Box 382075
Pittsburgh PA 15251-8075

AMOUNT PAID $_____

Detach and return this portion with your payment

MEDLINE

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INVOICE

Customer PO #	Invoice Date	Invoice #
NR176934	05/13/2013	1063784898

Ship To:
MOUNT VERNON INVENTORY
9 N 8TH AVE
MOUNT VERNON, NY 10550-1965

LINE NO.	ORDER QTY.	U/M	INVOICE QTY.	ITEM NO. / DESCRIPTION	CODE	DELIVERY #	UNIT PRICE	AMOUNT
30	3.00	CS	3.00	AUG42568 130800 /BLANKET,WARM,LOW BODY WH	TE	853529047	63.28	189.85
40	6.00	CS	6.00	AUG42268 130700 /BLANKET,WARM,UP BODY WH 74X24	TE	853529047	63.29	379.71
50	8.00	CS	8.00	CUR9224 313000 /GLOVE,EXAM,STRETCH VINYL,S	TE	853529047	47.52	380.16
70	2.00	CS	2.00	HUD04128 107200 /NEBULIZER,LG VOL,STERILE H2O,1070ML	TE	853529047	33.03	66.06
90	2.00	CS	2.00	MPH18107 206100 /SOAP,COMPLEXION,BAR,MEDLINE,#.75,.64OZ	TE	853529047	52.92	105.84
100	4.00	CS	4.00	DYND80347 707300 /WASHBASIN,RECTANGULAR,GRAPHITE,6 QT	TE	853529047	16.50	66.00
120	5.00	CS	5.00	MMM1624W 300400 /DRESSING,TEGADERM,TRNS,FILM,2.375X2.75"	TE	853529047	96.59	482.97
HCPCS Code #: A6257								
130	2.00	CS	2.00	DYND40982 306010 /KIT,CATHETER,SUCTION,14 FR,2 GLV,MINI	TE	853529047	45.10	90.20
HCPCS Code #: A4624 + A4930								
140	4.00	CS	4.00	KDL6146LL 310000 /TRAY,FOLEY CATHETER,16FR,5CC,ANTI-REFLUX	TE	853529047	68.26	273.02
150	5.00	CS	5.00	B-D381433 407700 /CATHETER,IV,20GX1",RETRACTABLE,STERILE	TE	853529047	338.87	1,694.37
160	2.00	CS	2.00	B-D381423 407800 /CATHETER,IV,22GX1",RETRACTABLE STERILE	TE	853529047	338.88	677.75
170	2.00	CS	2.00	B-D381444 407600 /CATHETER,IV,18GX1.16,RETRACTABLE,STRL	TE	853529047	338.88	677.75
180	1.00	CS	1.00	MDS032280 309800 /JELLY,LUBE,STRL,FOIL PACK,5 GRAM	TE	853529047	51.00	51.00
190	2.00	CS	2.00	KDL5072 306800 /SPONGE,KERLIX,12PLY,STERILE,4"X4",2'S	TE	853529047	67.08	134.16
HCPCS Code #: A6402								
200	1.00	CS	1.00	MDS093917 605000 /PAD,PREP,POVIDONE/IODINE,MEDIUM,1M/CS	TE	853529047	33.19	33.19
210	2.00	CS	2.00	NON260101 607600 /TAPE,CLOTH/SILK,CURAD,1"X10YD,LF	TE	853529047	93.79	187.58
HCPCS Code #: A4450								
220	1.00	BX	1.00	MMM29501Z 703500 /TAPE,CLOTH,SURGICAL,ADHESIVE,1"X10YD	TE	853529047	9.51	9.51
HCPCS Code #: A4450								
230	2.00	BX	2.00	NON250314Z 801100 /STRIP,CLOSURE,WOUND,MEDI-STRIP,1/4"X3"	TE	853529047	33.95	67.90
HCPCS Code #: A4450								

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INVOICE

Customer PO #	Invoice Date	Invoice #
NR176934	05/13/2013	1063784898

Ship To:
MOUNT VERNON INVENTORY
9 N 8TH AVE
MOUNT VERNON, NY 10550-1965

LINE NO.	ORDER QTY	U/M	INVOICE QTY	ITEM NO. / DESCRIPTION	CODE*	DELIVERY #	UNIT PRICE	AMOUNT
240	3.00	CS	3.00	MDS708550	TE	853529047	24.15	72.45
				802700 /TRAY,SUTURE REMOVAL,METAL FCP,LITT SCIS				
HCPCS Code #: A9270								
250	5.00	BX	5.00	MLK86491	TE	853529047	15.82	79.11
				803900 /TUBE,ENDOTRACH,INTRMD,PRECUT,HI-LO,7.5MM				
270	1.00	CS	1.00	IMEP850A	TE	853529047	93.54	93.54
				807300 /COVER THERMOMETER				
280	4.00	BX	4.00	RCH33304	TE	853529047	25.48	101.90
				509800 /CATHETER,EXTERNAL,MALE,ULTRAFLX,LG,36MM				
HCPCS Code #: A4349								
290	2.00	BX	2.00	RCH33302	TE	853529047	25.48	50.95
				509600 /CATHETER,EXTERNAL,MALE,ULTRAFLX,MD,29MM				
HCPCS Code #: A4349								
Subtotal								
		Freight:	**0.00**		**Tax:**	**0.00**		**6566.86**

GROSS	TAX AMOUNT	FREIGHT	TOTAL
7,820.47	0.00	0.00	$7,820.47

Eligible Gross Amount $7,820.47
Discount amount $156.41 if recd. by 06/12/13

*Code
TE - Tax Exempt
C - Customer Freight

MEDLINE

www.medline.com

INVOICE

Customer PO #	Invoice Date	Invoice #
NR176939	05/13/2013	1063784900

Sold To:
SOUND SHORE MEDICAL CTR/500
16 GUION PL
NEW ROCHELLE, NY 10801-5502

Ship To:
SOUND SHORE INVENTORY
16 GUION PL
NEW ROCHELLE, NY 10801-5502

SALES REP #	SALES ORDER #	CARRIER	FREIGHT TERMS	CUSTOMER #	CURRENCY	AMOUNT DUE
210	680710622	MEDTRANS	MEDLINE	1084466	USD	$4,337.74

LINE NO	ORDER QTY	U/M	INVOICE QTY	ITEM NO / DESCRIPTION	CODE*	DELIVERY #	UNIT PRICE	AMOUNT
60	2.00	CS	2.00	CRI1004	TE	853529048	16.20	32.40
				CRI1004 /CAP,BOUFFANT,SPUNBOND,BLUE,24"				
		601300						
Subtotal 300								
		Freight:	**0.00**	**Tax:**		**0.00**		**32.40**
40	3.00	CS	3.00	DYNJP2498	TE	853529048	51.70	155.10
				102200 /SHEET, DRAPE, SPLIT, STERILE				
		102200						
Subtotal 200								
		Freight:	**0.00**	**Tax:**		**0.00**		**155.10**
10	1.00	CS	1.00	MDSV80534	TE	853529048	103.72	103.72
				805000 /CRUTCH,ALUMINUM,ADULT,TALL,LF,300LB				
HCPCS Code #: E0114								
20	1.00	CS	1.00	MDSV80535	TE	853529048	103.72	103.72
				805100 /CRUTCH,ALUMINUM,ADULT,MED,LF,300 LB				
HCPCS Code #: E0114								

CUSTOMER SHALL PAY THE FREIGHT CHARGES INDICATED ON THIS INVOICE. ALL CLAIMS OF SHORT SHIPMENTS, MIS-SHIPMENTS AND OTHER ERRORS IN DELIVERY SHALL BE
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Billing Inquiries: 1-800-388-2147, A/R Svcs Rep: Lisa Serpico-Foreman x-4233

REMITTANCE

Bill To:
SOUND SHORE MEDICAL CTR/500
16 GUION PL
NEW ROCHELLE, NY 10801-5502

Customer #	1084466
Invoice #	1063784900
Invoice Date	05/13/2013
Sales Rep #	210
Payment Terms	2% 30, 1% 60, Net 90
Amount Due	$4,337.74

Remit To:
Medline Industries, Inc.
Box 382075
Pittsburgh PA 15251-8075

AMOUNT PAID $_____

Detach and return this portion with your payment

MEDLINE

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INVOICE

Customer PO #	Invoice Date	Invoice #
NR176939	05/13/2013	1063784900

Ship To:
SOUND SHORE INVENTORY
16 GUION PL
NEW ROCHELLE, NY 10801-5502

LINE NO	ORDER QTY	U/M	INVOICE QTY	ITEM NO. / DESCRIPTION	CODE*	DELIVERY #	UNIT PRICE	AMOUNT
30	4.00	CS	4.00	MDS80212	TE	853529048	31.34	125.36
				805200 /CANE,WOOD,37",FITS 7/8" TUBING DIAMETER				
HCPCS Code #: E0100								
50	6.00	CS	6.00	DYNJP8003	TE	853529048	61.79	370.74
				102800 /T-DRAPE,EXTREMITY,STERILE				
70	1.00	CS	1.00	CRI3000	TE	853529048	25.38	25.38
				103800 /COVERALL,SPUNBOND,STRT WRST/ANKL,XL,WHT				
80	12.00	CS	12.00	CDS981069C	TE	853529048	285.11	3,421.32
				107800 /LAP CHOLE PROCEDURE				
Subtotal								
		Freight:	**0.00**		**Tax:**	**0.00**		**4150.24**

GROSS	TAX AMOUNT	FREIGHT	TOTAL
4,337.74	0.00	0.00	$4,337.74

Eligible Gross Amount $4,337.74
Discount amount $86.75 if recd. by 06/12/13

*Code
TE - Tax Exempt
C - Customer Freight

MEDLINE

www.medline.com

INVOICE

Customer PO #	Invoice Date	Invoice #
NR176942	05/13/2013	1063784903

Sold To:
SOUND SHORE MEDICAL CTR/500
16 GUION PL
NEW ROCHELLE, NY 10801-5502

Ship To:
SOUND SHORE OR
16 GUION PL
NEW ROCHELLE, NY 10801-5502

SALES REP #	SALES ORDER #	CARRIER	FREIGHT TERMS	CUSTOMER #	CURRENCY	AMOUNT DUE
210	432244631	MEDTRANS	MEDLINE	1084466	USD	$858.67

LINE NO.	ORDER QTY	U/M	INVOICE QTY	ITEM NO / DESCRIPTION	CODE*	DELIVERY #	UNIT PRICE	AMOUNT
10	3.00	BX	3.00	SKE0250070500 SKE0250070500 /IRRIGATOR, SUCTION, STRYKEFLOW 10' TUBE	TE	853534722	286.22	858.67

Subtotal

Freight: **0.00** ***Tax:*** **0.00** ***858.67***

GROSS	TAX AMOUNT	FREIGHT	TOTAL
858.67	0.00	0.00	$858.67

Eligible Gross Amount $858.67
Discount amount $17.17 if recd. by 06/12/13

*Code
TE - Tax Exempt
C - Customer Freight

CUSTOMER SHALL PAY THE FREIGHT CHARGES INDICATED ON THIS INVOICE. ALL CLAIMS OF SHORT SHIPMENTS, MIS-SHIPMENTS AND OTHER ERRORS IN DELIVERY SHALL BE
COMMUNICATED TO MEDLINE IN WRITING WITHIN TWO BUSINESS DAYS OF THE INVOICE DATE, OR THEY ARE DEEMED WAIVED. ALL CLAIMS FOR PRICING AND BILLING ERRORS
SHALL BE COMMUNICATED TO MEDLINE IN WRITING WITHIN 180 DAYS OF INVOICE DATE, OR THEY ARE DEEMED WAIVED.

Billing Inquiries: 1-800-388-2147, A/R Svcs Rep: Lisa Serpico-Foreman x-4233

REMITTANCE

Bill To:
SOUND SHORE MEDICAL CTR/500
16 GUION PL
NEW ROCHELLE NY 10801-5502

Customer #	1084466
Invoice #	1063784903
Invoice Date	05/13/2013
Sales Rep #	210
Payment Terms	2% 30, 1% 60, Net 90
Amount Due	$858.67

Remit To:
Medline Industries, Inc.
Box 382075
Pittsburgh PA 15251-8075

AMOUNT PAID $_____

Detach and return this portion with your payment

MEDLINE

www.medline.com

INVOICE

Customer PO #	Invoice Date	Invoice #
NR176950	05/14/2013	1063820125

Sold To:
SOUND SHORE MEDICAL CTR/500
16 GUION PL
NEW ROCHELLE, NY 10801-5502

Ship To:
MOUNT VERNON OR
9 N 8TH AVE
MOUNT VERNON, NY 10550-1965

SALES REP #	SALES ORDER #	CARRIER	FREIGHT TERMS	CUSTOMER #	CURRENCY	AMOUNT DUE
210	680712906	MEDTRANS	CUSTOMER	1084466	USD	$705.45

LINE NO	ORDER QTY	U/M	INVOICE QTY	ITEM NO / DESCRIPTION	CODE	DELIVERY #	UNIT PRICE	AMOUNT
10	5.00	CS	5.00	NON27212XXL NON27212XXL /SHIRT,SCRUB,ROUND-NECK,BLUE,2XL,DISP	TE	853538769	25.68	128.40
20	5.00	CS	5.00	NON27212XXXL NON27212XXXL /SHIRT,SCRUB,ROUND-NECK,BLUE,3XL,DISP	TE	853538769	26.24	131.20
30	5.00	CS	5.00	NON27213XXXL NON27213XXXL /PANT,SCRUB,ELASTIC-WAIST,BLUE,3XL,DISP	TE	853538769	37.25	186.25
40	5.00	CS	5.00	NON27213XXL NON27213XXL /PANT,SCRUB,ELASTIC-WAIST,BLUE,2XL,DISP	TE	853538769	36.81	184.05
Subtotal								
		Freight:	75.55		**Tax:**	0.00		**629.90**

GROSS	TAX AMOUNT	FREIGHT	TOTAL
629.90	0.00	75.55	$705.45

Eligible Gross Amount $629.90
Discount amount $12.60 if recd. by 06/13/13

*Code
TE - Tax Exempt
C - Customer Freight

CUSTOMER SHALL PAY THE FREIGHT CHARGES INDICATED ON THIS INVOICE. ALL CLAIMS OF SHORT SHIPMENTS, MIS-SHIPMENTS AND OTHER ERRORS IN DELIVERY SHALL BE
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Billing Inquiries: 1-800-388-2147, A/R Svcs Rep: Lisa Serpico-Foreman x-4233

REMITTANCE

Bill To:
SOUND SHORE MEDICAL CTR/500
16 GUION PL
NEW ROCHELLE NY 10801-5502

Customer #	1084466
Invoice #	1063820125
Invoice Date	05/14/2013
Sales Rep #	210
Payment Terms	2% 30, 1% 60, Net 90
Amount Due	$705.45

Remit To:
Medline Industries, Inc.
Box 382075
Pittsburgh PA 15251-8075

AMOUNT PAID $_____

Detach and return this portion with your payment

MEDLINE

www.medline.com

INVOICE

Customer PO #	Invoice Date	Invoice #
NR176946	05/14/2013	1063820126

Sold To:
SOUND SHORE MEDICAL CTR/500
16 GUION PL
NEW ROCHELLE, NY 10801-5502

Ship To:
SOUND SHORE MISCELLANEOUS
16 GUION PL
NEW ROCHELLE, NY 10801-5502

SALES REP #	SALES ORDER #	CARRIER	FREIGHT TERMS	CUSTOMER #	CURRENCY	AMOUNT DUE
210	432245366	FEDEX GROUND	CUSTOMER	1084466	USD	$199.80

LINE NO.	ORDER QTY	U/M	INVOICE QTY	ITEM NO. / DESCRIPTION	CODE*	DELIVERY #	UNIT PRICE	AMOUNT
10	1.00	CS	1.00	PEGFQW503100 PEGFQW503100 /PAPER,ECG,Z-FOLD,50X100,ARRAY GRID	TE	853538966	189.28	189.28
Subtotal								
		Freight:	10.52		Tax:	0.00		189.28

GROSS	TAX AMOUNT	FREIGHT	TOTAL
189.28	0.00	10.52	$199.80

Eligible Gross Amount $189.28
Discount amount $3.79 if recd. by 06/13/13

*Code
TE - Tax Exempt
C - Customer Freight

CUSTOMER SHALL PAY THE FREIGHT CHARGES INDICATED ON THIS INVOICE. ALL CLAIMS OF SHORT SHIPMENTS, MIS-SHIPMENTS AND OTHER ERRORS IN DELIVERY SHALL BE
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Billing Inquiries: 1-800-388-2147, A/R Svcs Rep: Lisa Serpico-Foreman x-4233

REMITTANCE

Bill To:
SOUND SHORE MEDICAL CTR/500
16 GUION PL
NEW ROCHELLE NY 10801-5502

Customer #	1084466
Invoice #	1063820126
Invoice Date	05/14/2013
Sales Rep #	210
Payment Terms	2% 30, 1% 60, Net 90
Amount Due	$199.80

Remit To:
Medline Industries, Inc.
Box 382075
Pittsburgh PA 15251-8075

AMOUNT PAID $_____

Detach and return this portion with your payment

MEDLINE

www.medline.com

INVOICE

Customer PO #	Invoice Date	Invoice #
NR176788	05/14/2013	1063820127

Sold To:
SOUND SHORE MEDICAL CTR/500
16 GUION PL
NEW ROCHELLE, NY 10801-5502

Ship To:
MOUNT VERNON OR
9 N 8TH AVE
MOUNT VERNON, NY 10550-1965

SALES REP #	SALES ORDER #	CARRIER	FREIGHT TERMS	CUSTOMER #	CURRENCY	AMOUNT DUE
210	680667524	MEDTRANS	MEDLINE	1084466	USD	$53.92

LINE NO	ORDER QTY	U/M	INVOICE QTY	ITEM NO / DESCRIPTION	CODE*	DELIVERY #	UNIT PRICE	AMOUNT
10	2.00	CS	2.00	J-J6822A 0145200 /CAST TAPE,DELTA LITE,2"X 4 YDS	TE	853547104	26.96	53.92

Subtotal

Freight: 0.00 **Tax:** 0.00 **53.92**

GROSS	TAX AMOUNT	FREIGHT	TOTAL
53.92	0.00	0.00	$53.92

Eligibla Gross Amount $53.92
Discount amount $1.08 if recd. by 06/13/13

*Code
TE - Tax Exempt
C - Customer Freight

CUSTOMER SHALL PAY THE FREIGHT CHARGES INDICATED ON THIS INVOICE. ALL CLAIMS OF SHORT SHIPMENTS, MIS-SHIPMENTS AND OTHER ERRORS IN DELIVERY SHALL BE
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Billing Inquiries: 1-800-388-2147, A/R Svcs Rep: Lisa Serpico-Foreman x-4233

REMITTANCE

Bill To:
SOUND SHORE MEDICAL CTR/500
16 GUION PL
NEW ROCHELLE NY 10801-5502

Customer #	1084466
Invoice #	1063820127
Invoice Date	05/14/2013
Sales Rep #	210
Payment Terms	2% 30, 1% 60, Net 90
Amount Due	$53.92

Remit To:
Medline Industries, Inc.
Box 382075
Pittsburgh PA 15251-8075

AMOUNT PAID $_____

Detach and return this portion with your payment

MEDLINE www.medline.com

INVOICE

Customer PO #	Invoice Date	Invoice #
NR176933	05/14/2013	1063820128

Sold To:
SOUND SHORE MEDICAL CTR/500
16 GUION PL
NEW ROCHELLE, NY 10801-5502

Ship To:
SOUND SHORE MISCELLANEOUS
16 GUION PL
NEW ROCHELLE, NY 10801-5502

SALES REP #	SALES ORDER #	CARRIER	FREIGHT TERMS	CUSTOMER #	CURRENCY	AMOUNT DUE
210	432256263	FEDEX GROUND	CUSTOMER	1084466	USD	$596.40

LINE NO	ORDER QTY	U/M	INVOICE QTY	ITEM NO. / DESCRIPTION	CODE*	DELIVERY #	UNIT PRICE	AMOUNT
10	1.00	CT	1.00	SWD668007 SWD668007 /TRAY,CATHETER,SE,MAHURKAR,11.5FR,19.5CM	TE	853567275	588.28	588.28

Subtotal

Freight: 8.12 **Tax:** 0.00 **588.28**

GROSS	TAX AMOUNT	FREIGHT	TOTAL
588.28	0.00	8.12	$596.40

Eligible Gross Amount $588.28
Discount amount $11.77 if recd. by 06/13/13

*Code
TE - Tax Exempt
C - Customer Freight

CUSTOMER SHALL PAY THE FREIGHT CHARGES INDICATED ON THIS INVOICE. ALL CLAIMS OF SHORT SHIPMENTS, MIS-SHIPMENTS AND OTHER ERRORS IN DELIVERY SHALL BE
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Billing Inquiries: 1-800-388-2147, A/R Svcs Rep: Lisa Serpico-Foreman x-4233

REMITTANCE

Bill To:
SOUND SHORE MEDICAL CTR/500
16 GUION PL
NEW ROCHELLE NY 10801-5502

Customer #	1084466
Invoice #	1063820128
Invoice Date	05/14/2013
Sales Rep #	210
Payment Terms	2% 30, 1% 60, Net 90
Amount Due	$596.40

Remit To:
Medline Industries, Inc.
Box 382075
Pittsburgh PA 15251-8075

AMOUNT PAID $_____

Detach and return this portion with your payment

MEDLINE

www.medline.com

INVOICE

Customer PO #	Invoice Date	Invoice #
NR176575	05/14/2013	1063822423

Sold To:
SOUND SHORE MEDICAL CTR/500
16 GUION PL
NEW ROCHELLE, NY 10801-5502

Ship To:
SOUND SHORE MISCELLANEOUS
16 GUION PL
NEW ROCHELLE, NY 10801-5502

SALES REP #	SALES ORDER #	CARRIER	FREIGHT TERMS	CUSTOMER #	CURRENCY	AMOUNT DUE
210	680604717	VENDOR	MEDLINE	1084466	USD	$2,243.71

LINE NO	ORDER QTY	U/M	INVOICE QTY	ITEM NO / DESCRIPTION	CODE*	DELIVERY #	UNIT PRICE	AMOUNT
10	10.00	EA	10.00	MDR30RWFRAME /BED,ROLLAWAY,30",FRAME ONLY	TE,C		203.91	2,039.10

Subtotal

Freight: 204.61 **Tax:** 0.00 **2039.10**

GROSS	TAX AMOUNT	FREIGHT	TOTAL
2,039.10	0.00	204.61	$2,243.71

Eligible Gross Amount $2,039.10
Discount amount $40.78 if recd. by 06/13/13

*Code
TE - Tax Exempt
C - Customer Freight

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Billing Inquiries: 1-800-388-2147, A/R Svcs Rep: Lisa Serpico-Foreman x-4233

REMITTANCE

Bill To:
SOUND SHORE MEDICAL CTR/500
16 GUION PL
NEW ROCHELLE NY 10801-5502

Customer #	1084466
Invoice #	1063822423
Invoice Date	05/14/2013
Sales Rep #	210
Payment Terms	2% 30, 1% 60, Net 90
Amount Due	$2,243.71

Remit To:
Medline Industries, Inc.
Box 382075
Pittsburgh PA 15251-8075

AMOUNT PAID $_____

Detach and return this portion with your payment

MEDLINE

www.medline.com

INVOICE

Customer PO #	Invoice Date	Invoice #
NR176888	05/14/2013	1063822424

Sold To:
SOUND SHORE MEDICAL CTR/500
16 GUION PL
NEW ROCHELLE, NY 10801-5502

Ship To:
SOUND SHORE MISCELLANEOUS
16 GUION PL
NEW ROCHELLE, NY 10801-5502

SALES REP #	SALES ORDER #	CARRIER	FREIGHT TERMS	CUSTOMER #	CURRENCY	AMOUNT DUE
210	680694523	FEDEX GROUND	CUSTOMER	1084466	USD	$41.92

LINE NO	ORDER QTY	U/M	INVOICE QTY	ITEM NO. / DESCRIPTION	CODE*	DELIVERY #	UNIT PRICE	AMOUNT
10	1.00	CS	1.00	SLT1611710 /CANNULA,NEONATAL,CLEAR,7' TUBING	TE		32.52	32.52

Subtotal

Freight: 9.40 **Tax:** 0.00 32.52

GROSS	TAX AMOUNT	FREIGHT	TOTAL
32.52	0.00	9.40	$41.92

Eligible Gross Amount $32.52
Discount amount $0.65 if recd. by 06/13/13

*Code
TE - Tax Exempt
C - Customer Freight

CUSTOMER SHALL PAY THE FREIGHT CHARGES INDICATED ON THIS INVOICE. ALL CLAIMS OF SHORT SHIPMENTS, MIS-SHIPMENTS AND OTHER ERRORS IN DELIVERY SHALL BE
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Billing Inquiries: 1-800-388-2147, A/R Svcs Rep: Lisa Serpico-Foreman x-4233

REMITTANCE

Bill To:
SOUND SHORE MEDICAL CTR/500
16 GUION PL
NEW ROCHELLE NY 10801-5502

Customer #	1084466
Invoice #	1063822424
Invoice Date	05/14/2013
Sales Rep #	210
Payment Terms	2% 30, 1% 60, Net 90
Amount Due	$41.92

Remit To:
Medline Industries, Inc.
Box 382075
Pittsburgh PA 15251-8075

AMOUNT PAID $_____

Detach and return this portion with your payment

MEDLINE

www.medline.com

INVOICE

Customer PO #	Invoice Date	Invoice #
NR176970	05/15/2013	1063858939

Sold To:
SOUND SHORE MEDICAL CTR/500
16 GUION PL
NEW ROCHELLE, NY 10801-5502

Ship To:
MOUNT VERNON MISCELLANEOUS
9 N 8TH AVE
MOUNT VERNON, NY 10550-1965

SALES REP #	SALES ORDER #	CARRIER	FREIGHT TERMS	CUSTOMER #	CURRENCY	AMOUNT DUE
210	680722562	MEDTRANS TRUCK # 3	CUSTOMER	1084466	USD	$25.06

LINE NO.	ORDER QTY	U/M	INVOICE QTY	ITEM NO./ DESCRIPTION	CODE*	DELIVERY #	UNIT PRICE	AMOUNT
20	2.00	EA	2.00	MDS91413 MDS91413 /SET,BP,CUFF,BLADDER,1 TUBE,LG ADULT,LF	TE	853581197	12.53	25.06

Subtotal

Freight: 0.00 **Tax:** 0.00 **25.06**

GROSS	TAX AMOUNT	FREIGHT	TOTAL
25.06	0.00	0.00	$25.06

Eligible Gross Amount $25.06
Discount amount $0.50 if recd. by 06/14/13

*Code
TE - Tax Exempt
C - Customer Freight

CUSTOMER SHALL PAY THE FREIGHT CHARGES INDICATED ON THIS INVOICE. ALL CLAIMS OF SHORT SHIPMENTS, MIS-SHIPMENTS AND OTHER ERRORS IN DELIVERY SHALL BE COMMUNICATED TO MEDLINE IN WRITING WITHIN TWO BUSINESS DAYS OF THE INVOICE DATE, OR THEY ARE DEEMED WAIVED. ALL CLAIMS FOR PRICING AND BILLING ERRORS SHALL BE COMMUNICATED TO MEDLINE IN WRITING WITHIN 180 DAYS OF INVOICE DATE, OR THEY ARE DEEMED WAIVED.

Billing Inquiries: 1-800-388-2147, A/R Svcs Rep: Lisa Serpico-Foreman x-4233

REMITTANCE

Bill To:
SOUND SHORE MEDICAL CTR/500
16 GUION PL
NEW ROCHELLE NY 10801-5502

Customer #	1084466
Invoice #	1063858939
Invoice Date	05/15/2013
Sales Rep #	210
Payment Terms	2% 30, 1% 60, Net 90
Amount Due	$25.06

Remit To:
Medline Industries, Inc.
Box 382075
Pittsburgh PA 15251-8075

AMOUNT PAID $_____

Detach and return this portion with your payment

MEDLINE

www.medline.com

INVOICE

Customer PO #	Invoice Date	Invoice #
NR176743	05/15/2013	1063858940

Sold To:
SOUND SHORE MEDICAL CTR/500
16 GUION PL
NEW ROCHELLE, NY 10801-5502

Ship To:
MOUNT VERNON OR
9 N 8TH AVE
MOUNT VERNON, NY 10550-1965

SALES REP #	SALES ORDER #	CARRIER	FREIGHT TERMS	CUSTOMER #	CURRENCY	AMOUNT DUE
210	680652011	MEDTRANS TRUCK # 3	MEDLINE	1084466	USD	$710.31

LINE NO	ORDER QTY	U/M	INVOICE QTY	ITEM NO / DESCRIPTION	CODE*	DELIVERY #	UNIT PRICE	AMOUNT
10	1.00	CS	1.00	UTD66800951 UTD66800951 /PICO 4X8 (10X20 CM)	TE	853590623	710.31	710.31

Subtotal

Freight: 0.00 **Tax:** 0.00 **710.31**

GROSS	TAX AMOUNT	FREIGHT	TOTAL
710.31	0.00	0.00	$710.31

Eligible Gross Amount $710.31
Discount amount $14.21 if recd. by 06/14/13

*Code
TE - Tax Exempt
C - Customer Freight

CUSTOMER SHALL PAY THE FREIGHT CHARGES INDICATED ON THIS INVOICE. ALL CLAIMS OF SHORT SHIPMENTS, MIS-SHIPMENTS AND OTHER ERRORS IN DELIVERY SHALL BE
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Billing Inquiries: 1-800-388-2147, A/R Svcs Rep: Lisa Serpico-Foreman x-4233

REMITTANCE

Bill To:
SOUND SHORE MEDICAL CTR/500
16 GUION PL
NEW ROCHELLE NY 10801-5502

Customer #	1084466
Invoice #	1063858940
Invoice Date	05/15/2013
Sales Rep #	210
Payment Terms	2% 30, 1% 60, Net 90
Amount Due	$710.31

Remit To:
Medline Industries, Inc.
Box 382075
Pittsburgh PA 15251-8075

AMOUNT PAID $_____

Detach and return this portion with your payment

MEDLINE

www.medline.com

INVOICE

Customer PO #	Invoice Date	Invoice #
NR176970	05/15/2013	1063858941

Sold To:
SOUND SHORE MEDICAL CTR/500
16 GUION PL
NEW ROCHELLE, NY 10801-5502

Ship To:
MOUNT VERNON MISCELLANEOUS
9 N 8TH AVE
MOUNT VERNON, NY 10550-1965

SALES REP #	SALES ORDER #	CARRIER	FREIGHT TERMS	CUSTOMER #	CURRENCY	AMOUNT DUE
210	680722562	FEDEX GROUND	CUSTOMER	1084466	USD	$26.38

LINE NO.	ORDER QTY	U/M	INVOICE QTY	ITEM NO. / DESCRIPTION	CODE*	DELIVERY #	UNIT PRICE	AMOUNT
10	2.00	EA	2.00	MDS91410 MDS91410 /SET,BP,CUFF,BLADDER,BP,1 TUBE,ADULT,LF	TE	853595587	9.64	19.28
Subtotal								
		Freight:	7.10		**Tax:**	0.00		**19.28**

GROSS	TAX AMOUNT	FREIGHT	TOTAL
19.28	0.00	7.10	$26.38

Eligible Gross Amount $19.28
Discount amount $0.39 if recd. by 06/14/13

*Code
TE - Tax Exempt
C - Customer Freight

CUSTOMER SHALL PAY THE FREIGHT CHARGES INDICATED ON THIS INVOICE. ALL CLAIMS OF SHORT SHIPMENTS, MIS-SHIPMENTS AND OTHER ERRORS IN DELIVERY SHALL BE
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Billing Inquiries: 1-800-388-2147, A/R Svcs Rep: Lisa Serpico-Foreman x-4233

REMITTANCE

Bill To:
SOUND SHORE MEDICAL CTR/500
16 GUION PL
NEW ROCHELLE NY 10801-5502

Customer #	1084466
Invoice #	1063858941
Invoice Date	05/15/2013
Sales Rep #	210
Payment Terms	2% 30, 1% 60, Net 90
Amount Due	$26.38

Remit To:
Medline Industries, Inc.
Box 382075
Pittsburgh PA 15251-8075

AMOUNT PAID $_____

Detach and return this portion with your payment

MEDLINE

www.medline.com

INVOICE

Customer PO #	Invoice Date	Invoice #
NR176981	05/15/2013	1063858942

Sold To:
SOUND SHORE MEDICAL CTR/500
16 GUION PL
NEW ROCHELLE, NY 10801-5502

Ship To:
SOUND SHORE MISCELLANEOUS
16 GUION PL
NEW ROCHELLE, NY 10801-5502

SALES REP #	SALES ORDER #	CARRIER	FREIGHT TERMS	CUSTOMER #	CURRENCY	AMOUNT DUE
210	432280338	FEDEX GROUND	CUSTOMER	1084466	USD	$527.22

LINE NO	ORDER QTY	U/M	INVOICE QTY	ITEM NO / DESCRIPTION	CODE*	DELIVERY #	UNIT PRICE	AMOUNT
20	2.00	EA	2.00	W-A470060 /STAND,MOBILE,FOR SPOT VITAL SIGN	TE	853607980	243.42	486.84

Subtotal

Freight: 40.38 **Tax:** 0.00 **486.84**

GROSS	TAX AMOUNT	FREIGHT	TOTAL
486.84	0.00	40.38	$527.22

Eligible Gross Amount $486.84
Discount amount $9.74 if recd. by 06/14/13

*Code
TE - Tax Exempt
C - Customer Freight

CUSTOMER SHALL PAY THE FREIGHT CHARGES INDICATED ON THIS INVDICE. ALL CLAIMS OF SHORT SHIPMENTS, MIS-SHIPMENTS AND OTHER ERRORS IN DELIVERY SHALL BE
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SHALL BE COMMUNICATED TO MEDLINE IN WRITING WITHIN 180 DAYS OF INVOICE DATE, OR THEY ARE DEEMED WAIVED.

Billing Inquiries: 1-800-388-2147, A/R Svcs Rep: Lisa Serpico-Foreman x-4233

REMITTANCE

Bill To:
SOUND SHORE MEDICAL CTR/500
16 GUION PL
NEW ROCHELLE NY 10801-5502

Customer #	1084466
Invoice #	1063858942
Invoice Date	05/15/2013
Sales Rep #	210
Payment Terms	2% 30, 1% 60, Net 90
Amount Due	$527.22

Remit To:
Medline Industries, Inc.
Box 382075
Pittsburgh PA 15251-8075

AMOUNT PAID $_____

Detach and return this portion with your payment

MEDLINE

www.medline.com

INVOICE

Customer PO #	Invoice Date	Invoice #
NR176979	05/15/2013	1063858945

Sold To:
SOUND SHORE MEDICAL CTR/500
16 GUION PL
NEW ROCHELLE, NY 10801-5502

Ship To:
MOUNT VERNON INVENTORY
9 N 8TH AVE
MOUNT VERNON, NY 10550-1965

SALES REP #	SALES ORDER #	CARRIER	FREIGHT TERMS	CUSTOMER #	CURRENCY	AMOUNT DUE
210	680726530	MEDTRANS TRUCK # 3	MEDLINE	1084466	USD	$6,829.83

LINE NO.	ORDER QTY.	U/M	INVOICE QTY.	ITEM NO. / DESCRIPTION	CODE	DELIVERY #	UNIT PRICE	AMOUNT
250	2.00	BX	2.00	MLK86451 0143000 /TUBE,ENDOTRACH,INTERMED,HI-LO,7.5 MM	TE	853608313	15.82	31.64
		^0143000						
Subtotal 999								
		Freight:	**0.00**		**Tax:**	**0.00**		31.64
10	40.00	EA	40.00	MDT219684 208800 /PILLOW,MEDSOFT,18X24,20EA/CS	TE	853608313	3.96	158.40
20	4.00	CS	4.00	MSG1075 604600 /GLOVE,SURG,SENSICARE,ALOE,LF,PF,7.5	TE	853608313	157.71	630.84
30	3.00	CS	3.00	MSG1070 604500 /GLOVE,SURG,SENSICARE,ALOE,LF,PF,7	TE	853608313	157.71	473.13
40	4.00	CS	4.00	DYND80235S 702600 /URINAL,MALE,SUPREME	TE	853608313	15.18	60.72
50	2.00	CS	2.00	NON256000 304300 /GAUZE,SPONGE,DRAIN,4"X4",6PLY,STRL,2'S	TE	853608313	36.69	73.38

HCPCS Code #: A6402

CUSTOMER SHALL PAY THE FREIGHT CHARGES INDICATED ON THIS INVOICE. ALL CLAIMS OF SHORT SHIPMENTS, MIS-SHIPMENTS AND OTHER ERRORS IN DELIVERY SHALL BE
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SHALL BE COMMUNICATED TO MEDLINE IN WRITING WITHIN 180 DAYS OF INVOICE DATE, OR THEY ARE DEEMED WAIVED.

Billing Inquiries: 1-800-388-2147, A/R Svcs Rep: Lisa Serpico-Foreman x-4233

REMITTANCE

Bill To:
SOUND SHORE MEDICAL CTR/500
16 GUION PL
NEW ROCHELLE NY 10801-5502

Customer #	1084466
Invoice #	1063858945
Invoice Date	05/15/2013
Sales Rep #	210
Payment Terms	2% 30, 1% 60, Net 90
Amount Due	$6,829.83

Remit To:
Medline Industries, Inc.
Box 382075
Pittsburgh PA 15251-8075

AMOUNT PAID $_____

Detach and return this portion with your payment

MEDLINE

www.medline.com

INVOICE

Customer PO #	Invoice Date	Invoice #
NR176979	05/15/2013	1063858945

Ship To:
MOUNT VERNON INVENTORY
9 N 8TH AVE
MOUNT VERNON, NY 10550-1965

LINE NO	ORDER QTY	U/M	INVOICE QTY	ITEM NO / DESCRIPTION	CODE	DELIVERY #	UNIT PRICE	AMOUNT
60	4.00	CS	4.00	HUD1734 107420 /NEBULIZER,T UPDRAFTII,MOUTHPC,6" RES,TUB	TE	853608313	40.16	160.65
70	6.00	CS	6.00	CRI2003 103900 /COVER,SHOE,SPUNBOND,NONSKID,BLUE,XLG	TE	853608313	19.44	116.64
80	3.00	CS	3.00	NON27385 104800 /MASK,FACE,WHITE,HYPOALLERGENIC,FILTER	TE	853608313	31.74	95.22
90	6.00	CS	6.00	DYND50252 104300 /SUCT CONN TUBE 1/4" X 12' ST	TE	853608313	20.02	120.12
HCPCS Code #: A7002								
100	10.00	CS	10.00	CUR9227 313300 /GLOVE,EXAM,STRETCH VINYL,XL	TE	853608313	47.52	475.20
110	12.00	BX	12.00	DRCPC1604Z 208900 /BATTERY, ALKALINE, DURACELL, 9V	TE	853608313	8.61	103.33
120	5.00	CS	5.00	PTXG1675 406000 /ABG-PROVENT CUSTOM SOUND SHORE	TE	853608313	131.38	656.90
130	2.00	CS	2.00	DYNDS1087 0128800 /TRAY,SUTURING	TE	853608313	129.12	258.24
140	8.00	BX	8.00	484406Z 306100 /GLOVE,EXAM,VINYL,STERILE,PF,LF,PR,MD	TE	853608313	15.74	125.92
150	4.00	CS	4.00	MDS093944 701300 /SOLUTION,PREP,POVIDONE IODINE,4 OZ BTL	TE	853608313	35.75	143.00
160	6.00	CS	6.00	MSC095001 602200 /LOTION,HAND AND BODY,2 OZ	TE	853608313	26.38	158.28
170	6.00	CS	6.00	CTR000413 606100 /MOUTHWASH,ALCOHOL FREE,4 OZ	TE	853608313	19.59	117.54
180	1.00	CS	1.00	MSC095492 606300 /POWDER,BABY,TALC,2 OZ	TE	853608313	63.87	63.87
200	1.00	CS	1.00	DYND40582 305800 /TRAY,TRACH,BASIC,4 GAUZE	TE	853608313	25.20	25.20
HCPCS Code #: A4626 + A4930 + A6402 + A9999								
210	1.00	CS	1.00	BRD0038460 305400 /SYRINGE,TOOMEY,70CC -ORDR QTY 50	TE	853608313	77.50	77.50
220	2.00	CS	2.00	KDL7006LL 310200 /TRAY,URINE METER,FOLEY,16FR,DRN BAG,LL	TE	853608313	113.21	226.41
230	6.00	CS	6.00	MDS090735 MDS090735 /PAD,PREP,ALCOHOL,STERILE,MEDIUM,2-PLY	TE	853608313	26.00	156.00
HCPCS Code #: A4245								
240	1.00	CS	1.00	NON24272 104900 /APRON,PULLOVER,LGHTWT,WHT,24X42	TE	853608313	77.85	77.85
260	4.00	CS	4.00	SWD850815 406100 /NEEDLE,SAFETY,18G X 1-1/2",MAGELLAN	TE	853608313	85.03	340.11
HCPCS Code #: A4215								

MEDLINE

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INVOICE

Customer PO #	Invoice Date	Invoice #
NR176979	05/15/2013	1063858945

Ship To:
MOUNT VERNON INVENTORY
9 N 8TH AVE
MOUNT VERNON, NY 10550-1965

LINE NO	ORDER QTY	U/M	INVOICE QTY	ITEM NO. / DESCRIPTION	CODE	DELIVERY #	UNIT PRICE	AMOUNT
270	4.00	CS	4.00	SWD200777	TE	853608313	34.66	138.63
				408900 /SYRINGE,12CC,LL,SOFT PACK,STRL				
HCPCS Code #: A4210								
280	3.00	CS	3.00	NON256025	TE	853608313	40.90	122.70
				308700 /GAUZE,PACKING STRIP,IODOFORM,2"X5YD,STRL				
HCPCS Code #: A6266								
290	8.00	BX	8.00	USU054887	TE	853608313	36.62	292.99
				405600 /STAPLER,SKIN,ROYAL,35 WIDE,DISPOSABLE				
300	3.00	GR	3.00	MDS136000	TE	853608313	8.83	26.49
				602500 /TOOTHBRUSH,INDIVDUALLY WRAPPED,30 TUFT				
310	4.00	CS	4.00	NPBMAXA	TE	853608313	235.22	940.89
				702200 /SENSOR,ADULT,ADHESIVE,USE,W/D-25				
320	3.00	CS	3.00	NON25600	TE	853608313	22.00	66.00
				702900 /BANDAGE,ADHESIVE,PLASTIC,1"X3",STRL,LF				
HCPCS Code #: A6413								
330	4.00	CS	4.00	MDT211218XLI	TE	853608313	25.07	100.28
				801700 /SLIPPER,SINGLE TREAD,BEIGE,XL				
340	4.00	CS	4.00	MDT211218XXLI	TE	853608313	25.77	103.08
				801800 /SLIPPER,SINGLE TREAD,GRAY,XXL				
350	3.00	CS	3.00	JIP003268	TE	853608313	37.56	112.68
				805600 /WASH,BABY,HEAD-TO-TOE,1OZ -ORDR QTY 3				
Subtotal								
		Freight:	0.00		Tax:	0.00		6798.19

GROSS	TAX AMOUNT	FREIGHT	TOTAL
6,829.83	0.00	0.00	$6,829.83

Eligible Gross Amount $6,829.83
Discount amount $136.60 if recd. by 06/14/13

*Code
TE - Tax Exempt
C - Customer Freight

MEDLINE

www.medline.com

INVOICE

Customer PO #	Invoice Date	Invoice #
NR176978	05/15/2013	1063858946

Sold To:
SOUND SHORE MEDICAL CTR/500
16 GUION PL
NEW ROCHELLE, NY 10801-5502

Ship To:
MOUNT VERNON OR
9 N 8TH AVE
MOUNT VERNON, NY 10550-1965

SALES REP #	SALES ORDER #	CARRIER	FREIGHT TERMS	CUSTOMER #	CURRENCY	AMOUNT DUE
210	680726544	MEDTRANS TRUCK # 3	MEDLINE	1084466	USD	$719.14

LINE NO	ORDER QTY	U/M	INVOICE QTY	ITEM NO / DESCRIPTION	CODE*	DELIVERY #	UNIT PRICE	AMOUNT
20	2.00	BX	1.00	USUPCO15X /PARIETEX COMPOSITE OPTIMIZED 15CM ROUND	TE	853608314	719.14	719.14

Subtotal

Freight: 0.00 **Tax:** 0.00 **719.14**

GROSS	TAX AMOUNT	FREIGHT	TOTAL
719.14	0.00	0.00	$719.14

Eligible Gross Amount $719.14
Discount amount $14.38 if recd. by 06/14/13

*Code
TE - Tax Exempt
C - Customer Freight

CUSTOMER SHALL PAY THE FREIGHT CHARGES INDICATED ON THIS INVOICE. ALL CLAIMS OF SHORT SHIPMENTS, MIS-SHIPMENTS AND OTHER ERRORS IN DELIVERY SHALL BE
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Billing Inquiries: 1-800-388-2147, A/R Svcs Rep: Lisa Serpico-Foreman x-4233

REMITTANCE

Bill To:
SOUND SHORE MEDICAL CTR/500
16 GUION PL
NEW ROCHELLE NY 10801-5502

Customer #	1084466
Invoice #	1063858946
Invoice Date	05/15/2013
Sales Rep #	210
Payment Terms	2% 30, 1% 60, Net 90
Amount Due	$719.14

Remit To:
Medline Industries, Inc.
Box 382075
Pittsburgh PA 15251-8075

AMOUNT PAID $_____

Detach and return this portion with your payment

MEDLINE

www.medline.com

INVOICE

Customer PO #	Invoice Date	Invoice #
NR176984	05/15/2013	1063858947

Sold To:
SOUND SHORE MEDICAL CTR/500
16 GUION PL
NEW ROCHELLE, NY 10801-5502

Ship To:
SOUND SHORE MISCELLANEOUS
16 GUION PL
NEW ROCHELLE, NY 10801-5502

SALES REP #	SALES ORDER #	CARRIER	FREIGHT TERMS	CUSTOMER #	CURRENCY	AMOUNT DUE
210	680728060	FEDEX GROUND	MEDLINE	1084466	USD	$215.70

LINE NO	ORDER QTY	U/M	INVOICE QTY	ITEM NO / DESCRIPTION	CODE*	DELIVERY #	UNIT PRICE	AMOUNT
10	1.00	CS	1.00	BRD175808 /CATHETER,HYDROGEL COATED,SILICONE,3 CC	TE,C	853609478	103.27	103.27
20	1.00	CS	1.00	BRD175810 /CATHETER,HYDROGEL COATED,SILICONE,3 CC	TE,C	853609478	103.27	103.27
Subtotal								
		Freight:	**9.16**		**Tax:**	**0.00**		**206.54**

GROSS	TAX AMOUNT	FREIGHT	TOTAL
206.54	0.00	9.16	$215.70

Eligible Gross Amount $206.54
Discount amount $4.13 if recd. by 06/14/13

*Code
TE - Tax Exempt
C - Customer Freight

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REMITTANCE

Bill To:
SOUND SHORE MEDICAL CTR/500
16 GUION PL
NEW ROCHELLE NY 10801-5502

Customer #	1084466
Invoice #	1063858947
Invoice Date	05/15/2013
Sales Rep #	210
Payment Terms	2% 30, 1% 60, Net 90
Amount Due	$215.70

Remit To:
Medline Industries, Inc.
Box 382075
Pittsburgh PA 15251-8075

AMOUNT PAID $_____

Detach and return this portion with your payment

MEDLINE

www.medline.com

INVOICE

Customer PO. #	Invoice Date	Invoice #
NR176987	05/15/2013	1063858948

Sold To:
SOUND SHORE MEDICAL CTR/500
16 GUION PL
NEW ROCHELLE, NY 10801-5502

Ship To:
MOUNT VERNON MISCELLANEOUS
9 N 8TH AVE
MOUNT VERNON, NY 10550-1965

SALES REP. #	SALES ORDER #	CARRIER	FREIGHT TERMS	CUSTOMER #	CURRENCY	AMOUNT DUE
210	680730158	MEDTRANS TRUCK # 3	MEDLINE	1084466	USD	$1,772.67

LINE NO.	ORDER QTY.	U/M	INVOICE QTY.	ITEM NO. / DESCRIPTION	CODE*	DELIVERY #	UNIT PRICE	AMOUNT
10	4.00	CS	4.00	HUD19912	TE	853617276	138.39	553.57
				HUD19912 /EXCHANGER,HEAT/MOIST,GILBECK				
20	3.00	BX	3.00	HDT312107	TE	853617276	139.31	417.93
				HDT312107 /TUBING,CIRCUIT/6' F/CPAP/BIPAP DISP				
30	3.00	CS	3.00	BXTRT210	TE	853617276	267.06	801.17
				BXTRT210 /KIT,CIRCUIT,DUAL-LIMB,HEATED,MR290 INCL				
Subtotal								
		Freight:	0.00		Tax:	0.00		1772.67

GROSS	TAX AMOUNT	FREIGHT	TOTAL
1,772.67	0.00	0.00	$1,772.67

Eligible Gross Amount $1,772.67
Discount amount $35.45 if recd. by 06/14/13

*Code
TE - Tax Exempt
C - Customer Freight

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Billing Inquiries: 1-800-388-2147, A/R Svcs Rep: Lisa Serpico-Foreman x-4233

REMITTANCE

Bill To:
SOUND SHORE MEDICAL CTR/500
16 GUION PL
NEW ROCHELLE NY 10801-5502

Customer #	1084466
Invoice #	1063858948
Invoice Date	05/15/2013
Sales Rep #	210
Payment Terms	2% 30, 1% 60, Net 90
Amount Due	$1,772.67

Remit To:
Medline Industries, Inc.
Box 382075
Pittsburgh PA 15251-8075

AMOUNT PAID $_____

Detach and return this portion with your payment

MEDLINE

www.medline.com

INVOICE

Customer PO #	Invoice Date	Invoice #
HA06562	05/15/2013	1063860103

Sold To:
SOUND SHORE MEDICAL CTR/500
16 GUION PL
NEW ROCHELLE, NY 10801-5502

Ship To:
SOUND SHORE MISCELLANEOUS
16 GUION PL
NEW ROCHELLE, NY 10801-5502

SALES REP #	SALES ORDER #	CARRIER	FREIGHT TERMS	CUSTOMER #	CURRENCY	AMOUNT DUE
210	680694674	WAREHOUSE MOVES-MEDLINE	CUSTOMER	1084466	USD	$456.69

LINE NO	ORDER QTY	U/M	INVOICE QTY	ITEM NO / DESCRIPTION	CODE	DELIVERY #	UNIT PRICE	AMOUNT
10	2.00	EA	2.00	SNRC70901202 /SPLINT, HAND, POSITION, LEFT, REGLR, SML	TE		40.54	81.08
HCPCS Code #: L3999								
20	2.00	EA	2.00	SNRC70901201 /SPLINT,HAND,POSITION,RIGHT,REGLR,SML	TE		40.54	81.08
HCPCS Code #: L3999								
30	2.00	EA	2.00	SNRC70911202 /SPLINT, HAND, POSITION, LEFT, REGLR, MED	TE		40.94	81.88
HCPCS Code #: L3999								
40	2.00	EA	2.00	SNRC70911201 /SPLINT,HAND,POSITION,RIGHT,REG,MED	TE		40.94	81.88
HCPCS Code #: L3999								
50	2.00	EA	2.00	SNRC70921202 /SPLINT,HAND,POSITION,LEFT,REG,LG	TE		40.94	81.88
HCPCS Code #: L3999								

CUSTOMER SHALL PAY THE FREIGHT CHARGES INDICATED ON THIS INVOICE. ALL CLAIMS OF SHORT SHIPMENTS, MIS-SHIPMENTS AND OTHER ERRORS IN DELIVERY SHALL BE
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Billing Inquiries: 1-800-388-2147, A/R Svcs Rep: Lisa Serpico-Foreman x-4233

REMITTANCE

Bill To:
SOUND SHORE MEDICAL CTR/500
16 GUION PL
NEW ROCHELLE NY 10801-5502

Customer #	1084466
Invoice #	1063860103
Invoice Date	05/15/2013
Sales Rep #	210
Payment Terms	2% 30, 1% 60, Net 90
Amount Due	$456.69

Remit To:
Medline Industries, Inc.
Box 382075
Pittsburgh PA 15251-8075

AMOUNT PAID $_____

Detach and return this portion with your payment

MEDLINE

www.medline.com

INVOICE

Customer PO #	Invoice Date	Invoice #
HA06562	05/15/2013	1063860103

Ship To:
SOUND SHORE MISCELLANEOUS
16 GUION PL
NEW ROCHELLE, NY 10801-5502

LINE NO	ORDER QTY	U/M	INVOICE QTY	ITEM NO. / DESCRIPTION	CODE*	DELIVERY #	UNIT PRICE	AMOUNT
60	2.00	EA	1.00	SNRC70921201 /SPLINT, HAND, POSITION, RIGHT, REGLR,LRG	TE		40.94	40.94

HCPCS Code #: L3999

Subtotal

Freight: 7.95 **Tax:** 0.00 448.74

GROSS	TAX AMOUNT	FREIGHT	TOTAL
448.74	0.00	7.95	$456.69

Eligible Gross Amount $448.74
Discount amount $8.97 if recd. by 06/14/13

*Code
TE - Tax Exempt
C - Customer Freight

MEDLINE

www.medline.com

INVOICE

Customer PO #	Invoice Date	Invoice #
NR176947	05/16/2013	1063894739

Sold To:
SOUND SHORE MEDICAL CTR/500
16 GUION PL
NEW ROCHELLE, NY 10801-5502

Ship To:
SOUND SHORE MISCELLANEOUS
16 GUION PL
NEW ROCHELLE, NY 10801-5502

SALES REP #	SALES ORDER #	CARRIER	FREIGHT TERMS	CUSTOMER #	CURRENCY	AMOUNT DUE
210	680712657	MEDTRANS	CUSTOMER	1084466	USD	$488.87

LINE NO	ORDER QTY	U/M	INVOICE QTY	ITEM NO / DESCRIPTION	CODE*	DELIVERY #	UNIT PRICE	AMOUNT
10	5.00	CS	3.00	B-D305064 B-D305064 /SYRINGE,NEEDLE,BLUNT FILL,10ML,18GX1.5"	TE	853537174	61.62	184.85
20	6.00	CS	6.00	PTX005445 PTX005445 /MASK,PREMIUM ANESTHESIA,MED ADLT	TE	853537174	50.67	304.02

Subtotal 488.87

Freight: 0.00 **Tax:** 0.00

GROSS	TAX AMOUNT	FREIGHT	TOTAL
488.87	0.00	0.00	$488.87

Eligible Gross Amount $488.87
Discount amount $9.78 if recd. by 06/15/13

*Code
TE - Tax Exempt
C - Customer Freight

CUSTOMER SHALL PAY THE FREIGHT CHARGES INDICATED ON THIS INVOICE. ALL CLAIMS OF SHORT SHIPMENTS, MIS-SHIPMENTS AND OTHER ERRORS IN DELIVERY SHALL BE
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Billing Inquiries: 1-800-388-2147, A/R Svcs Rep: Lisa Serpico-Foreman x-4233

REMITTANCE

Bill To:
SOUND SHORE MEDICAL CTR/500
16 GUION PL
NEW ROCHELLE NY 10801-5502

Customer #	1084466
Invoice #	1063894739
Invoice Date	05/16/2013
Sales Rep #	210
Payment Terms	2% 30, 1% 60, Net 90
Amount Due	$488.87

Remit To:
Medline Industries, Inc.
Box 382075
Pittsburgh PA 15251-8075

AMOUNT PAID $_____

Detach and return this portion with your payment

MEDLINE www.medline.com

INVOICE

Customer PO #	Invoice Date	Invoice #
NR176948	05/16/2013	1063894740

Sold To:
SOUND SHORE MEDICAL CTR/500
16 GUION PL
NEW ROCHELLE, NY 10801-5502

Ship To:
SOUND SHORE MISCELLANEOUS
16 GUION PL
NEW ROCHELLE, NY 10801-5502

SALES REP #	SALES ORDER #	CARRIER	FREIGHT TERMS	CUSTOMER #	CURRENCY	AMOUNT DUE
210	680712663	MEDTRANS	MEDLINE	1084466	USD	$413.20

LINE NO	ORDER QTY	U/M	INVOICE QTY	ITEM NO / DESCRIPTION	CODE*	DELIVERY #	UNIT PRICE	AMOUNT
20	5.00	CS	5.00	NON249005 NON249005 /POUCH,TELEMETRY,MULTI-LAYER,TIES,BLUE	TE	853537175	82.64	413.20

Subtotal 413.20

Freight: 0.00 **Tax:** 0.00

GROSS	TAX AMOUNT	FREIGHT	TOTAL
413.20	0.00	0.00	$413.20

Eligible Gross Amount $413.20
Discount amount $8.26 if recd. by 06/15/13

*Code
TE - Tax Exempt
C - Customer Freight

CUSTOMER SHALL PAY THE FREIGHT CHARGES INDICATED ON THIS INVOICE. ALL CLAIMS OF SHORT SHIPMENTS, MIS-SHIPMENTS AND OTHER ERRORS IN DELIVERY SHALL BE
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Billing Inquiries: 1-800-388-2147, A/R Svcs Rep: Lisa Serpico-Foreman x-4233

REMITTANCE

Bill To:
SOUND SHORE MEDICAL CTR/500
16 GUION PL
NEW ROCHELLE NY 10801-5502

Customer #	1084466
Invoice #	1063894740
Invoice Date	05/16/2013
Sales Rep #	210
Payment Terms	2% 30, 1% 60, Net 90
Amount Due	$413.20

Remit To:
Medline Industries, Inc.
Box 382075
Pittsburgh PA 15251-8075

AMOUNT PAID $_____

Detach and return this portion with your payment

MEDLINE

www.medline.com

INVOICE

Customer PO #	Invoice Date	Invoice #
NR176951	05/16/2013	1063894741

Sold To:
SOUND SHORE MEDICAL CTR/500
16 GUION PL
NEW ROCHELLE, NY 10801-5502

Ship To:
SOUND SHORE MISCELLANEOUS
16 GUION PL
NEW ROCHELLE, NY 10801-5502

SALES REP #	SALES ORDER #	CARRIER	FREIGHT TERMS	CUSTOMER #	CURRENCY	AMOUNT DUE
210	680713431	MEDTRANS	MEDLINE	1084466	USD	$2,154.48

LINE NO	ORDER QTY	U/M	INVOICE QTY	ITEM NO / DESCRIPTION	CODE*	DELIVERY #	UNIT PRICE	AMOUNT
10	6.00	CS	6.00	LTP40000009KT	TE	853541660	112.25	673.47
				LTP40000009KT /BELT,TRANSDUCER,LIFETRACE,LF,36"				
20	3.00	CS	3.00	9165	TE	853541660	91.51	274.53
				00000000000009165 /PAD,GROUNDING,UNIVERSAL,SPLIT,W/ CO				
30	3.00	CS	3.00	ESPB3000	TE	853541660	141.71	425.13
				ESPB3000 /PENCIL,CAUTERY,PUSHBUTTON,STERILE,LF,SS				
40	12.00	CS	12.00	GCT30748696CS	TE	853541660	65.11	781.35
				GCT30748696CS /PAPER,FETAL,HEWLETT-PACKARD,HP 50				
Subtotal								
		Freight:	**0.00**		**Tax:**	**0.00**		**2154.48**

GROSS	TAX AMOUNT	FREIGHT	TOTAL
2,154.48	0.00	0.00	$2,154.48

Eligible Gross Amount $2,154.48
Discount amount $43.09 if recd. by 06/15/13

*Code
TE - Tax Exempt
C - Customer Freight

CUSTOMER SHALL PAY THE FREIGHT CHARGES INDICATED ON THIS INVOICE. ALL CLAIMS OF SHORT SHIPMENTS, MIS-SHIPMENTS AND OTHER ERRORS IN DELIVERY SHALL BE
COMMUNICATED TO MEDLINE IN WRITING WITHIN TWO BUSINESS DAYS OF THE INVOICE DATE, OR THEY ARE DEEMED WAIVED. ALL CLAIMS FOR PRICING AND BILLING ERRORS
SHALL BE COMMUNICATED TO MEDLINE IN WRITING WITHIN 180 DAYS OF INVOICE DATE, OR THEY ARE DEEMED WAIVED.

Billing Inquiries: 1-800-388-2147, A/R Svcs Rep: Lisa Serpico-Foreman x-4233

REMITTANCE

Bill To:
SOUND SHORE MEDICAL CTR/500
16 GUION PL
NEW ROCHELLE NY 10801-5502

Customer #	1084466
Invoice #	1063894741
Invoice Date	05/16/2013
Sales Rep #	210
Payment Terms	2% 30, 1% 60, Net 90
Amount Due	$2,154.48

Remit To:
Medline Industries, Inc.
Box 382075
Pittsburgh PA 15251-8075

AMOUNT PAID $_____

Detach and return this portion with your payment

MEDLINE

www.medline.com

INVOICE

Customer PO #	Invoice Date	Invoice #
NR176795	05/16/2013	1063894742

Sold To:
SOUND SHORE MEDICAL CTR/500
16 GUION PL
NEW ROCHELLE, NY 10801-5502

Ship To:
SOUND SHORE MISCELLANEOUS
16 GUION PL
NEW ROCHELLE, NY 10801-5502

SALES REP #	SALES ORDER #	CARRIER	FREIGHT TERMS	CUSTOMER #	CURRENCY	AMOUNT DUE
210	680669412	MEDTRANS	CUSTOMER	1084466	USD	$22.35

LINE NO	ORDER QTY	U/M	INVOICE QTY	ITEM NO / DESCRIPTION	CODE	DELIVERY #	UNIT PRICE	AMOUNT
10	1.00	CS	1.00	HDTHS711100 HDTHS711100 /MOUTHPIECE,ASSESS,PEAK FLO,ADULT	TE	853547105	22.35	22.35

Subtotal

Freight: 0.00 **Tax:** 0.00 22.35

GROSS	TAX AMOUNT	FREIGHT	TOTAL
22.35	0.00	0.00	$22.35

Eligible Gross Amount $22.35
Discount amount $0.45 if recd. by 06/15/13

*Code
TE - Tax Exempt
C - Customer Freight

CUSTOMER SHALL PAY THE FREIGHT CHARGES INDICATED ON THIS INVOICE. ALL CLAIMS OF SHORT SHIPMENTS, MIS-SHIPMENTS AND OTHER ERRORS IN DELIVERY SHALL BE
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Billing Inquiries: 1-800-388-2147, A/R Svcs Rep: Lisa Serpico-Foreman x-4233

REMITTANCE

Bill To:
SOUND SHORE MEDICAL CTR/500
16 GUION PL
NEW ROCHELLE NY 10801-5502

Customer #	1084466
Invoice #	1063894742
Invoice Date	05/16/2013
Sales Rep #	210
Payment Terms	2% 30, 1% 60, Net 90
Amount Due	$22.35

Remit To:
Medline Industries, Inc.
Box 382075
Pittsburgh PA 15251-8075

AMOUNT PAID $_____

Detach and return this portion with your payment

MEDLINE

www.medline.com

INVOICE

Customer PO #	Invoice Date	Invoice #
NR176930	05/16/2013	1063894743

Sold To:
SOUND SHORE MEDICAL CTR/500
16 GUION PL
NEW ROCHELLE, NY 10801-5502

Ship To:
SOUND SHORE MISCELLANEOUS
16 GUION PL
NEW ROCHELLE, NY 10801-5502

SALES REP #	SALES ORDER #	CARRIER	FREIGHT TERMS	CUSTOMER #	CURRENCY	AMOUNT DUE
210	680708971	MEDTRANS	MEDLINE	1084466	USD	$149.29

LINE NO	ORDER QTY	U/M	INVOICE QTY	ITEM NO / DESCRIPTION	CODE*	DELIVERY #	UNIT PRICE	AMOUNT
20	30.00	EA	5.00	HUD60705EA HUD60705EA /MASK,DISPOSABLE FULL FACE MASK,VENTED L	TE	853548524	29.86	149.29

Subtotal

Freight: 0.00 **Tax:** 0.00 **149.29**

GROSS	TAX AMOUNT	FREIGHT	TOTAL
149.29	0.00	0.00	$149.29

Eligible Gross Amount $149.29
Discount amount $2.99 if recd. by 06/15/13

*Code
TE - Tax Exempt
C - Customer Freight

CUSTOMER SHALL PAY THE FREIGHT CHARGES INDICATED ON THIS INVOICE. ALL CLAIMS OF SHORT SHIPMENTS, MIS-SHIPMENTS AND OTHER ERRORS IN DELIVERY SHALL BE
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Billing Inquiries: 1-800-388-2147, A/R Svcs Rep: Lisa Serpico-Foreman x-4233

REMITTANCE

Bill To:
SOUND SHORE MEDICAL CTR/500
16 GUION PL
NEW ROCHELLE NY 10801-5502

Customer #	1084466
Invoice #	1063894743
Invoice Date	05/16/2013
Sales Rep #	210
Payment Terms	2% 30, 1% 60, Net 90
Amount Due	$149.29

Remit To:
Medline Industries, Inc.
Box 382075
Pittsburgh PA 15251-8075

AMOUNT PAID $_____

Detach and return this portion with your payment

MEDLINE www.medline.com

INVOICE

Customer PO #	Invoice Date	Invoice #
NR176688	05/16/2013	1063894744

Sold To:
SOUND SHORE MEDICAL CTR/500
16 GUION PL
NEW ROCHELLE, NY 10801-5502

Ship To:
SOUND SHORE OR
16 GUION PL
NEW ROCHELLE, NY 10801-5502

SALES REP #	SALES ORDER #	CARRIER	FREIGHT TERMS	CUSTOMER #	CURRENCY	AMOUNT DUE
210	680642750	MEDTRANS	MEDLINE	1084466	USD	$205.25

LINE NO.	ORDER QTY.	U/M	INVOICE QTY.	ITEM NO. / DESCRIPTION	CODE*	DELIVERY #	UNIT PRICE	AMOUNT
50	1.00	CS	1.00	ALA30485 ALA30485 /GLOVE,SURG,LATEX,BIOGEL,SURGICAL,PF,8.5	TE	853556377	205.25	205.25

Subtotal 205.25

Freight: 0.00 **Tax:** 0.00

GROSS	TAX AMOUNT	FREIGHT	TOTAL
205.25	0.00	0.00	$205.25

Eligible Gross Amount $205.25
Discount amount $4.11 if recd. by 06/15/13

*Code
TE - Tax Exempt
C - Customer Freight

CUSTOMER SHALL PAY THE FREIGHT CHARGES INDICATED ON THIS INVOICE. ALL CLAIMS OF SHORT SHIPMENTS, MIS-SHIPMENTS AND OTHER ERRORS IN DELIVERY SHALL BE
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Billing Inquiries: 1-800-388-2147, A/R Svcs Rep: Lisa Serpico-Foreman x-4233

REMITTANCE

Bill To:
SOUND SHORE MEDICAL CTR/500
16 GUION PL
NEW ROCHELLE NY 10801-5502

Customer #	1084466
Invoice #	1063894744
Invoice Date	05/16/2013
Sales Rep #	210
Payment Terms	2% 30, 1% 60, Net 90
Amount Due	$205.25

Remit To:
Medline Industries, Inc.
Box 382075
Pittsburgh PA 15251-8075

AMOUNT PAID $_____

Detach and return this portion with your payment

MEDLINE

www.medline.com

INVOICE

Customer PO #	Invoice Date	Invoice #
NR176746	05/16/2013	1063894745

Sold To:
SOUND SHORE MEDICAL CTR/500
16 GUION PL
NEW ROCHELLE, NY 10801-5502

Ship To:
SOUND SHORE MISCELLANEOUS
16 GUION PL
NEW ROCHELLE, NY 10801-5502

SALES REP #	SALES ORDER #	CARRIER	FREIGHT TERMS	CUSTOMER #	CURRENCY	AMOUNT DUE
210	680652198	MEDTRANS	MEDLINE	1084466	USD	$780.46

LINE NO	ORDER QTY	U/M	INVOICE QTY	ITEM NO / DESCRIPTION	CODE*	DELIVERY #	UNIT PRICE	AMOUNT
30	40.00	EA	39.00	ABR17150 ABR17150 /PUMP,HAND HYGIENIKIT STRILE WITHOUT BPA	TE	853556378	20.01	780.46

Subtotal

Freight: 0.00 **Tax:** 0.00 **780.46**

GROSS	TAX AMOUNT	FREIGHT	TOTAL
780.46	0.00	0.00	$780.46

Eligible Gross Amount $780.46
Discount amount $15.61 if recd. by 06/15/13

*Code
TE - Tax Exempt
C - Customer Freight

CUSTOMER SHALL PAY THE FREIGHT CHARGES INDICATED ON THIS INVOICE. ALL CLAIMS OF SHORT SHIPMENTS, MIS-SHIPMENTS AND OTHER ERRORS IN DELIVERY SHALL BE
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Billing Inquiries: 1-800-388-2147, A/R Svcs Rep: Lisa Serpico-Foremen x-4233

REMITTANCE

Bill To:
SOUND SHORE MEDICAL CTR/500
16 GUION PL
NEW ROCHELLE NY 10801-5502

Customer #	1084466
Invoice #	1063894745
Invoice Date	05/16/2013
Sales Rep #	210
Payment Terms	2% 30, 1% 60, Net 90
Amount Due	$780.46

Remit To:
Medline Industries, Inc.
Box 382075
Pittsburgh PA 15251-8075

AMOUNT PAID $_____

Detach and return this portion with your payment

MEDLINE

www.medline.com

INVOICE

Customer PO #	Invoice Date	Invoice #
nr176758	05/16/2013	1063894747

Sold To:
SOUND SHORE MEDICAL CTR/500
16 GUION PL
NEW ROCHELLE, NY 10801-5502

Ship To:
SOUND SHORE OR**
16 GUION PL
NEW ROCHELLE, NY 10801-5502

SALES REP #	SALES ORDER #	CARRIER	FREIGHT TERMS	CUSTOMER #	CURRENCY	AMOUNT DUE
210	432113858	MEDTRANS	MEDLINE	1084466	USD	$710.31

LINE NO	ORDER QTY	U/M	INVOICE QTY	ITEM NO. / DESCRIPTION	CODE*	DELIVERY #	UNIT PRICE	AMOUNT
20	1.00	CS	1.00	UTD66800951 UTD66800951 /PICO 4X8 (10X20 CM)	TE	853590256	710.31	710.31

Subtotal

Freight: 0.00 **Tax:** 0.00 710.31

GROSS	TAX AMOUNT	FREIGHT	TOTAL
710.31	0.00	0.00	$710.31

Eligible Gross Amount $710.31
Discount amount $14.21 if recd. by 06/15/13
** Special Ship-To

*Code
TE - Tax Exempt
C - Customer Freight

CUSTOMER SHALL PAY THE FREIGHT CHARGES INDICATED ON THIS INVOICE. ALL CLAIMS OF SHORT SHIPMENTS, MIS-SHIPMENTS AND OTHER ERRORS IN DELIVERY SHALL BE
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Billing Inquiries: 1-800-388-2147, A/R Svcs Rep: Lisa Serpico-Foreman x-4233

REMITTANCE

Bill To:
SOUND SHORE MEDICAL CTR/500
16 GUION PL
NEW ROCHELLE NY 10801-5502

Customer #	1084466
Invoice #	1063894747
Invoice Date	05/16/2013
Sales Rep #	210
Payment Terms	2% 30, 1% 60, Net 90
Amount Due	$710.31

Remit To:
Medline Industries, Inc.
Box 382075
Pittsburgh PA 15251-8075

AMOUNT PAID $_____

Detach and return this portion with your payment

MEDLINE

www.medline.com

INVOICE

Customer PO #	Invoice Date	Invoice #
NR176984	05/16/2013	1063894748

Sold To:
SOUND SHORE MEDICAL CTR/500
16 GUION PL
NEW ROCHELLE, NY 10801-5502

Ship To:
SOUND SHORE MISCELLANEOUS
16 GUION PL
NEW ROCHELLE, NY 10801-5502

SALES REP #	SALES ORDER #	CARRIER	FREIGHT TERMS	CUSTOMER #	CURRENCY	AMOUNT DUE
210	680728060	MEDTRANS	MEDLINE	1084466	USD	$1,238.61

LINE NO.	ORDER QTY.	U/M	INVOICE QTY.	ITEM NO. / DESCRIPTION	CODE	DELIVERY #	UNIT PRICE	AMOUNT
40	3.00	CS	3.00	MDS098710 MDS098710 /PREP,CHG,LIQUID,4%,4 OZ BTL,48 EA/CS	TE	853611037	91.44	274.32
50	5.00	CS	5.00	K-C62645 K-C62645 /WRAP,STERILIZATION,CSR,ONE-STEP,45"X45"	TE	853611037	98.90	494.52
60	5.00	CS	5.00	K-C62136 K-C62136 /WRAP,STERILIZATION,CSR,ONE-STEP,36"X36"	TE	853611037	93.95	469.77

Subtotal

Freight: 0.00 **Tax:** 0.00 **1238.61**

GROSS	TAX AMOUNT	FREIGHT	TOTAL
1,238.61	0.00	0.00	$1,238.61

Eligible Gross Amount $1,238.61
Discount amount $24.77 if recd. by 06/15/13

*Code
TE - Tax Exempt
C - Customer Freight

CUSTOMER SHALL PAY THE FREIGHT CHARGES INDICATED ON THIS INVOICE. ALL CLAIMS OF SHORT SHIPMENTS, MIS-SHIPMENTS AND OTHER ERRORS IN DELIVERY SHALL BE
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Billing Inquiries: 1-800-388-2147, A/R Svcs Rep: Lisa Serpico-Foreman x-4233

REMITTANCE

Bill To:
SOUND SHORE MEDICAL CTR/500
16 GUION PL
NEW ROCHELLE NY 10801-5502

Customer #	1084466
Invoice #	1063894748
Invoice Date	05/16/2013
Sales Rep #	210
Payment Terms	2% 30, 1% 60, Net 90
Amount Due	$1,238.61

Remit To:
Medline Industries, Inc.
Box 382075
Pittsburgh PA 15251-8075

AMOUNT PAID $_____

Detach and return this portion with your payment

MEDLINE www.medline.com

INVOICE

Customer PO #	Invoice Date	Invoice #
NR176404	05/16/2013	1063894749

Sold To:
SOUND SHORE MEDICAL CTR/500
16 GUION PL
NEW ROCHELLE, NY 10801-5502

Ship To:
SOUND SHORE MISCELLANEOUS
16 GUION PL
NEW ROCHELLE, NY 10801-5502

SALES REP #	SALES ORDER #	CARRIER	FREIGHT TERMS	CUSTOMER #	CURRENCY	AMOUNT DUE
210	680549397	FEDEX GROUND	CUSTOMER	1084466	USD	$86.78

LINE NO	ORDER QTY	U/M	INVOICE QTY	ITEM NO. / DESCRIPTION	CODE*	DELIVERY #	UNIT PRICE	AMOUNT
20	1.00	EA	1.00	MDSHXS1BH MDSHXS1BH /EXERCISE BAND,GRAY,SPR HVY,50YD ROLLS	TE	853630276	76.39	76.39

Subtotal

Freight: 10.39 **Tax:** 0.00 **76.39**

GROSS	TAX AMOUNT	FREIGHT	TOTAL
76.39	0.00	10.39	$86.78

Eligible Gross Amount $76.39
Discount amount $1.53 if recd. by 06/15/13

*Code
TE - Tax Exempt
C - Customer Freight

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Billing Inquiries: 1-800-388-2147, A/R Svcs Rep: Lisa Serpico-Foreman x-4233

REMITTANCE

Bill To:
SOUND SHORE MEDICAL CTR/500
16 GUION PL
NEW ROCHELLE NY 10801-5502

Customer #	1084466
Invoice #	1063894749
Invoice Date	05/16/2013
Sales Rep #	210
Payment Terms	2% 30, 1% 60, Net 90
Amount Due	$86.78

Remit To:
Medline Industries, Inc.
Box 382075
Pittsburgh PA 15251-8075

AMOUNT PAID $_____

Detach and return this portion with your payment

MEDLINE

www.medline.com

INVOICE

Customer PO #	Invoice Date	Invoice #
HA06557	05/16/2013	1063894750

Sold To:
SOUND SHORE MEDICAL CTR/500
16 GUION PL
NEW ROCHELLE, NY 10801-5502

Ship To:
SOUND SHORE MISCELLANEOUS
16 GUION PL
NEW ROCHELLE, NY 10801-5502

SALES REP #	SALES ORDER #	CARRIER	FREIGHT TERMS	CUSTOMER #	CURRENCY	AMOUNT DUE
210	680671421	FEDEX GROUND	CUSTOMER	1084466	USD	$138.79

LINE NO	ORDER QTY	U/M	INVOICE QTY	ITEM NO / DESCRIPTION	CODE*	DELIVERY #	UNIT PRICE	AMOUNT
20	4.00	EA	4.00	CHT1512 /PACK,COLD,HEAVY-USE,LF,OVERSIZE,11"X21"	TE	853632995	30.67	122.68

Subtotal

Freight: 16.11 **Tax:** 0.00 **122.68**

GROSS	TAX AMOUNT	FREIGHT	TOTAL
122.68	0.00	16.11	$138.79

Eligible Gross Amount $122.68
Discount amount $2.45 if recd. by 06/15/13

*Code
TE - Tax Exempt
C - Customer Freight

CUSTOMER SHALL PAY THE FREIGHT CHARGES INDICATED ON THIS INVOICE. ALL CLAIMS OF SHORT SHIPMENTS, MIS-SHIPMENTS AND OTHER ERRORS IN DELIVERY SHALL BE
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Billing Inquiries: 1-800-388-2147, A/R Svcs Rep: Lisa Serpico-Foreman x-4233

REMITTANCE

Bill To:
SOUND SHORE MEDICAL CTR/500
16 GUION PL
NEW ROCHELLE NY 10801-5502

Customer #	1084466
Invoice #	1063894750
Invoice Date	05/16/2013
Sales Rep #	210
Payment Terms	2% 30, 1% 60, Net 90
Amount Due	$138.79

Remit To:
Medline Industries, Inc.
Box 382075
Pittsburgh PA 15251-8075

AMOUNT PAID $_____

Detach and return this portion with your payment

MEDLINE

www.medline.com

INVOICE

Customer PO #	Invoice Date	Invoice #
NR176788	05/16/2013	1063894751

Sold To:
SOUND SHORE MEDICAL CTR/500
16 GUION PL
NEW ROCHELLE, NY 10801-5502

Ship To:
MOUNT VERNON OR
9 N 8TH AVE
MOUNT VERNON, NY 10550-1965

SALES REP #	SALES ORDER #	CARRIER	FREIGHT TERMS	CUSTOMER #	CURRENCY	AMOUNT DUE
210	680667524	MEDTRANS	MEDLINE	1084466	USD	$2,982.51

LINE NO	ORDER QTY	U/M	INVOICE QTY	ITEM NO / DESCRIPTION	CODE*	DELIVERY #	UNIT PRICE	AMOUNT
30	2.00	BX	2.00	DVL0112760	TE	853633507	596.50	1,193.00
				DVL0112760 /MESH PLUG MED -ORDR QTY 2				
40	3.00	BX	3.00	DVL0112750	TE	853633507	596.50	1,789.51
				DVL0112750 /MESH,PERFIX PLUG,SMALL,1"X1.35"				
Subtotal								
		Freight:	**0.00**		**Tax:**	**0.00**		**2982.51**

GROSS	TAX AMOUNT	FREIGHT	TOTAL
2,982.51	0.00	0.00	$2,982.51

Eligibla Gross Amount $2,982.51
Discount amount $59.65 if recd. by 06/15/13

*Code
TE - Tax Exempt
C - Customer Freight

CUSTOMER SHALL PAY THE FREIGHT CHARGES INDICATED ON THIS INVOICE. ALL CLAIMS OF SHORT SHIPMENTS, MIS-SHIPMENTS AND OTHER ERRORS IN DELIVERY SHALL BE
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Billing Inquiries: 1-800-388-2147, A/R Svcs Rep: Lisa Serpico-Foreman x-4233

REMITTANCE

Bill To:
SOUND SHORE MEDICAL CTR/500
16 GUION PL
NEW ROCHELLE NY 10801-5502

Customer #	1084466
Invoice #	1063894751
Invoice Date	05/16/2013
Sales Rep #	210
Payment Terms	2% 30, 1% 60, Net 90
Amount Due	$2,982.51

Remit To:
Medline Industries, Inc.
Box 382075
Pittsburgh PA 15251-8075

AMOUNT PAID $_____

Detach and return this portion with your payment

MEDLINE

www.medline.com

INVOICE

Customer PO #	Invoice Date	Invoice #
NR176984	05/16/2013	1063894752

Sold To:
SOUND SHORE MEDICAL CTR/500
16 GUION PL
NEW ROCHELLE, NY 10801-5502

Ship To:
SOUND SHORE MISCELLANEOUS
16 GUION PL
NEW ROCHELLE, NY 10801-5502

SALES REP #	SALES ORDER #	CARRIER	FREIGHT TERMS	CUSTOMER #	CURRENCY	AMOUNT DUE
210	680728060	FEDEX GROUND	MEDLINE	1084466	USD	$112.11

LINE NO	ORDER QTY	U/M	INVOICE QTY	ITEM NO. / DESCRIPTION	CODE*	DELIVERY #	UNIT PRICE	AMOUNT
30	1.00	CS	1.00	BRD175812 /CATHETER,HYDROGEL COATED,SILICONE,5 CC	TE,C	853643968	103.27	103.27

Subtotal

Freight: 8.84 **Tax:** 0.00 **103.27**

GROSS	TAX AMOUNT	FREIGHT	TOTAL
103.27	0.00	8.84	$112.11

Eligible Gross Amount $103.27
Discount amount $2.07 if recd. by 06/15/13

*Code
TE - Tax Exempt
C - Customer Freight

CUSTOMER SHALL PAY THE FREIGHT CHARGES INDICATED ON THIS INVOICE. ALL CLAIMS OF SHORT SHIPMENTS, MIS-SHIPMENTS AND OTHER ERRORS IN DELIVERY SHALL BE
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SHALL BE COMMUNICATED TO MEDLINE IN WRITING WITHIN 180 DAYS OF INVOICE DATE, OR THEY ARE DEEMED WAIVED.

Billing Inquiries: 1-800-388-2147, A/R Svcs Rep: Lisa Serpico-Foreman x-4233

REMITTANCE

Bill To:
SOUND SHORE MEDICAL CTR/500
16 GUION PL
NEW ROCHELLE NY 10801-5502

Customer #	1084466
Invoice #	1063894752
Invoice Date	05/16/2013
Sales Rep #	210
Payment Terms	2% 30, 1% 60, Net 90
Amount Due	$112.11

Remit To:
Medline Industries, Inc.
Box 382075
Pittsburgh PA 15251-8075

AMOUNT PAID $_____

Detach and return this portion with your payment

MEDLINE www.medline.com

INVOICE

Customer PO #	Invoice Date	Invoice #
NR176999	05/16/2013	1063894753

Sold To:
SOUND SHORE MEDICAL CTR/500
16 GUION PL
NEW ROCHELLE, NY 10801-5502

Ship To:
MOUNT VERNON INVENTORY
9 N 8TH AVE
MOUNT VERNON, NY 10550-1965

SALES REP #	SALES ORDER #	CARRIER	FREIGHT TERMS	CUSTOMER #	CURRENCY	AMOUNT DUE
210	680735539	MEDTRANS	MEDLINE	1084466	USD	$9,357.72

LINE NO	ORDER QTY	U/M	INVOICE QTY	ITEM NO / DESCRIPTION	CODE*	DELIVERY #	UNIT PRICE	AMOUNT
180	10.00	BX	10.00	B-D367871Z 0165400 /TUBE,PLASMA,GRN,SODIUM HEP,13X75MM,4ML	TE	853644536	10.50	104.99
		*0165400						
Subtotal 999								
		Freight:	**0.00**	**Tax:**	**0.00**			**104.99**
20	2.00	CS	2.00	NON25416 600400 /GAUZE,SPONGE,4"X4",16PLY,WOVEN,NS,LF	TE	853644536	69.80	139.60
		600400						
HCPCS Code #: A6216								
Subtotal 400								
		Freight:	**0.00**	**Tax:**	**0.00**			**139.60**
10	2.00	CS	1.00	ASO1C5208 202700 /CLEANER,ENZYMATIC,VALSURE,1 GAL	TE	853644536	57.10	57.10
30	2.00	CS	2.00	PTX8503 130200 /RESUSCITATOR,BAG,ADULT,MASK,FLEX TUBING	TE	853644536	94.56	189.11

CUSTOMER SHALL PAY THE FREIGHT CHARGES INDICATED ON THIS INVOICE. ALL CLAIMS OF SHORT SHIPMENTS, MIS-SHIPMENTS AND OTHER ERRORS IN DELIVERY SHALL BE
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Billing Inquiries: 1-800-388-2147, A/R Svcs Rep: Lisa Serpico-Foreman x-4233

REMITTANCE

Bill To:
SOUND SHORE MEDICAL CTR/500
16 GUION PL
NEW ROCHELLE NY 10801-5502

Customer #	1084466
Invoice #	1063894753
Invoice Date	05/16/2013
Sales Rep #	210
Payment Terms	2% 30, 1% 60, Net 90
Amount Due	$9,357.72

Remit To:
Medline Industries, Inc.
Box 382075
Pittsburgh PA 15251-8075

AMOUNT PAID $_____

Detach and return this portion with your payment

MEDLINE

www.medline.com

INVOICE

Customer PO #	Invoice Date	Invoice #
NR176999	05/16/2013	1063894753

Ship To:
MOUNT VERNON INVENTORY
9 N 8TH AVE
MOUNT VERNON, NY 10550-1965

LINE NO.	ORDER QTY.	U/M	INVOICE QTY.	ITEM NO. / DESCRIPTION	CODE	DELIVERY #	UNIT PRICE	AMOUNT
40	4.00	CS	4.00	DYND50252 104300 /SUCT CONN TUBE 1/4" X 12' ST	TE	853644536	20.02	80.08
HCPCS Code #: A7002								
50	3.00	CS	3.00	HUD719025 106500 /SPIROMETER,INCENTIVE,VOLDYNE,2500ML	TE	853644536	32.16	96.47
60	4.00	CS	4.00	NON27710 105200 /MASK,FACE,MAXFLUIDPROTECT,SHIELD/TIES	TE	853644536	48.17	192.68
70	2.00	CS	2.00	BXT002620 107100 /HUMIDIFIER;PREFILLED,STERILE WATER,500ML	TE	853644536	18.03	36.05
80	1.00	CS	1.00	NON02325 205400 /STRAW,7 3/4",WRAPPED,FLEX	TE	853644536	53.80	53.80
90	1.00	CS	1.00	NON24357W 805300 /PAPER,PRO TOWEL,TISSUE,3PLY,WHITE,13X18"	TE	853644536	17.00	17.00
100	4.00	CS	4.00	DYND80347 707300 /WASHBASIN,RECTANGULAR,GRAPHITE,6 QT	TE	853644536	16.50	66.00
110	3.00	CS	3.00	DYNDS1087 0128800 /TRAY,SUTURING	TE	853644536	129.12	387.36
130	5.00	CS	5.00	DYND30261 203300 /BAG,SPECIMEN,BIOHAZARD,ZIPLOK,6X9,POCKT	TE	853644536	43.66	218.30
140	3.00	CS	3.00	MMM1624W 300400 /DRESSING,TEGADERM,TRNS,FILM,2.375X2.75"	TE	853644536	96.59	289.78
HCPCS Code #: A6257								
150	2.00	CS	2.00	DYND15207 309400 /BAG,DRAINAGE,ANTI-REFLUX DEVICE,2000ML	TE	853644536	55.00	110.00
HCPCS Code #: A4357								
160	1.00	CS	1.00	NONTP85DS 419100 /TOOTHPASTE,SPARKLE FRESH,FLUORIDE,.85OZ	TE	853644536	230.43	230.43
170	1.00	CS	1.00	DYND50211 601900 /TUBING,SUCTION,CONNECTING,3/16"X20",STR	TE	853644536	15.41	15.41
HCPCS Code #: A7002								
190	1.00	CS	1.00	SWD850215 406500 /NEEDLE,SAFETY,22G X 1-1/2",MAGELLAN	TE	853644536	86.93	86.93
HCPCS Code #: A4215								
200	1.00	CS	1.00	SWD850310 407100 /NEEDLE,SAFETY,23G X 1",MAGELLAN	TE	853644536	85.03	85.03
HCPCS Code #: A4215								
210	4.00	CS	4.00	B-D381423 407800 /CATHETER,IV,22GX1",RETRACTABLE STERILE	TE	853644536	338.87	1,355.49
220	2.00	CS	2.00	SWD560125 407500 /SYRINGE,60CC,LUER LOCK TIP	TE	853644536	32.75	65.49
HCPCS Code #: A4213								
230	4.00	CS	4.00	B-D367342 409600 /SET,BLOOD COLL,VACUTAINER,23G X .75"	TE	853644536	267.25	1,069.00

MEDLINE

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INVOICE

Customer PO #	Invoice Date	Invoice #
NR176999	05/16/2013	1063894753

Ship To:
MOUNT VERNON INVENTORY
9 N 8TH AVE
MOUNT VERNON, NY 10550-1965

LINE NO.	ORDER QTY.	U/M	INVOICE QTY.	ITEM NO. / DESCRIPTION	CODE*	DELIVERY #	UNIT PRICE	AMOUNT
250	2.00	CS	2.00	MDS032280	TE	853644536	51.00	102.00
				309800 /JELLY,LUBE,STRL,FOIL PACK,5 GRAM				
260	1.00	CS	1.00	DYND70293	TE	853644536	25.60	25.60
				603000 /CONTAINER,DENTURE,W/LID,AQUA,				
270	20.00	BX	20.00	MMM15301Z	TE	853644536	3.91	78.25
				607000 /TAPE,PAPER,SURGICAL,MICROPORE,1"X10YD				
HCPCS Code #: A4450								
280	2.00	CS	2.00	MMM15272	TE	853644536	74.83	149.66
				606200 /TAPE,SURGICAL,TRANSPORE,2"X10YD				
HCPCS Code #: A4452								
290	20.00	BX	20.00	MMM15382Z	TE	853644536	6.90	137.90
				607700 /TAPE,SURGICAL,DURAPORE,2"X10YD				
HCPCS Code #: A4452								
300	10.00	CS	10.00	NPBMAXA	TE	853644536	235.22	2,352.23
				702200 /SENSOR,ADULT,ADHESIVE,USE,W/D-25				
310	1.00	CS	1.00	DYND80327	TE	853644536	16.61	16.61
				800200 /BASIN,EMESIS,GRAPHITE,500ML				
320	3.00	BX	3.00	USUCG905	TE	853644536	57.73	173.18
				405400 /SUTURE,CHROMIC GUT, 1 36" GS-25 105P				
330	3.00	BX	3.00	USUGL122	TE	853644536	45.80	137.39
				410200 /SUTURE,POLYSORB,3/0 30,VIOLET V-20 103Q				
340	10.00	BX	10.00	USUCL812	TE	853644536	45.03	450.26
				410400 /SUTURE,POLYSORB 0 30 VIOLET GS-21				
350	3.00	BX	1.00	USUCL813	TE	853644536	44.26	44.26
				410500 /SUTURE,POLYSORB 1 30 VIOLET GS-21 01Q				
360	2.00	BX	2.00	USUSL5627	TE	853644536	106.22	212.43
				410600 /POLYSORB 4/0 18" UNDYED P-12				
370	3.00	BX	1.00	USUSL5628G	TE	853644536	37.71	37.71
				410700 /SUTURE,POLYSORB 3/0 18" UNDYED P12				
380	2.00	BX	2.00	USUSN5669	TE	853644536	99.68	199.35
				411000 /SUTURE,MONOSOF,BLACK,3/0,18",P-12				
390	2.00	BX	2.00	USUCL811	TE	853644536	45.80	91.59
				401000 /SUTURE,POLYSORB 2-0 GS21 27 CL811				
410	4.00	BX	4.00	USUCG811	TE	853644536	50.80	203.20
				404200 /SUTURE,CHROMIC GUT,2/0 30 GS-21				
Subtotal								
		Freight:	**0.00**		**Tax:**	**0.00**		**9113.13**

GROSS	TAX AMOUNT	FREIGHT	TOTAL
9,357.72	0.00	0.00	$9,357.72

Eligible Gross Amount $9,357.72
Discount amount $187.15 if recd. by 06/15/13

*Code
TE - Tax Exempt
C - Customer Freight

MEDLINE

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INVOICE

Customer PO #	Invoice Date	Invoice #
NR176874	05/16/2013	1063894754

Sold To:
SOUND SHORE MEDICAL CTR/500
16 GUION PL
NEW ROCHELLE, NY 10801-5502

Ship To:
MOUNT VERNON MISCELLANEOUS
9 N 8TH AVE
MOUNT VERNON, NY 10550-1965

SALES REP #	SALES ORDER #	CARRIER	FREIGHT TERMS	CUSTOMER #	CURRENCY	AMOUNT DUE
210	680687118	MEDTRANS	MEDLINE	1084466	USD	$14.88

LINE NO	ORDER QTY	U/M	INVOICE QTY	ITEM NO / DESCRIPTION	CODE*	DELIVERY #	UNIT PRICE	AMOUNT
60	6.00	EA	1.00	ORT16000 ORT16000 /IMMOBILIZER,SHOULDER,CUT-AWAY,UNIV,EA	TE	853648509	14.88	14.88

HCPCS Code #: A4565

Subtotal

Freight: 0.00 **Tax:** 0.00 **14.88**

GROSS	TAX AMOUNT	FREIGHT	TOTAL
14.88	0.00	0.00	$14.88

Eligible Gross Amount $14.88
Discount amount $0.30 if recd. by 06/15/13

*Code
TE - Tax Exempt
C - Customer Freight

CUSTOMER SHALL PAY THE FREIGHT CHARGES INDICATED ON THIS INVDICE. ALL CLAIMS OF SHORT SHIPMENTS, MIS-SHIPMENTS AND OTHER ERRORS IN DELIVERY SHALL BE
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Billing Inquiries: 1-800-388-2147, A/R Svcs Rep: Lisa Serpico-Foreman x-4233

REMITTANCE

Bill To:
SOUND SHORE MEDICAL CTR/500
16 GUION PL
NEW ROCHELLE NY 10801-5502

Customer #	1084466
Invoice #	1063894754
Invoice Date	05/16/2013
Sales Rep #	210
Payment Terms	2% 30, 1% 60, Net 90
Amount Due	$14.88

Remit To:
Medline Industries, Inc.
Box 382075
Pittsburgh PA 15251-8075

AMOUNT PAID $_____

Detach and return this portion with your payment

MEDLINE

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INVOICE

Customer PO #	Invoice Date	Invoice #
NR176746	05/17/2013	1063930055

Sold To:
SOUND SHORE MEDICAL CTR/500
16 GUION PL
NEW ROCHELLE, NY 10801-5502

Ship To:
SOUND SHORE MISCELLANEOUS
16 GUION PL
NEW ROCHELLE, NY 10801-5502

SALES REP #	SALES ORDER #	CARRIER	FREIGHT TERMS	CUSTOMER #	CURRENCY	AMOUNT DUE
210	680652198	FEDEX GROUND	MEDLINE	1084466	USD	$20.01

LINE NO	ORDER QTY	U/M	INVOICE QTY	ITEM NO / DESCRIPTION	CODE*	DELIVERY #	UNIT PRICE	AMOUNT
30	40.00	EA	1.00	ABR17150 ABR17150 /PUMP,HAND HYGIENIKIT STRILE WITHOUT BPA	TE	853633506	20.01	20.01

Subtotal

Freight: 0.00 **Tax:** 0.00 **20.01**

GROSS	TAX AMOUNT	FREIGHT	TOTAL
20.01	0.00	0.00	$20.01

Eligible Gross Amount $20.01
Discount amount $0.40 if recd. by 06/16/13

*Code
TE - Tax Exempt
C - Customer Freight

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Billing Inquiries: 1-800-388-2147, A/R Svcs Rep: Lisa Serpico-Foreman x-4233

REMITTANCE

Bill To:
SOUND SHORE MEDICAL CTR/500
16 GUION PL
NEW ROCHELLE NY 10801-5502

Customer #	1084466
Invoice #	1063930055
Invoice Date	05/17/2013
Sales Rep #	210
Payment Terms	2% 30, 1% 60, Net 90
Amount Due	$20.01

Remit To:
Medline Industries, Inc.
Box 382075
Pittsburgh PA 15251-8075

AMOUNT PAID $_____

Detach and return this portion with your payment

MEDLINE www.medline.com

INVOICE

Customer PO #	Invoice Date	Invoice #
NR176947	05/17/2013	1063930056

Sold To:
SOUND SHORE MEDICAL CTR/500
16 GUION PL
NEW ROCHELLE, NY 10801-5502

Ship To:
SOUND SHORE MISCELLANEOUS
16 GUION PL
NEW ROCHELLE, NY 10801-5502

SALES REP #	SALES ORDER #	CARRIER	FREIGHT TERMS	CUSTOMER #	CURRENCY	AMOUNT DUE
210	680712657	FEDEX GROUND	CUSTOMER	1084466	USD	$74.18

LINE NO	ORDER QTY	U/M	INVOICE QTY	ITEM NO / DESCRIPTION	CODE*	DELIVERY #	UNIT PRICE	AMOUNT
10	5.00	CS	1.00	B-D305064 B-D305064 /SYRINGE,NEEDLE,BLUNT FILL,10ML,18GX1.5"	TE	853633508	61.62	61.62

Subtotal

Freight: 12.56 **Tax:** 0.00 **61.62**

GROSS	TAX AMOUNT	FREIGHT	TOTAL
61.62	0.00	12.56	$74.18

Eligible Gross Amount $61.62
Discount amount $1.23 if recd. by 06/16/13

*Code
TE - Tax Exempt
C - Customer Freight

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Billing Inquiries: 1-800-388-2147, A/R Svcs Rep: Lisa Serpico-Foreman x-4233

REMITTANCE

Bill To:
SOUND SHORE MEDICAL CTR/500
16 GUION PL
NEW ROCHELLE NY 10801-5502

Customer #	1084466
Invoice #	1063930056
Invoice Date	05/17/2013
Sales Rep #	210
Payment Terms	2% 30, 1% 60, Net 90
Amount Due	$74.18

Remit To:
Medline Industries, Inc.
Box 382075
Pittsburgh PA 15251-8075

AMOUNT PAID $_____

Detach and return this portion with your payment

MEDLINE

www.medline.com

INVOICE

Customer PO #	Invoice Date	Invoice #
NR176993	05/17/2013	1063930057

Sold To:
SOUND SHORE MEDICAL CTR/500
16 GUION PL
NEW ROCHELLE, NY 10801-5502

Ship To:
SOUND SHORE MISCELLANEOUS
16 GUION PL
NEW ROCHELLE, NY 10801-5502

SALES REP #	SALES ORDER #	CARRIER	FREIGHT TERMS	CUSTOMER #	CURRENCY	AMOUNT DUE
210	680734132	FEDEX GROUND	CUSTOMER	1084466	USD	$233.77

LINE NO	ORDER QTY	U/M	INVOICE QTY	ITEM NO / DESCRIPTION	CODE*	DELIVERY #	UNIT PRICE	AMOUNT
10	3.00	CS	3.00	MDS8084 609400 /GLOVE,EXAM,NITRILE,PF,LF,SM	TE	853644534	72.93	218.79

Subtotal

Freight: 14.98 **Tax:** 0.00 218.79

GROSS	TAX AMOUNT	FREIGHT	TOTAL
218.79	0.00	14.98	$233.77

Eligible Gross Amount $218.79
Discount amount $4.38 if recd. by 06/16/13

*Code
TE - Tax Exempt
C - Customer Freight

CUSTOMER SHALL PAY THE FREIGHT CHARGES INDICATED ON THIS INVOICE. ALL CLAIMS OF SHORT SHIPMENTS, MIS-SHIPMENTS AND OTHER ERRORS IN DELIVERY SHALL BE
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Billing Inquiries: 1-800-388-2147, A/R Svcs Rep: Lisa Serpico-Foreman x-4233

REMITTANCE

Bill To:
SOUND SHORE MEDICAL CTR/500
16 GUION PL
NEW ROCHELLE NY 10801-5502

Customer #	1084466
Invoice #	1063930057
Invoice Date	05/17/2013
Sales Rep #	210
Payment Terms	2% 30, 1% 60, Net 90
Amount Due	$233.77

Remit To:
Medline Industries, Inc.
Box 382075
Pittsburgh PA 15251-8075

AMOUNT PAID $_____

Detach and return this portion with your payment

MEDLINE

www.medline.com

INVOICE

Customer PO #	Invoice Date	Invoice #
NR176995	05/17/2013	1063930058

Sold To:
SOUND SHORE MEDICAL CTR/500
16 GUION PL
NEW ROCHELLE, NY 10801-5502

Ship To:
SOUND SHORE MISCELLANEOUS
16 GUION PL
NEW ROCHELLE, NY 10801-5502

SALES REP #	SALES ORDER #	CARRIER	FREIGHT TERMS	CUSTOMER #	CURRENCY	AMOUNT DUE
210	680734926	FEDEX GROUND	CUSTOMER	1084466	USD	$244.90

LINE NO	ORDER QTY	U/M	INVOICE QTY	ITEM NO / DESCRIPTION	CODE*	DELIVERY #	UNIT PRICE	AMOUNT
10	3.00	CS	3.00	NON21002 NON21002 /FIELD,STERILE,18"X26",FENESTRATION,2.75"	TE	853644535	76.98	230.94

Subtotal

Freight: 13.96 **Tax:** 0.00 230.94

GROSS	TAX AMOUNT	FREIGHT	TOTAL
230.94	0.00	13.96	$244.90

Eligible Gross Amount $230.94
Discount amount $4.62 if recd. by 06/16/13

*Code
TE - Tax Exempt
C - Customer Freight

CUSTOMER SHALL PAY THE FREIGHT CHARGES INDICATED ON THIS INVOICE. ALL CLAIMS OF SHORT SHIPMENTS, MIS-SHIPMENTS AND OTHER ERRORS IN DELIVERY SHALL BE
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Billing Inquiries: 1-800-388-2147, A/R Svcs Rep: Lisa Serpico-Foreman x-4233

REMITTANCE

Bill To:
SOUND SHORE MEDICAL CTR/500
16 GUION PL
NEW ROCHELLE NY 10801-5502

Customer #	1084466
Invoice #	1063930058
Invoice Date	05/17/2013
Sales Rep #	210
Payment Terms	2% 30, 1% 60, Net 90
Amount Due	$244.90

Remit To:
Medline Industries, Inc.
Box 382075
Pittsburgh PA 15251-8075

AMOUNT PAID $_____

Detach and return this portion with your payment

MEDLINE

www.medline.com

INVOICE

Customer PO #	Invoice Date	Invoice #
NR177001	05/17/2013	1063930059

Sold To:
SOUND SHORE MEDICAL CTR/500
16 GUION PL
NEW ROCHELLE, NY 10801-5502

Ship To:
SOUND SHORE OR
16 GUION PL
NEW ROCHELLE, NY 10801-5502

SALES REP #	SALES ORDER #	CARRIER	FREIGHT TERMS	CUSTOMER #	CURRENCY	AMOUNT DUE
210	680737239	FEDEX GROUND	CUSTOMER	1084466	USD	$252.39

LINE NO	ORDER QTY	U/M	INVOICE QTY	ITEM NO / DESCRIPTION	CODE*	DELIVERY #	UNIT PRICE	AMOUNT
10	3.00	CS	3.00	DYNJWE1361 DYNJWE1361 /KIT,RESERVOIR,100CC,10MM,FULL	TE	853649014	84.13	252.39

Subtotal

Freight: 0.00 **Tax:** 0.00 **252.39**

GROSS	TAX AMOUNT	FREIGHT	TOTAL
252.39	0.00	0.00	$252.39

Eligible Gross Amount $252.39
Discount amount $5.05 if recd. by 06/16/13

*Code
TE - Tax Exempt
C - Customer Freight

CUSTOMER SHALL PAY THE FREIGHT CHARGES INDICATED ON THIS INVOICE. ALL CLAIMS OF SHORT SHIPMENTS, MIS-SHIPMENTS AND OTHER ERRORS IN DELIVERY SHALL BE
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Billing Inquiries: 1-800-388-2147, A/R Svcs Rep: Lisa Serpico-Foreman x-4233

REMITTANCE

Bill To:
SOUND SHORE MEDICAL CTR/500
16 GUION PL
NEW ROCHELLE NY 10801-5502

Customer #	1084466
Invoice #	1063930059
Invoice Date	05/17/2013
Sales Rep #	210
Payment Terms	2% 30, 1% 60, Net 90
Amount Due	$252.39

Remit To:
Medline Industries, Inc.
Box 382075
Pittsburgh PA 15251-8075

AMOUNT PAID $_____

Detach and return this portion with your payment

MEDLINE

www.medline.com

INVOICE

Customer PO #	Invoice Date	Invoice #
NR176797	05/17/2013	1063930061

Sold To:
SOUND SHORE MEDICAL CTR/500
16 GUION PL
NEW ROCHELLE, NY 10801-5502

Ship To:
SOUND SHORE OR
16 GUION PL
NEW ROCHELLE, NY 10801-5502

SALES REP #	SALES ORDER #	CARRIER	FREIGHT TERMS	CUSTOMER #	CURRENCY	AMOUNT DUE
210	432153543	FEDEX GROUND	MEDLINE	1084466	USD	$456.84

LINE NO	ORDER QTY	U/M	INVOICE QTY	ITEM NO / DESCRIPTION	CODE*	DELIVERY #	UNIT PRICE	AMOUNT
160	6.00	EA	6.00	MDS5018319	TE	853665903	21.63	129.78
				MDS5018319 /FORCEP,TONSIL,SCHNIDT-SAWTELL,S-CVD,7.5"				
200	6.00	EA	6.00	MDS1867013	TE	853665903	54.51	327.06
				/RETRACTOR,WEITLANER,SHARP,3:4,5",13CM				
Subtotal								
		Freight:	0.00		Tax:	0.00		456.84

GROSS	TAX AMOUNT	FREIGHT	TOTAL
456.84	0.00	0.00	$456.84

Eligible Gross Amount $456.84
Discount amount $9.14 if recd. by 06/16/13

*Code
TE - Tax Exempt
C - Customer Freight

CUSTOMER SHALL PAY THE FREIGHT CHARGES INDICATED ON THIS INVOICE. ALL CLAIMS OF SHORT SHIPMENTS, MIS-SHIPMENTS AND OTHER ERRORS IN DELIVERY SHALL BE
COMMUNICATED TO MEDLINE IN WRITING WITHIN TWO BUSINESS DAYS OF THE INVOICE DATE, OR THEY ARE DEEMED WAIVED. ALL CLAIMS FOR PRICING AND BILLING ERRORS
SHALL BE COMMUNICATED TO MEDLINE IN WRITING WITHIN 180 DAYS OF INVOICE DATE, OR THEY ARE DEEMED WAIVED.

Billing Inquiries: 1-800-388-2147, A/R Svcs Rep: Lisa Serpico-Foreman x-4233

REMITTANCE

Bill To:
SOUND SHORE MEDICAL CTR/500
16 GUION PL
NEW ROCHELLE NY 10801-5502

Customer #	1084466
Invoice #	1063930061
Invoice Date	05/17/2013
Sales Rep #	210
Payment Terms	2% 30, 1% 60, Net 90
Amount Due	$456.84

Remit To:
Medline Industries, Inc.
Box 382075
Pittsburgh PA 15251-8075

AMOUNT PAID $_____

Detach and return this portion with your payment

MEDLINE

www.medline.com

INVOICE

Customer PO #	Invoice Date	Invoice #
NR176741	05/17/2013	1063930062

Sold To:
SOUND SHORE MEDICAL CTR/500
16 GUION PL
NEW ROCHELLE, NY 10801-5502

Ship To:
MOUNT VERNON OR
9 N 8TH AVE
MOUNT VERNON, NY 10550-1965

SALES REP #	SALES ORDER #	CARRIER	FREIGHT TERMS	CUSTOMER #	CURRENCY	AMOUNT DUE
210	680651655	MEDTRANS TRUCK # 3	MEDLINE	1084466	USD	$857.38

LINE NO.	ORDER QTY	U/M	INVOICE QTY	ITEM NO. / DESCRIPTION	CODE*	DELIVERY #	UNIT PRICE	AMOUNT
20	4.00	EA	4.00	BRD777626 BRD777626 /STENT,URETERAL,INLAY,6FR,26CM	TE	853667242	214.35	857.38

Subtotal

Freight: 0.00 **Tax:** 0.00 857.38

GROSS	TAX AMOUNT	FREIGHT	TOTAL
857.38	0.00	0.00	$857.38

Eligible Gross Amount $857.38
Discount amount $17.15 if recd. by 06/16/13

*Code
TE - Tax Exempt
C - Customer Freight

CUSTOMER SHALL PAY THE FREIGHT CHARGES INDICATED ON THIS INVOICE. ALL CLAIMS OF SHORT SHIPMENTS, MIS-SHIPMENTS AND OTHER ERRORS IN DELIVERY SHALL BE
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Billing Inquiries: 1-800-388-2147, A/R Svcs Rep: Lisa Serpico-Foreman x-4233

REMITTANCE

Bill To:
SOUND SHORE MEDICAL CTR/500
16 GUION PL
NEW ROCHELLE NY 10801-5502

Customer #	1084466
Invoice #	1063930062
Invoice Date	05/17/2013
Sales Rep #	210
Payment Terms	2% 30, 1% 60, Net 90
Amount Due	$857.38

Remit To:
Medline Industries, Inc.
Box 382075
Pittsburgh PA 15251-8075

AMOUNT PAID $_____

Detach and return this portion with your payment

MEDLINE

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INVOICE

Customer PO #	Invoice Date	Invoice #
NR176874	05/17/2013	1063930063

Sold To:
SOUND SHORE MEDICAL CTR/500
16 GUION PL
NEW ROCHELLE, NY 10801-5502

Ship To:
MOUNT VERNON MISCELLANEOUS
9 N 8TH AVE
MOUNT VERNON, NY 10550-1965

SALES REP #	SALES ORDER #	CARRIER	FREIGHT TERMS	CUSTOMER #	CURRENCY	AMOUNT DUE
210	680687118	MEDTRANS TRUCK # 3	MEDLINE	1084466	USD	$45.67

LINE NO	ORDER QTY	U/M	INVOICE QTY	ITEM NO / DESCRIPTION	CODE*	DELIVERY #	UNIT PRICE	AMOUNT
150	12.00	EA	12.00	SDJ7983520 SDJ7983520 /CERVICAL,COLLAR,2.5" UNIVERSAL CERVICAL	TE	853667250	3.81	45.67

HCPCS Code #: L0120

Subtotal

Freight: 0.00 **Tax:** 0.00 45.67

GROSS	TAX AMOUNT	FREIGHT	TOTAL
45.67	0.00	0.00	$45.67

Eligible Gross Amount $45.67
Discount amount $0.91 if recd. by 06/16/13

*Code
TE - Tax Exempt
C - Customer Freight

CUSTOMER SHALL PAY THE FREIGHT CHARGES INDICATED ON THIS INVOICE. ALL CLAIMS OF SHORT SHIPMENTS, MIS-SHIPMENTS AND OTHER ERRORS IN DELIVERY SHALL BE COMMUNICATED TO MEDLINE IN WRITING WITHIN TWO BUSINESS DAYS OF THE INVOICE DATE, OR THEY ARE DEEMED WAIVED. ALL CLAIMS FOR PRICING AND BILLING ERRORS SHALL BE COMMUNICATED TO MEDLINE IN WRITING WITHIN 180 DAYS OF INVOICE DATE, OR THEY ARE DEEMED WAIVED.

Billing Inquiries: 1-800-388-2147, A/R Svcs Rep: Lisa Serpico-Foreman x-4233

REMITTANCE

Bill To:
SOUND SHORE MEDICAL CTR/500
16 GUION PL
NEW ROCHELLE NY 10801-5502

Customer #	1084466
Invoice #	1063930063
Invoice Date	05/17/2013
Sales Rep #	210
Payment Terms	2% 30, 1% 60, Net 90
Amount Due	$45.67

Remit To:
Medline Industries, Inc.
Box 382075
Pittsburgh PA 15251-8075

AMOUNT PAID $_____

Detach and return this portion with your payment

MEDLINE

www.medline.com

INVOICE

Customer PO #	Invoice Date	Invoice #
NR176743	05/17/2013	1063930064

Sold To:
SOUND SHORE MEDICAL CTR/500
16 GUION PL
NEW ROCHELLE, NY 10801-5502

Ship To:
MOUNT VERNON OR
9 N 8TH AVE
MOUNT VERNON, NY 10550-1965

SALES REP #	SALES ORDER #	CARRIER	FREIGHT TERMS	CUSTOMER #	CURRENCY	AMOUNT DUE
210	680652011	MEDTRANS TRUCK # 3	MEDLINE	1084466	USD	$101.52

LINE NO	ORDER QTY	U/M	INVOICE QTY	ITEM NO / DESCRIPTION	CODE*	DELIVERY #	UNIT PRICE	AMOUNT
30	10.00	EA	9.00	ORT16020LXL ORT16020LXL /IMMOBILIZER,SHOULDER,SLING&SWATH,L/XL,EA	TE	853668092	11.28	101.52

HCPCS Code #: L3670

Subtotal

Freight: 0.00 **Tax:** 0.00 **101.52**

GROSS	TAX AMOUNT	FREIGHT	TOTAL
101.52	0.00	0.00	$101.52

Eligible Gross Amount $101.52
Discount amount $2.03 if recd. by 06/16/13

*Code
TE - Tax Exempt
C - Customer Freight

CUSTOMER SHALL PAY THE FREIGHT CHARGES INDICATED ON THIS INVOICE. ALL CLAIMS OF SHORT SHIPMENTS, MIS-SHIPMENTS AND OTHER ERRORS IN DELIVERY SHALL BE
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Billing Inquiries: 1-800-388-2147, A/R Svcs Rep: Lisa Serpico-Foreman x-4233

REMITTANCE

Bill To:
SOUND SHORE MEDICAL CTR/500
16 GUION PL
NEW ROCHELLE NY 10801-5502

Customer #	1084466
Invoice #	1063930064
Invoice Date	05/17/2013
Sales Rep #	210
Payment Terms	2% 30, 1% 60, Net 90
Amount Due	$101.52

Remit To:
Medline Industries, Inc.
Box 382075
Pittsburgh PA 15251-8075

AMOUNT PAID $_____

Detach and return this portion with your payment

MEDLINE

www.medline.com

INVOICE

Customer PO #	Invoice Date	Invoice #
NR177003	05/17/2013	1063930065

Sold To:
SOUND SHORE MEDICAL CTR/500
16 GUION PL
NEW ROCHELLE, NY 10801-5502

Ship To:
SOUND SHORE MISCELLANEOUS
16 GUION PL
NEW ROCHELLE, NY 10801-5502

SALES REP #	SALES ORDER #	CARRIER	FREIGHT TERMS	CUSTOMER #	CURRENCY	AMOUNT DUE
210	680737793	FEDEX GROUND	CUSTOMER	1084466	USD	$113.33

LINE NO	ORDER QTY	U/M	INVOICE QTY	ITEM NO / DESCRIPTION	CODE*	DELIVERY #	UNIT PRICE	AMOUNT
20	1.00	EA	1.00	SNRC716802 SNRC716802 /BAND,THERABAND, MED, RED 6X50YD	TE	853670752	104.52	104.52

Subtotal

Freight: 8.81 **Tax:** 0.00 104.52

GROSS	TAX AMOUNT	FREIGHT	TOTAL
104.52	0.00	8.81	$113.33

Eligible Gross Amount $104.52
Discount amount $2.09 if recd. by 06/16/13

*Code
TE - Tax Exempt
C - Customer Freight

CUSTOMER SHALL PAY THE FREIGHT CHARGES INDICATED ON THIS INVOICE. ALL CLAIMS OF SHORT SHIPMENTS, MIS-SHIPMENTS AND OTHER ERRORS IN DELIVERY SHALL BE
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Billing Inquiries: 1-800-388-2147, A/R Svcs Rep: Lisa Serpico-Foreman x-4233

REMITTANCE

Bill To:
SOUND SHORE MEDICAL CTR/500
16 GUION PL
NEW ROCHELLE NY 10801-5502

Customer #	1084466
Invoice #	1063930065
Invoice Date	05/17/2013
Sales Rep #	210
Payment Terms	2% 30, 1% 60, Net 90
Amount Due	$113.33

Remit To:
Medline Industries, Inc.
Box 382075
Pittsburgh PA 15251-8075

AMOUNT PAID $_____

Detach and return this portion with your payment

MEDLINE

www.medline.com

INVOICE

Customer PO #	Invoice Date	Invoice #
NR176894	05/17/2013	1063930066

Sold To:
SOUND SHORE MEDICAL CTR/500
16 GUION PL
NEW ROCHELLE, NY 10801-5502

Ship To:
SOUND SHORE OR
16 GUION PL
NEW ROCHELLE, NY 10801-5502

SALES REP #	SALES ORDER #	CARRIER	FREIGHT TERMS	CUSTOMER #	CURRENCY	AMOUNT DUE
210	680695972	FEDEX GROUND	CUSTOMER	1084466	USD	$277.47

LINE NO	ORDER QTY	U/M	INVOICE QTY	ITEM NO / DESCRIPTION	CODE*	DELIVERY #	UNIT PRICE	AMOUNT
20	4.00	CS	4.00	MCK2006S MCK2006S /DECANTER VIAL	TE	853670776	69.37	277.47

Subtotal

Freight: 0.00 **Tax:** 0.00 277.47

GROSS	TAX AMOUNT	FREIGHT	TOTAL
277.47	0.00	0.00	$277.47

Eligible Gross Amount $277.47
Discount amount $5.55 if recd. by 06/16/13

*Code
TE - Tax Exempt
C - Customer Freight

CUSTOMER SHALL PAY THE FREIGHT CHARGES INDICATED ON THIS INVOICE. ALL CLAIMS OF SHORT SHIPMENTS, MIS-SHIPMENTS AND OTHER ERRORS IN DELIVERY SHALL BE
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Billing Inquiries: 1-800-388-2147, A/R Svcs Rep: Lisa Serpico-Foreman x-4233

REMITTANCE

Bill To:
SOUND SHORE MEDICAL CTR/500
16 GUION PL
NEW ROCHELLE NY 10801-5502

Customer #	1084466
Invoice #	1063930066
Invoice Date	05/17/2013
Sales Rep #	210
Payment Terms	2% 30, 1% 60, Net 90
Amount Due	$277.47

Remit To:
Medline Industries, Inc.
Box 382075
Pittsburgh PA 15251-8075

AMOUNT PAID $_____

Detach and return this portion with your payment

MEDLINE

www.medline.com

INVOICE

Customer PO #	Invoice Date	Invoice #
NR176947	05/17/2013	1063930067

Sold To:
SOUND SHORE MEDICAL CTR/500
16 GUION PL.
NEW ROCHELLE, NY 10801-5502

Ship To:
SOUND SHORE MISCELLANEOUS
16 GUION PL
NEW ROCHELLE, NY 10801-5502

SALES REP #	SALES ORDER #	CARRIER	FREIGHT TERMS	CUSTOMER #	CURRENCY	AMOUNT DUE
210	680712657	FEDEX GROUND	CUSTOMER	1084466	USD	$61.62

LINE NO	ORDER QTY	U/M	INVOICE QTY	ITEM NO / DESCRIPTION	*CODE	DELIVERY #	UNIT PRICE	AMOUNT
10	5.00	CS	1.00	B-D305064 B-D305064 /SYRINGE,NEEDLE,BLUNT FILL,10ML,18GX1.5"	TE	853670777	61.62	61.62

Subtotal

Freight: 0.00 **Tax:** 0.00 61.62

GROSS	TAX AMOUNT	FREIGHT	TOTAL
61.62	0.00	0.00	$61.62

Eligible Gross Amount $61.62
Discount amount $1.23 if recd. by 06/16/13

*Code
TE - Tax Exempt
C - Customer Freight

CUSTOMER SHALL PAY THE FREIGHT CHARGES INDICATED ON THIS INVOICE. ALL CLAIMS OF SHORT SHIPMENTS, MIS-SHIPMENTS AND OTHER ERRORS IN DELIVERY SHALL BE
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Billing Inquiries: 1-800-388-2147, A/R Svcs Rep: Lisa Serpico-Foreman x-4233

REMITTANCE

Bill To:
SOUND SHORE MEDICAL CTR/500
16 GUION PL
NEW ROCHELLE NY 10801-5502

Customer #	1084466
Invoice #	1063930067
Invoice Date	05/17/2013
Sales Rep #	210
Payment Terms	2% 30, 1% 60, Net 90
Amount Due	$61.62

Remit To:
Medline Industries, Inc.
Box 382075
Pittsburgh PA 15251-8075

AMOUNT PAID $_____

Detach and return this portion with your payment

MEDLINE

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INVOICE

Customer PO #	Invoice Date	Invoice #
NR177011	05/17/2013	1063930068

Sold To:
SOUND SHORE MEDICAL CTR/500
16 GUION PL
NEW ROCHELLE, NY 10801-5502

Ship To:
MOUNT VERNON INVENTORY
9 N 8TH AVE
MOUNT VERNON, NY 10550-1965

SALES REP #	SALES ORDER #	CARRIER	FREIGHT TERMS	CUSTOMER #	CURRENCY	AMOUNT DUE
210	680742333	MEDTRANS TRUCK # 3	MEDLINE	1084466	USD	$10,740.73

LINE NO	ORDER QTY	U/M	INVOICE QTY	ITEM NO / DESCRIPTION	CODE	DELIVERY #	UNIT PRICE	AMOUNT
160	2.00	CS	2.00	B-D365974 100900 /TUBE,MICROTAINER,ADDITIVE,PINK	TE	853680107	94.93	189.85
		100900						
10	1.00	CS	1.00	DYNJP9010A 102100 /PACK,LITHOTOMY,PK II,AURORA	TE	853680107	61.63	61.63
		102100						
Subtotal 999								
		Freight:	**0.00**		**Tax:**	**0.00**		**251.48**
20	2.00	CS	2.00	DYNJP2309 102300 /COVER,TABLE,44X76,STERILE	TE	853680107	28.97	57.94
		102300						
Subtotal 200								
		Freight:	**0.00**		***Tax:***	**0.00**		**57.94**
30	1.00	CS	1.00	DYNJP2725 104200 /GOWN,REINF,POLY,AURORA,XLNG/XL,STRL	TE	853680107	101.43	101.43
40	5.00	CS	5.00	DYNJ24994C 104400 /BASIC PACK-LF	TE	853680107	348.72	1,743.60

CUSTOMER SHALL PAY THE FREIGHT CHARGES INDICATED ON THIS INVOICE. ALL CLAIMS OF SHORT SHIPMENTS, MIS-SHIPMENTS AND OTHER ERRORS IN DELIVERY SHALL BE
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Billing Inquiries: 1-800-388-2147, A/R Svcs Rep: Lisa Serpico-Foreman x-4233

REMITTANCE

Bill To:
SOUND SHORE MEDICAL CTR/500
16 GUION PL
NEW ROCHELLE NY 10801-5502

Customer #	1084466
Invoice #	1063930068
Invoice Date	05/17/2013
Sales Rep #	210
Payment Terms	2% 30, 1% 60, Net 90
Amount Due	$10,740.73

Remit To:
Medline Industries, Inc.
Box 382075
Pittsburgh PA 15251-8075

AMOUNT PAID $_____

Detach and return this portion with your payment

MEDLINE

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INVOICE

Customer PO #	Invoice Date	Invoice #
NR177011	05/17/2013	1063930068

Ship To:
MOUNT VERNON INVENTORY
9 N 8TH AVE
MOUNT VERNON, NY 10550-1965

LINE NO	ORDER QTY	U/M	INVOICE QTY	ITEM NO / DESCRIPTION	CODE*	DELIVERY #	UNIT PRICE	AMOUNT
50	1.00	CS	1.00	DYNJP3011 104500 /DRAPE,LAPAROTOMY,PFANN,STERILE	TE	853680107	73.37	73.37
60	2.00	CS	2.00	DYNJP2707 107500 /GOWN,REINFORCED,POLY,AURORA,LARGE,STRL	TE	853680107	84.86	169.72
70	4.00	CS	4.00	CDS981068D CDS981068D /EXTREMITY PROCEDURE	TE	853680107	74.24	296.96
80	8.00	CS	8.00	CDS981069C 107800 /LAP CHOLE PROCEDURE	TE	853680107	285.11	2,280.88
90	4.00	CS	4.00	CDS981070C 107900 /TOTAL JOINT PROCEDURE	TE	853680107	635.20	2,540.80
100	2.00	CS	2.00	MDSV80535 805100 /CRUTCH,ALUMINUM,ADULT,MED,LF,300 LB	TE	853680107	103.72	207.44
HCPCS Code #: E0114								
120	2.00	CS	2.00	MDSV80535 805100 /CRUTCH,ALUMINUM,ADULT,MED,LF,300 LB	TE	853680107	103.72	207.44
HCPCS Code #: E0114								
130	3.00	CS	3.00	DYNJAA4836A 130100 /CIRCUIT,ANESTHESIA,ADULT	TE	853680107	100.00	300.00
140	4.00	CS	4.00	DYNJ21512A 121000 /ARTHRO PACK-SOUND SHORE	TE	853680107	253.09	1,012.36
170	4.00	CS	4.00	DYNJP6110A 103200 /PACK,C-BIRTH,PK II,AURORA	TE	853680107	132.49	529.96
180	6.00	CS	6.00	DYNJP6020A 104100 /PACK,OB III,AURORA	TE	853680107	95.16	570.96
190	2.00	CS	2.00	MDS251518RNG 104600 /SPONGE,LAP,18"X18",RING,XR,ST,5/PK,40PK	TE	853680107	64.99	129.98
200	5.00	CS	5.00	NON27202XL 120400 /SHIRT,SCRUB,VNECK,BLUE,XLG,DISPOSABLE	TE	853680107	23.89	119.45
210	4.00	CS	4.00	NON27203XL 120500 /PANT,SCRUB,DRWSTRING,BLUE,XL,DISPOSABLE	TE	853680107	36.74	146.96
Subtotal								
		Freight:	**0.00**		**Tax:**	**0.00**		**10431.31**

GROSS	TAX AMOUNT	FREIGHT	TOTAL
10,740.73	0.00	0.00	$10,740.73

Eligible Gross Amount $10,740.73
Discount amount $214.81 if recd. by 06/16/13

*Code
TE - Tax Exempt
C - Customer Freight

MEDLINE

www.medline.com

INVOICE

Customer PO #	Invoice Date	Invoice #
NR177020	05/17/2013	1063930071

Sold To:
SOUND SHORE MEDICAL CTR/500
16 GUION PL
NEW ROCHELLE, NY 10801-5502

Ship To:
MOUNT VERNON INVENTORY
9 N 8TH AVE
MOUNT VERNON, NY 10550-1965

SALES REP #	SALES ORDER #	CARRIER	FREIGHT TERMS	CUSTOMER #	CURRENCY	AMOUNT DUE
210	680743667	MEDTRANS TRUCK # 3	MEDLINE	1084466	USD	$9,792.39

LINE NO	ORDER QTY	U/M	INVOICE QTY	ITEM NO / DESCRIPTION	CODE*	DELIVERY #	UNIT PRICE	AMOUNT
180	3.00	CS	3.00	B-D367861	TE	853680115	65.00	194.99
				101600 /TUBE,WHOLE BLOOD,LVNDR,ADD,13X75MM,4ML				
		101600						
270	2.00	BX	2.00	MLK86450	TE	853680115	15.82	31.64
				0142900 /TUBE,ENDOTRACH,INTERMED,HI-LO,7.0 MM				
		0142900						
Subtotal 999								
		Freight:	**0.00**		**Tax:**	**0.00**		**226.63**
430	6.00	BX	6.00	OMMAT0704Z	TE	853680115	28.00	168.00
				521400 /LANCET,21G,SAFETY,UNISTIK 2,200/BX				
		521400						
HCPCS Code #: A4259								
Subtotal 500								
		Freight:	**0.00**		**Tax:**	**0.00**		**168.00**
30	1.00	CS	1.00	CRI1004	TE	853680115	16.20	16.20
				CRI1004 /CAP,BOUFFANT,SPUNBOND,BLUE,24"				
		601300						

CUSTOMER SHALL PAY THE FREIGHT CHARGES INDICATED ON THIS INVOICE. ALL CLAIMS OF SHORT SHIPMENTS, MIS-SHIPMENTS AND OTHER ERRORS IN DELIVERY SHALL BE
COMMUNICATED TO MEDLINE IN WRITING WITHIN TWO BUSINESS DAYS OF THE INVOICE DATE, OR THEY ARE DEEMED WAIVED. ALL CLAIMS FOR PRICING AND BILLING ERRORS
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Billing Inquiries: 1-800-388-2147, A/R Svcs Rep: Lisa Serpico-Foreman x-4233

REMITTANCE

Bill To:
SOUND SHORE MEDICAL CTR/500
16 GUION PL
NEW ROCHELLE NY 10801-5502

Customer #	1084466
Invoice #	1063930071
Invoice Date	05/17/2013
Sales Rep #	210
Payment Terms	2% 30, 1% 60, Net 90
Amount Due	$9,792.39

Remit To:
Medline Industries, Inc.
Box 382075
Pittsburgh PA 15251-8075

AMOUNT PAID $_____

Detach and return this portion with your payment

MEDLINE

www.medline.com

INVOICE

Customer PO #	Invoice Date	Invoice #
NR177020	05/17/2013	1063930071

Ship To:
MOUNT VERNON INVENTORY
9 N 8TH AVE
MOUNT VERNON, NY 10550-1965

LINE NO	ORDER QTY	U/M	INVOICE QTY	ITEM NO / DESCRIPTION	CODE	DELIVERY #	UNIT PRICE	AMOUNT
Subtotal 300								
		Freight:	**0.00**		**Tax:**	**0.00**		**16.20**
260	5.00	CS	5.00	DYND50130	TE	853680115	25.00	125.00
				503700 /YANKAUER,BULB TIP,STERILE				
		503700						
HCPCS Code #: A4628								
Subtotal 200								
		Fraight:	**0.00**		**Tax:**	**0.00**		**125.00**
130	6.00	CS	6.00	NON260509	TE	853680115	39.89	239.34
				600500 /WASHCLOTH,DISPOSABLE,12.5X13"				
		600500						
120	6.00	CS	6.00	MSC281230	TE	853680115	27.94	167.64
				600900 /UNDERPAD,FLUFF,STD,PROTPLUS,17X24"				
		600900						
Subtotal 100								
		Fraight:	**0.00**		**Tax:**	**0.00**		**406.98**
10	6.00	CS	6.00	NON23324	TE	853680115	16.97	101.82
				606600 /PAPER,EXAM TABLE,STND,CREPE,18X125',12CS				
20	2.00	CS	2.00	NON24357W	TE	853680115	17.00	34.00
				805300 /PAPER,PRO TOWEL,TISSUE,3PLY,WHITE,13X18"				
40	6.00	CS	6.00	MDF260815	TE	853680115	169.57	1,017.39
				303200 /APPLICATOR,CHLORAPREP,ORANGE,26 ML				
50	3.00	CS	3.00	NON243275	TE	853680115	38.63	115.89
				603100 /PAPER,TISSUE,FACE,STND,5.7X7,40SHT/200BX				
60	3.00	CS	3.00	MSG1070	TE	853680115	157.71	473.13
				604500 /GLOVE,SURG,SENSICARE,ALOE,LF,PF,7				
70	4.00	CS	4.00	MSG1080	TE	853680115	157.71	630.84
				604700 /GLOVE,SURG,SENSICARE,ALOE,LF,PF,8				
80	6.00	CS	6.00	NON03007	TE	853680115	51.75	310.50
				205000 /CUP,PLASTIC,7 OZ,TRANSLUCENT				
90	4.00	CS	4.00	DTM8J8	TE	853680115	27.77	111.08
				205100 /CUP,STYROFOAM,8 OZ				
100	3.00	CS	3.00	PTX8503	TE	853680115	94.55	283.66
				130200 /RESUSCITATOR,BAG,ADULT,MASK,FLEX TUBING				
110	2.00	CS	2.00	NON25853	TE	853680115	68.68	137.36
				306900 /GAUZE,SPONGE,FLUFF,6"X6.75",STRL,5/TRAY				
HCPCS Code #: A6403								
140	2.00	CS	2.00	NON21444	TE	853680115	26.52	53.04
				309600 /GAUZE,SPONGE,AVANT,4"X4",4PLY,STRL,LF				
HCPCS Code #: A6402								
150	2.00	CS	2.00	DYNJNC20F	TE	853680115	58.47	116.94
				106200 /COUNTER,NEEDLE,FOAM/MAGNET,20COUNT				
160	5.00	CS	5.00	HUD1104	TE	853680115	17.19	85.95
				106700 /CANNULA,FLARED,7' TUBING				

MEDLINE

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INVOICE

Customer PO #	Invoice Date	Invoice #
NR177020	05/17/2013	1063930071

Ship To:
MOUNT VERNON INVENTORY
9 N 8TH AVE
MOUNT VERNON, NY 10550-1965

LINE NO.	ORDER QTY.	U/M	INVOICE QTY.	ITEM NO. / DESCRIPTION	CODE*	DELIVERY #	UNIT PRICE	AMOUNT
170	1.00	CS	1.00	HUD1059 107400 /MASK,OXYGEN,NON-REBREATHER,ADULT	TE	853680115	50.51	50.51
190	1.00	CS	1.00	B-D363083 409100 /TUBE,CITRATE,LT BLU,ADDITV,13X75MM,2.7ML	TE	853680115	87.66	87.66
200	1.00	CS	1.00	B-D367899 100600 /TUBE,WHOLE BLOOD,PINK,ADD,13X100MM,6ML	TE	853680115	67.67	67.67
210	2.00	CS	2.00	TRIDT10290S10 105700 /CENTRAL LINE PREPARATION PK,STRL,10/CS	TE	853680115	354.40	708.79
220	4.00	CS	4.00	NON026320 206900 /BAG,PATIENT BELONGING,RGD HDL,WHT,PRNT	TE	853680115	43.90	175.60
230	4.00	CS	4.00	MDS093944 701300 /SOLUTION,PREP,POVIDONE IODINE,4 OZ BTL	TE	853680115	35.75	143.00
240	3.00	CS	3.00	MSC095020 419000 /SHAMPOO,BABY/ADULT,4 OZ	TE	853680115	34.53	103.59
250	4.00	CS	4.00	KDL6146LL 310000 /TRAY,FOLEY CATHETER,16FR,5CC,ANTI-REFLUX	TE	853680115	68.26	273.02
290	4.00	CS	4.00	SWD850815 406100 /NEEDLE,SAFETY,18G X 1-1/2",MAGELLAN	TE	853680115	85.03	340.11
HCPCS Code #: A4215								
300	2.00	CS	2.00	SWD850558 406600 /NEEDLE,SAFETY,25G X 5/8",MAGELLAN	TE	853680115	86.93	173.86
HCPCS Code #: A4215								
310	6.00	BX	6.00	SWD520657Z 407300 /SYRINGE, LUER LOCK, 20mL	TE	853680115	9.65	57.89
HCPCS Code #: A4213								
320	2.00	CS	2.00	SWD535762 407400 /SYRINGE,MONOJECT,35mL,LUER-LOCK TIP	TE	853680115	40.83	81.65
HCPCS Code #: A4213								
330	6.00	CS	6.00	B-D367342 409600 /SET,BLOOD COLL,VACUTAINER,23G X .75"	TE	853680115	267.25	1,603.50
340	3.00	CS	3.00	SWD600777 408800 /SYRINGE, LL, 6mL	TE	853680115	24.59	73.76
HCPCS Code #: A4210								
350	8.00	BX	8.00	USU054887 405600 /STAPLER,SKIN,ROYAL.35 WIDE,DISPOSABLE	TE	853680115	36.62	292.99
360	1.00	CS	1.00	MDS057002 301400 /BANDAGE,ELASTIC,SURE-WRAP,2"X5YD,WHITE	TE	853680115	15.00	15.00
HCPCS Code #: A4649								
370	2.00	CS	2.00	MDS057004 301600 /BANDAGE,ELASTIC,SURE-WRAP,4"X5YD,WHITE	TE	853680115	26.00	52.00
HCPCS Code #: A6451								
380	6.00	EA	6.00	MDS169026 303600 /BINDER,ABDOMINAL,UNISIZE,30-45", 12"H	TE	853680115	11.22	67.32

MEDLINE www.medline.com

INVOICE

Customer PO #	Invoice Date	Invoice #
NR177020	05/17/2013	1063930071

Ship To:
MOUNT VERNON INVENTORY
9 N 8TH AVE
MOUNT VERNON, NY 10550-1965

LINE NO	ORDER QTY	U/M	INVOICE QTY	ITEM NO. / DESCRIPTION	CODE*	DELIVERY #	UNIT PRICE	AMOUNT
390	8.00	EA	8.00	ORT21310LXL 303700 /BINDER,ABDOMINAL12",4-PANEL,PREM,LG/XL	TE	853680115	14.00	112.00
HCPCS Code #: L0625								
400	1.00	CS	1.00	SWD264960 304900 /TUBE,SALEM SUMP,ARGYLE,16FR,48"	TE	853680115	58.40	58.40
410	2.00	CS	2.00	SWD264986 305000 /TUBE,SALEM SUMP,ARGYLE,18FR,48"	TE	853680115	58.40	116.80
420	1.00	CS	1.00	BRN1313 305700 /RAZOR,TWIN BLADE,BLUE	TE	853680115	53.78	53.78
440	3.00	GR	3.00	MDS136000 602500 /TOOTHBRUSH,INDIVDUALLY WRAPPED,30 TUFT	TE	853680115	8.83	26.49
450	2.00	GR	2.00	MDS137007 602600 /COMB,BLACK,7"	TE	853680115	6.67	13.34
460	2.00	CS	2.00	MMM132224MM 606700 /TAPE,INDICATOR,STEAM,LEAD FREE,1322,24MM	TE	853680115	76.97	153.94
470	1.00	CS	1.00	MDS092005 701400 /GEL,ULTRASOUND,8.5 OZ,SQUEEZE BOTTLE	TE	853680115	17.98	17.98
480	2.00	CS	2.00	BDF0231 702800 /BANDAGE,ADHES STRIP,WOVEN,COVERLET,1 X 3	TE	853680115	33.19	66.38
490	6.00	BX	6.00	MDS136405Z 706900 /CLEANSER,DENTURE,TABLETS	TE	853680115	4.50	27.00
500	2.00	RL	2.00	MDT221200 705800 /STOCKINETTE,UNBLEACHED,2"X 25YDS	TE	853680115	4.43	8.86
HCPCS Code #: A6457								
510	3.00	CS	3.00	DYND20302 801300 /TRAY,IRRIGATION,PISTON SYRINGE,60ML,STRL	TE	853680115	22.26	66.78
HCPCS Code #: A4320								
520	5.00	CS	5.00	LTP31013926 701600 /ELECTRODE,ECG,SNAP,TEARDROP,FOAM	TE	853680115	57.66	288.31
Subtotal								
		Freight:	0.00	**Tax:**		0.00		8849.58

GROSS	TAX AMOUNT	FREIGHT	TOTAL
9,792.39	0.00	0.00	$9,792.39

Eligible Gross Amount $9,792.39
Discount amount $195.85 if recd. by 06/16/13

*Code
TE - Tax Exempt
C - Customer Freight

MEDLINE

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INVOICE

Customer PO #	Invoice Date	Invoice #
NR177011	05/17/2013	1063930073

Sold To:
SOUND SHORE MEDICAL CTR/500
16 GUION PL
NEW ROCHELLE, NY 10801-5502

Ship To:
MOUNT VERNON INVENTORY
9 N 8TH AVE
MOUNT VERNON, NY 10550-1965

SALES REP #	SALES ORDER #	CARRIER	FREIGHT TERMS	CUSTOMER #	CURRENCY	AMOUNT DUE
210	680742333	FEDEX GROUND	MEDLINE	1084466	USD	$79.41

LINE NO	ORDER QTY	U/M	INVOICE QTY	ITEM NO / DESCRIPTION	CODE*	DELIVERY #	UNIT PRICE	AMOUNT
110	1.00	CS	1.00	DYNJP3060 DYNJP3060 /PACK,LAPAROTOMY,3 GOWNS	TE,C	853680156	66.04	66.04

Subtotal 66.04

Freight: 13.37 **Tax:** 0.00

GROSS	TAX AMOUNT	FREIGHT	TOTAL
66.04	0.00	13.37	$79.41

Eligible Gross Amount $66.04
Discount amount $1.32 if recd. by 06/16/13

*Code
TE - Tax Exempt
C - Customer Freight

CUSTOMER SHALL PAY THE FREIGHT CHARGES INDICATED ON THIS INVOICE. ALL CLAIMS OF SHORT SHIPMENTS, MIS-SHIPMENTS AND OTHER ERRORS IN DELIVERY SHALL BE COMMUNICATED TO MEDLINE IN WRITING WITHIN TWO BUSINESS DAYS OF THE INVOICE DATE, OR THEY ARE DEEMED WAIVED. ALL CLAIMS FOR PRICING AND BILLING ERRORS SHALL BE COMMUNICATED TO MEDLINE IN WRITING WITHIN 180 DAYS OF INVOICE DATE, OR THEY ARE DEEMED WAIVED.

Billing Inquiries: 1-800-388-2147, A/R Svcs Rep: Lisa Serpico-Foreman x-4233

REMITTANCE

Bill To:
SOUND SHORE MEDICAL CTR/500
16 GUION PL
NEW ROCHELLE NY 10801-5502

Customer #	1084466
Invoice #	1063930073
Invoice Date	05/17/2013
Sales Rep #	210
Payment Terms	2% 30, 1% 60, Net 90
Amount Due	$79.41

Remit To:
Medline Industries, Inc.
Box 382075
Pittsburgh PA 15251-8075

AMOUNT PAID $_____

Detach and return this portion with your payment

MEDLINE

www.medline.com

INVOICE

Customer PO #	Invoice Date	Invoice #
HA06562	05/17/2013	1063931755

Sold To:
SOUND SHORE MEDICAL CTR/500
16 GUION PL
NEW ROCHELLE, NY 10801-5502

Ship To:
SOUND SHORE MISCELLANEOUS
16 GUION PL
NEW ROCHELLE, NY 10801-5502

SALES REP #	SALES ORDER #	CARRIER	FREIGHT TERMS	CUSTOMER #	CURRENCY	AMOUNT DUE
210	680694674	WAREHOUSE MOVES-MEDLINE	CUSTOMER	1084466	USD	$50.89

LINE NO	ORDER QTY	U/M	INVOICE QTY	ITEM NO / DESCRIPTION	CODE*	DELIVERY #	UNIT PRICE	AMOUNT
60	2.00	EA	1.00	SNRC70921201 /SPLINT, HAND, POSITION, RIGHT, REGLR,LRG	TE		40.94	40.94

HCPCS Code #: L3999

Subtotal

Freight: 9.95 **Tax:** 0.00 40.94

GROSS	TAX AMOUNT	FREIGHT	TOTAL
40.94	0.00	9.95	$50.89

Eligible Gross Amount $40.94
Discount amount $0.82 if recd. by 06/16/13

*Code
TE - Tax Exempt
C - Customer Freight

CUSTOMER SHALL PAY THE FREIGHT CHARGES INDICATED ON THIS INVOICE. ALL CLAIMS OF SHORT SHIPMENTS, MIS-SHIPMENTS AND OTHER ERRORS IN DELIVERY SHALL BE
COMMUNICATED TO MEDLINE IN WRITING WITHIN TWO BUSINESS DAYS OF THE INVOICE DATE, OR THEY ARE DEEMED WAIVED. ALL CLAIMS FOR PRICING AND BILLING ERRORS
SHALL BE COMMUNICATED TO MEDLINE IN WRITING WITHIN 180 DAYS OF INVOICE DATE, OR THEY ARE DEEMED WAIVED.

Billing Inquiries: 1-800-388-2147, A/R Svcs Rep: Lisa Serpico-Foreman x-4233

REMITTANCE

Bill To:
SOUND SHORE MEDICAL CTR/500
16 GUION PL
NEW ROCHELLE NY 10801-5502

Customer #	1084466
Invoice #	1063931755
Invoice Date	05/17/2013
Sales Rep #	210
Payment Terms	2% 30, 1% 60, Net 90
Amount Due	$50.89

Remit To:
Medline Industries, Inc.
Box 382075
Pittsburgh PA 15251-8075

AMOUNT PAID $_____

Detach and return this portion with your payment

MEDLINE www.medline.com

INVOICE

Customer PO #	Invoice Date	Invoice #
NR176988	05/18/2013	1063964250

Sold To:
SOUND SHORE MEDICAL CTR/500
16 GUION PL
NEW ROCHELLE, NY 10801-5502

Ship To:
SOUND SHORE MISCELLANEOUS
16 GUION PL
NEW ROCHELLE, NY 10801-5502

SALES REP #	SALES ORDER #	CARRIER	FREIGHT TERMS	CUSTOMER #	CURRENCY	AMOUNT DUE
210	432287590	FEDEX GROUND	CUSTOMER	1084466	USD	$371.54

LINE NO	ORDER QTY	U/M	INVOICE QTY	ITEM NO / DESCRIPTION	CODE*	DELIVERY #	UNIT PRICE	AMOUNT
10	12.00	EA	12.00	MDS0816017 MDS0816017 /SCISSOR,DISSECTING,MAYO,STRAIGHT,6 3/4"	TE	853616382	11.90	142.80
20	12.00	EA	12.00	MDS1617025 MDS1617025 /FORCEP,SPONGE,FORESTER-BALLENGER,ST,10"	TE	853616382	18.28	219.36

Subtotal

Freight: 9.38 **Tax:** 0.00 362.16

GROSS	TAX AMOUNT	FREIGHT	TOTAL
362.16	0.00	9.38	$371.54

Eligible Gross Amount $362.16
Discount amount $7.24 if recd. by 06/17/13

*Code
TE - Tax Exempt
C - Customer Freight

CUSTOMER SHALL PAY THE FREIGHT CHARGES INDICATED ON THIS INVOICE. ALL CLAIMS OF SHORT SHIPMENTS, MIS-SHIPMENTS AND OTHER ERRORS IN DELIVERY SHALL BE
COMMUNICATED TO MEDLINE IN WRITING WITHIN TWO BUSINESS DAYS OF THE INVOICE DATE, OR THEY ARE DEEMED WAIVED. ALL CLAIMS FOR PRICING AND BILLING ERRORS
SHALL BE COMMUNICATED TO MEDLINE IN WRITING WITHIN 180 DAYS OF INVOICE DATE, OR THEY ARE DEEMED WAIVED.

Billing Inquiries: 1-800-388-2147, A/R Svcs Rep: Lisa Serpico-Foreman x-4233

REMITTANCE

Bill To:
SOUND SHORE MEDICAL CTR/500
16 GUION PL
NEW ROCHELLE NY 10801-5502

Customer #	1084466
Invoice #	1063964250
Invoice Date	05/18/2013
Sales Rep #	210
Payment Terms	2% 30, 1% 60, Net 90
Amount Due	$371.54

Remit To:
Medline Industries, Inc.
Box 382075
Pittsburgh PA 15251-8075

AMOUNT PAID $_____

Detach and return this portion with your payment

MEDLINE

www.medline.com

INVOICE

Customer PO #	Invoice Date	Invoice #
NR176744	05/18/2013	1063964251

Sold To:
SOUND SHORE MEDICAL CTR/500
16 GUION PL
NEW ROCHELLE, NY 10801-5502

Ship To:
MOUNT VERNON INVENTORY
9 N 8TH AVE
MOUNT VERNON, NY 10550-1965

SALES REP #	SALES ORDER #	CARRIER	FREIGHT TERMS	CUSTOMER #	CURRENCY	AMOUNT DUE
210	680652085	MEDTRANS	MEDLINE	1084466	USD	$83.83

LINE NO	ORDER QTY	U/M	INVOICE QTY	ITEM NO / DESCRIPTION	CODE*	DELIVERY #	UNIT PRICE	AMOUNT
400	4.00	BX	3.00	PTX505070 311100 /TUBE,TRACH,CUFFED,DIC,7.0MM	TE	853693069	27.94	83.83

Subtotal

Freight: 0.00 **Tax:** 0.00 83.83

GROSS	TAX AMOUNT	FREIGHT	TOTAL
83.83	0.00	0.00	$83.83

Eligible Gross Amount $83.83
Discount amount $1.68 if recd. by 06/17/13

*Code
TE - Tax Exempt
C - Customer Freight

CUSTOMER SHALL PAY THE FREIGHT CHARGES INDICATED ON THIS INVOICE. ALL CLAIMS OF SHORT SHIPMENTS, MIS-SHIPMENTS AND OTHER ERRORS IN DELIVERY SHALL BE
COMMUNICATED TO MEDLINE IN WRITING WITHIN TWO BUSINESS DAYS OF THE INVOICE DATE, OR THEY ARE DEEMED WAIVED. ALL CLAIMS FOR PRICING AND BILLING ERRORS
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Billing Inquiries: 1-800-388-2147, A/R Svcs Rep: Lisa Serpico-Foreman x-4233

REMITTANCE

Bill To:
SOUND SHORE MEDICAL CTR/500
16 GUION PL
NEW ROCHELLE NY 10801-5502

Customer #	1084466
Invoice #	1063964251
Invoice Date	05/18/2013
Sales Rep #	210
Payment Terms	2% 30, 1% 60, Net 90
Amount Due	$83.83

Remit To:
Medline Industries, Inc.
Box 382075
Pittsburgh PA 15251-8075

AMOUNT PAID $_____

Detach and return this portion with your payment

MEDLINE

www.medline.com

INVOICE

Customer PO #	Invoice Date	Invoice #
NR176906	05/18/2013	1063964252

Sold To:
SOUND SHORE MEDICAL CTR/500
16 GUION PL
NEW ROCHELLE, NY 10801-5502

Ship To:
MOUNT VERNON INVENTORY
9 N 8TH AVE
MOUNT VERNON, NY 10550-1965

SALES REP #	SALES ORDER #	CARRIER	FREIGHT TERMS	CUSTOMER #	CURRENCY	AMOUNT DUE
210	680702385	MEDTRANS	MEDLINE	1084466	USD	$70.13

LINE NO	ORDER QTY	U/M	INVOICE QTY	ITEM NO. / DESCRIPTION	CODE*	DELIVERY #	UNIT PRICE	AMOUNT
100	1.00	CS	1.00	KDL7000LL 305500 /METER,URINE,PRECISION,400 ML,LUER LOCK	TE	853704683	70.13	70.13

Subtotal

Freight:	0.00	Tax:	0.00	70.13

GROSS	TAX AMOUNT	FREIGHT	TOTAL
70.13	0.00	0.00	$70.13

Eligible Gross Amount $70.13
Discount amount $1.40 if recd. by 06/17/13

*Code
TE - Tax Exempt
C - Customer Freight

CUSTOMER SHALL PAY THE FREIGHT CHARGES INDICATED ON THIS INVOICE. ALL CLAIMS OF SHORT SHIPMENTS, MIS-SHIPMENTS AND OTHER ERRORS IN DELIVERY SHALL BE
COMMUNICATED TO MEDLINE IN WRITING WITHIN TWO BUSINESS DAYS OF THE INVOICE DATE, OR THEY ARE DEEMED WAIVED. ALL CLAIMS FOR PRICING AND BILLING ERRORS
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Billing Inquiries: 1-800-388-2147, A/R Svcs Rep: Lisa Serpico-Foreman x-4233

REMITTANCE

Bill To:
SOUND SHORE MEDICAL CTR/500
16 GUION PL
NEW ROCHELLE NY 10801-5502

Customer #	1084466
Invoice #	1063964252
Invoice Date	05/18/2013
Sales Rep #	210
Payment Terms	2% 30, 1% 60, Net 90
Amount Due	$70.13

Remit To:
Medline Industries, Inc.
Box 382075
Pittsburgh PA 15251-8075

AMOUNT PAID $_____

Detach and return this portion with your payment

MEDLINE

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INVOICE

Customer PO #	Invoice Date	Invoice #
NR176951	05/18/2013	1063964253

Sold To:
SOUND SHORE MEDICAL CTR/500
16 GUION PL
NEW ROCHELLE, NY 10801-5502

Ship To:
SOUND SHORE MISCELLANEOUS
16 GUION PL
NEW ROCHELLE, NY 10801-5502

SALES REP #	SALES ORDER #	CARRIER	FREIGHT TERMS	CUSTOMER #	CURRENCY	AMOUNT DUE
210	680713431	MEDTRANS	MEDLINE	1084466	USD	$218.60

LINE NO	ORDER QTY	U/M	INVOICE QTY	ITEM NO / DESCRIPTION	CODE*	DELIVERY #	UNIT PRICE	AMOUNT
60	1.00	BX	1.00	KOLVAC6000MT KOLVAC6000MT /KIWI,W/TRACTION,FORCE INDICTOR	TE	853704689	218.60	218.60

Subtotal

Freight: 0.00 **Tax:** 0.00 218.60

GROSS	TAX AMOUNT	FREIGHT	TOTAL
218.60	0.00	0.00	$218.60

Eligible Gross Amount $218.60
Discount amount $4.37 if recd. by 06/17/13

*Code
TE - Tax Exempt
C - Customer Freight

CUSTOMER SHALL PAY THE FREIGHT CHARGES INDICATED ON THIS INVOICE. ALL CLAIMS OF SHORT SHIPMENTS, MIS-SHIPMENTS AND OTHER ERRORS IN DELIVERY SHALL BE
COMMUNICATED TO MEDLINE IN WRITING WITHIN TWO BUSINESS DAYS OF THE INVOICE DATE, OR THEY ARE DEEMED WAIVED. ALL CLAIMS FOR PRICING AND BILLING ERRORS
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Billing Inquiries: 1-800-388-2147, A/R Svcs Rep: Lisa Serpico-Foreman x-4233

REMITTANCE

Bill To:
SOUND SHORE MEDICAL CTR/500
16 GUION PL
NEW ROCHELLE NY 10801-5502

Customer #	1084466
Invoice #	1063964253
Invoice Date	05/18/2013
Sales Rep #	210
Payment Terms	2% 30, 1% 60, Net 90
Amount Due	$218.60

Remit To:
Medline Industries, Inc.
Box 382075
Pittsburgh PA 15251-8075

AMOUNT PAID $_____

Detach and return this portion with your payment

MEDLINE

www.medline.com

INVOICE

Customer PO #	Invoice Date	Invoice #
NR177020	05/18/2013	1063964254

Sold To:
SOUND SHORE MEDICAL CTR/500
16 GUION PL
NEW ROCHELLE, NY 10801-5502

Ship To:
MOUNT VERNON INVENTORY
9 N 8TH AVE
MOUNT VERNON, NY 10550-1965

SALES REP #	SALES ORDER #	CARRIER	FREIGHT TERMS	CUSTOMER #	CURRENCY	AMOUNT DUE
210	680743667	MEDTRANS	MEDLINE	1084466	USD	$31.64

LINE NO	ORDER QTY	U/M	INVOICE QTY	ITEM NO / DESCRIPTION	CODE*	DELIVERY #	UNIT PRICE	AMOUNT
280	2.00	BX	2.00	MLK86452	TE	853704695	15.82	31.64
				.0143100 /TUBE,ENDOTRACH,INTERMED,HI-LO,8.0 MM				
		*0143100						
Subtotal 999								
		Freight:	0.00	Tax:	0.00			31.64

GROSS	TAX AMOUNT	FREIGHT	TOTAL
31.64	0.00	0.00	$31.64

Eligible Gross Amount $31.64
Discount amount $0.63 if recd. by 06/17/13

*Code
TE - Tax Exempt
C - Customer Freight

CUSTOMER SHALL PAY THE FREIGHT CHARGES INDICATED ON THIS INVOICE. ALL CLAIMS OF SHORT SHIPMENTS, MIS-SHIPMENTS AND OTHER ERRORS IN DELIVERY SHALL BE
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SHALL BE COMMUNICATED TO MEDLINE IN WRITING WITHIN 180 DAYS OF INVOICE DATE, OR THEY ARE DEEMED WAIVED.

Billing Inquiries: 1-800-388-2147, A/R Svcs Rep: Lisa Serpico-Foreman x-4233

REMITTANCE

Bill To:
SOUND SHORE MEDICAL CTR/500
16 GUION PL
NEW ROCHELLE NY 10801-5502

Customer #	1084466
Invoice #	1063964254
Invoice Date	05/18/2013
Sales Rep #	210
Payment Terms	2% 30, 1% 60, Net 90
Amount Due	$31.64

Remit To:
Medline Industries, Inc.
Box 382075
Pittsburgh PA 15251-8075

AMOUNT PAID $_____

Detach and return this portion with your payment

MEDLINE

www.medline.com

INVOICE

Customer PO #	Invoice Date	Invoice #
NR175732	05/18/2013	1063964255

Sold To:
SOUND SHORE MEDICAL CTR/500
16 GUION PL
NEW ROCHELLE, NY 10801-5502

Ship To:
SOUND SHORE MISCELLANEOUS
16 GUION PL
NEW ROCHELLE, NY 10801-5502

SALES REP #	SALES ORDER #	CARRIER	FREIGHT TERMS	CUSTOMER #	CURRENCY	AMOUNT DUE
210	680337584	MEDTRANS	CUSTOMER	1084466	USD	$137.12

LINE NO	ORDER QTY	U/M	INVOICE QTY	ITEM NO / DESCRIPTION	CODE*	DELIVERY #	UNIT PRICE	$AMOUNT
30	3.00	BX	3.00	PTX504060 PTX504060 /TUBE,TRACH,UNCUFFED,DIC,6.0MM	TE	853707729	23.96	71.87

Subtotal

Freight: 65.25 **Tax:** 0.00 **71.87**

GROSS	TAX AMOUNT	FREIGHT	TOTAL
71.87	0.00	65.25	$137.12

Eligible Gross Amount $71.87
Discount amount $1.44 if recd. by 06/17/13

*Code
TE - Tax Exempt
C - Customer Freight

CUSTOMER SHALL PAY THE FREIGHT CHARGES INDICATED ON THIS INVOICE. ALL CLAIMS OF SHORT SHIPMENTS, MIS-SHIPMENTS AND OTHER ERRORS IN DELIVERY SHALL BE
COMMUNICATED TO MEDLINE IN WRITING WITHIN TWO BUSINESS DAYS OF THE INVOICE DATE, OR THEY ARE DEEMED WAIVED. ALL CLAIMS FOR PRICING AND BILLING ERRORS
SHALL BE COMMUNICATED TO MEDLINE IN WRITING WITHIN 180 DAYS OF INVOICE DATE, OR THEY ARE DEEMED WAIVED.

Billing Inquiries: 1-800-388-2147, A/R Svcs Rep: Lisa Serpico-Foreman x-4233

REMITTANCE

Bill To:
SOUND SHORE MEDICAL CTR/500
16 GUION PL
NEW ROCHELLE NY 10801-5502

Customer #	1084466
Invoice #	1063964255
Invoice Date	05/18/2013
Sales Rep #	210
Payment Terms	2% 30, 1% 60, Net 90
Amount Due	$137.12

Remit To:
Medline Industries, Inc.
Box 382075
Pittsburgh PA 15251-8075

AMOUNT PAID $_____

Detach and return this portion with your payment

MEDLINE

www.medline.com

INVOICE

Customer PO #	Invoice Date	Invoice #
NR176874	05/18/2013	1063964256

Sold To:
SOUND SHORE MEDICAL CTR/500
16 GUION PL
NEW ROCHELLE, NY 10801-5502

Ship To:
MOUNT VERNON MISCELLANEOUS
9 N 8TH AVE
MOUNT VERNON, NY 10550-1965

SALES REP #	SALES ORDER #	CARRIER	FREIGHT TERMS	CUSTOMER #	CURRENCY	AMOUNT DUE
210	680687118	MEDTRANS	MEDLINE	1084466	USD	$138.48

LINE NO	ORDER QTY	U/M	INVOICE QTY	ITEM NO / DESCRIPTION	CODE*	DELIVERY #	UNIT PRICE	AMOUNT
160	3.00	BX	3.00	HTP9823 HTP9823 /POUCH,COLLECTION,FECAL,DRAIN,10",500ML	TE	853707730	46.16	138.48

HCPCS Code #: A4330

Subtotal

Freight: 0.00 *Tax:* 0.00 138.48

GROSS	TAX AMOUNT	FREIGHT	TOTAL
138.48	0.00	0.00	$138.48

Eligible Gross Amount $138.48
Discount amount $2.77 if recd. by 06/17/13

*Code
TE - Tax Exempt
C - Customer Freight

CUSTOMER SHALL PAY THE FREIGHT CHARGES INDICATED ON THIS INVOICE. ALL CLAIMS OF SHORT SHIPMENTS, MIS-SHIPMENTS AND OTHER ERRORS IN DELIVERY SHALL BE
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Billing Inquiries: 1-800-388-2147, A/R Svcs Rep: Lisa Serpico-Foreman x-4233

REMITTANCE

Bill To:
SOUND SHORE MEDICAL CTR/500
16 GUION PL
NEW ROCHELLE NY 10801-5502

Customer #	1084466
Invoice #	1063964256
Invoice Date	05/18/2013
Sales Rep #	210
Payment Terms	2% 30, 1% 60, Net 90
Amount Due	$138.48

Remit To:
Medline Industries, Inc.
Box 382075
Pittsburgh PA 15251-8075

AMOUNT PAID $_____

Detach and return this portion with your payment

MEDLINE

www.medline.com

INVOICE

Customer PO #	Invoice Date	Invoice #
NR177038	05/18/2013	1063964257

Sold To:
SOUND SHORE MEDICAL CTR/500
16 GUION PL
NEW ROCHELLE, NY 10801-5502

Ship To:
SOUND SHORE MISCELLANEOUS
16 GUION PL
NEW ROCHELLE, NY 10801-5502

SALES REP #	SALES ORDER #	CARRIER	FREIGHT TERMS	CUSTOMER #	CURRENCY	AMOUNT DUE
210	680753407	FEDEX GROUND	CUSTOMER	1084466	USD	$37.38

LINE NO	ORDER QTY	U/M	INVOICE QTY	ITEM NO / DESCRIPTION	CODE*	DELIVERY #	UNIT PRICE	AMOUNT
10	4.00	EA	4.00	610NTHXS-CM 610NTHXS-CM /TOP,SCRUB,REV,A-STAT,CEIL,MDL-CC,XS	TE	853715674	3.76	15.04
Subtotal								
		Freight:	22.34		**Tax:**	0.00		15.04

GROSS	TAX AMOUNT	FREIGHT	TOTAL
15.04	0.00	22.34	$37.38

Eligible Gross Amount $15.04
Discount amount $0.30 if recd. by 06/17/13

*Code
TE - Tax Exempt
C - Customer Freight

CUSTOMER SHALL PAY THE FREIGHT CHARGES INDICATED ON THIS INVOICE. ALL CLAIMS OF SHORT SHIPMENTS, MIS-SHIPMENTS AND OTHER ERRORS IN DELIVERY SHALL BE
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Billing Inquiries: 1-800-388-2147, A/R Svcs Rep: Lisa Serpico-Foreman x-4233

REMITTANCE

Bill To:
SOUND SHORE MEDICAL CTR/500
16 GUION PL
NEW ROCHELLE NY 10801-5502

Customer #	1084466
Invoice #	1063964257
Invoice Date	05/18/2013
Sales Rep #	210
Payment Terms	2% 30, 1% 60, Net 90
Amount Due	$37.38

Remit To:
Medline Industries, Inc.
Box 382075
Pittsburgh PA 15251-8075

AMOUNT PAID $_____

Detach and return this portion with your payment

MEDLINE

www.medline.com

INVOICE

Customer PO #	Invoice Date	Invoice #
NR177039	05/18/2013	1063964258

Sold To:
SOUND SHORE MEDICAL CTR/500
16 GUION PL
NEW ROCHELLE, NY 10801-5502

Ship To:
SOUND SHORE MISCELLANEOUS
16 GUION PL
NEW ROCHELLE, NY 10801-5502

SALES REP #	SALES ORDER #	CARRIER	FREIGHT TERMS	CUSTOMER #	CURRENCY	AMOUNT DUE
210	680753412	FEDEX GROUND	CUSTOMER	1084466	USD	$49.92

LINE NO	ORDER QTY	U/M	INVOICE QTY	ITEM NO / DESCRIPTION	CODE*	DELIVERY #	UNIT PRICE	AMOUNT
10	6.00	EA	6.00	610NTHS-CM 610NTHS-CM /TOP,SCRUB,REV,A-STAT,CEIL,MDL-CC,SM	TE	853715675	3.81	22.86
20	6.00	EA	6.00	600NTHS-CM 600NTHS-CM /PANT,SCRUB,REV,A-STAT,CEIL,MDL-CC,SM	TE	853715675	4.51	27.06

Subtotal

Freight: 0.00 **Tax:** 0.00 49.92

GROSS	TAX AMOUNT	FREIGHT	TOTAL
49.92	0.00	0.00	$49.92

Eligible Gross Amount $49.92
Discount amount $1.00 if recd. by 06/17/13

*Code
TE - Tax Exempt
C - Customer Freight

CUSTOMER SHALL PAY THE FREIGHT CHARGES INDICATED ON THIS INVOICE. ALL CLAIMS OF SHORT SHIPMENTS, MIS-SHIPMENTS AND OTHER ERRORS IN DELIVERY SHALL BE
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Billing Inquiries: 1-800-388-2147, A/R Svcs Rep: Lisa Serpico-Foreman x-4233

REMITTANCE

Bill To:
SOUND SHORE MEDICAL CTR/500
16 GUION PL
NEW ROCHELLE NY 10801-5502

Customer #	1084466
Invoice #	1063964258
Invoice Date	05/18/2013
Sales Rep #	210
Payment Terms	2% 30, 1% 60, Net 90
Amount Due	$49.92

Remit To:
Medline Industries, Inc.
Box 382075
Pittsburgh PA 15251-8075

AMOUNT PAID $_____

Detach and return this portion with your payment

MEDLINE

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INVOICE

Customer PO #	Invoice Date	Invoice #
NR177040	05/18/2013	1063964259

Sold To:
SOUND SHORE MEDICAL CTR/500
16 GUION PL
NEW ROCHELLE, NY 10801-5502

Ship To:
SOUND SHORE MISCELLANEOUS
16 GUION PL
NEW ROCHELLE, NY 10801-5502

SALES REP #	SALES ORDER #	CARRIER	FREIGHT TERMS	CUSTOMER #	CURRENCY	AMOUNT DUE
210	680753416	FEDEX GROUND	CUSTOMER	1084466	USD	$233.82

LINE NO	ORDER QTY	U/M	INVOICE QTY	ITEM NO / DESCRIPTION	CODE*	DELIVERY #	UNIT PRICE	AMOUNT
10	26.00	EA	26.00	610NTHM-CM	TE	853715676	3.89	101.14
				610NTHM-CM /TOP,SCRUB,REV,A-STAT,CEIL,MDL-CC,MD				
20	26.00	EA	26.00	600NTHM-CM	TE	853715676	4.57	118.82
				600NTHM-CM /PANT,SCRUB,REV,A-STAT,CEIL,MDL-CC,MD				
Subtotal								
		Freight:	13.86		Tax:	0.00		219.96

GROSS	TAX AMOUNT	FREIGHT	TOTAL
219.96	0.00	13.86	$233.82

Eligible Gross Amount $219.96
Discount amount $4.40 if recd. by 06/17/13

*Code
TE - Tax Exempt
C - Customer Freight

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Billing Inquiries: 1-800-388-2147, A/R Svcs Rep: Lisa Serpico-Foreman x-4233

REMITTANCE

Bill To:
SOUND SHORE MEDICAL CTR/500
16 GUION PL
NEW ROCHELLE NY 10801-5502

Customer #	1084466
Invoice #	1063964259
Invoice Date	05/18/2013
Sales Rep #	210
Payment Terms	2% 30, 1% 60, Net 90
Amount Due	$233.82

Remit To:
Medline Industries, Inc.
Box 382075
Pittsburgh PA 15251-8075

AMOUNT PAID $_____

Detach and return this portion with your payment

MEDLINE www.medline.com

INVOICE

Customer PO #	Invoice Date	Invoice #
NR177041	05/18/2013	1063964260

Sold To:
SOUND SHORE MEDICAL CTR/500
16 GUION PL
NEW ROCHELLE, NY 10801-5502

Ship To:
SOUND SHORE MISCELLANEOUS
16 GUION PL
NEW ROCHELLE, NY 10801-5502

SALES REP #	SALES ORDER #	CARRIER	FREIGHT TERMS	CUSTOMER #	CURRENCY	AMOUNT DUE
210	680753539	FEDEX GROUND	CUSTOMER	1084466	USD	$87.80

LINE NO	ORDER QTY	U/M	INVOICE QTY	ITEM NO / DESCRIPTION	CODE*	DELIVERY #	UNIT PRICE	AMOUNT
10	10.00	EA	10.00	610NTHL-CM 610NTHL-CM /TOP,SCRUB,REV,A-STAT,CEIL,MDL-CC,LG	TE	853715678	3.95	39.50
20	10.00	EA	10.00	600NTHL-CM 600NTHL-CM /PANT,SCRUB,REV,A-STAT,CEIL,MDL-CC,LG	TE	853715678	4.83	48.30

Subtotal

Freight: 0.00 **Tax:** 0.00 87.80

GROSS	TAX AMOUNT	FREIGHT	TOTAL
87.80	0.00	0.00	$87.80

Eligible Gross Amount $87.80
Discount amount $1.76 if recd. by 06/17/13

*Code
TE - Tax Exempt
C - Customer Freight

CUSTOMER SHALL PAY THE FREIGHT CHARGES INDICATED ON THIS INVOICE. ALL CLAIMS OF SHORT SHIPMENTS, MIS-SHIPMENTS AND OTHER ERRORS IN DELIVERY SHALL BE
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Billing Inquiries: 1-800-388-2147, A/R Svcs Rep: Lisa Serpico-Foreman x-4233

REMITTANCE

Bill To:
SOUND SHORE MEDICAL CTR/500
16 GUION PL
NEW ROCHELLE NY 10801-5502

Customer #	1084466
Invoice #	1063964260
Invoice Date	05/18/2013
Sales Rep #	210
Payment Terms	2% 30, 1% 60, Net 90
Amount Due	$87.80

Remit To:
Medline Industries, Inc.
Box 382075
Pittsburgh PA 15251-8075

AMOUNT PAID $_____

Detach and return this portion with your payment

MEDLINE

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INVOICE

Customer PO #	Invoice Date	Invoice #
NR177042	05/18/2013	1063964261

Sold To:
SOUND SHORE MEDICAL CTR/500
16 GUION PL
NEW ROCHELLE, NY 10801-5502

Ship To:
SOUND SHORE MISCELLANEOUS
16 GUION PL
NEW ROCHELLE, NY 10801-5502

SALES REP #	SALES ORDER #	CARRIER	FREIGHT TERMS	CUSTOMER #	CURRENCY	AMOUNT DUE
210	680753542	FEDEX GROUND	CUSTOMER	1084466	USD	$18.20

LINE NO*	ORDER QTY	U/M	INVOICE QTY	ITEM NO / DESCRIPTION	CODE*	DELIVERY #	UNIT PRICE	AMOUNT
10	2.00	EA	2.00	610NTHXL-CM /TOP,SCRUB,REV,A-STAT,CEIL,MDL-CC,XL	TE	853715679	4.18	8.36
20	2.00	EA	2.00	600NTHXL-CM /PANT,SCRUB,REV,A-STAT,CEIL,MDL-CC,XL	TE	853715679	4.92	9.84
Subtotal								
		Freight:	0.00		**Tax:**	0.00		18.20

GROSS	TAX AMOUNT	FREIGHT	TOTAL
18.20	0.00	0.00	$18.20

Eligible Gross Amount $18.20
Discount amount $0.36 if recd. by 06/17/13

*Code
TE - Tax Exempt
C - Customer Freight

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Billing Inquiries: 1-800-388-2147, A/R Svcs Rep: Lisa Serpico-Foreman x-4233

REMITTANCE

Bill To:
SOUND SHORE MEDICAL CTR/500
16 GUION PL
NEW ROCHELLE NY 10801-5502

Customer #	1084466
Invoice #	1063964261
Invoice Date	05/18/2013
Sales Rep #	210
Payment Terms	2% 30, 1% 60, Net 90
Amount Due	$18.20

Remit To:
Medline Industries, Inc.
Box 382075
Pittsburgh PA 15251-8075

AMOUNT PAID $_____

Detach and return this portion with your payment

MEDLINE

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INVOICE

Customer PO #	Invoice Date	Invoice #
NR177037	05/18/2013	1063964262

Sold To:
SOUND SHORE MEDICAL CTR/500
16 GUION PL
NEW ROCHELLE, NY 10801-5502

Ship To:
SOUND SHORE INVENTORY
16 GUION PL
NEW ROCHELLE, NY 10801-5502

SALES REP #	SALES ORDER #	CARRIER	FREIGHT TERMS	CUSTOMER #	CURRENCY	AMOUNT DUE
210	680753319	MEDTRANS	MEDLINE	1084466	USD	$5,014.93

LINE NO	ORDER QTY	U/M	INVOICE QTY	ITEM NO / DESCRIPTION	CODE	DELIVERY #	UNIT PRICE	AMOUNT
10	3.00	CS	3.00	DYNJP2416 102500 /DRAPE,REIN 53X77,STERILE	TE	853715988	50.09	150.27
20	2.00	CS	2.00	DYNJP2725 104200 /GOWN,REINF,POLY,AURORA,XLNG/XL,STRL	TE	853715988	101.43	202.86
30	2.00	CS	2.00	DYNJP2707 107500 /GOWN,REINFORCED,POLY,AURORA,LARGE,STRL	TE	853715988	84.86	169.72
40	2.00	CS	2.00	DYNJP2708 107600 /GOWN,REINFORCED,POLY,AURORA,XLARGE,STRL	TE	853715988	90.22	180.44
50	4.00	CS	4.00	CDS981069C 107800 /LAP CHOLE PROCEDURE	TE	853715988	285.11	1,140.44
60	2.00	CS	2.00	CDS981070C 107900 /TOTAL JOINT PROCEDURE	TE	853715988	635.20	1,270.40
70	20.00	CS	20.00	CUR9225 313100 /GLOVE,EXAM,STRETCH VINYL,M	TE	853715988	47.52	950.40
80	20.00	CS	20.00	CUR9226 CUR9226 /GLOVE,EXAM,STRETCH VINYL,L	TE	853715988	47.52	950.40

CUSTOMER SHALL PAY THE FREIGHT CHARGES INDICATED ON THIS INVOICE. ALL CLAIMS OF SHORT SHIPMENTS, MIS-SHIPMENTS AND OTHER ERRORS IN DELIVERY SHALL BE
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Billing Inquiries: 1-800-388-2147, A/R Svcs Rep: Lisa Serpico-Foreman x-4233

REMITTANCE

Bill To:
SOUND SHORE MEDICAL CTR/500
16 GUION PL
NEW ROCHELLE NY 10801-5502

Customer #	1084466
Invoice #	1063964262
Invoice Date	05/18/2013
Sales Rep #	210
Payment Terms	2% 30, 1% 60, Net 90
Amount Due	$5,014.93

Remit To:
Medline Industries, Inc.
Box 382075
Pittsburgh PA 15251-8075

AMOUNT PAID $_____

Detach and return this portion with your payment

MEDLINE

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INVOICE

Customer PO #	Invoice Date	Invoice #
NR177037	05/18/2013	1063964262

Ship To:
SOUND SHORE INVENTORY
16 GUION PL
NEW ROCHELLE, NY 10801-5502

LINE NO	ORDER QTY	U/M	INVOICE QTY	ITEM NO / DESCRIPTION	CODE*	DELIVERY #	UNIT PRICE	AMOUNT

Subtotal

Freight: 0.00 **Tax:** 0.00 **5014.93**

GROSS	TAX AMOUNT	FREIGHT	TOTAL
5,014.93	0.00	0.00	$5,014.93

Eligible Gross Amount $5,014.93
Discount amount $100.30 if recd. by 06/17/13

*Code
TE - Tax Exempt
C - Customer Freight

MEDLINE

www.medline.com

INVOICE

Customer PO #	Invoice Date	Invoice #
NR177044	05/18/2013	1063964763

Sold To:
SOUND SHORE MEDICAL CTR/500
16 GUION PL
NEW ROCHELLE, NY 10801-5502

Ship To:
MOUNT VERNON OR
9 N 8TH AVE
MOUNT VERNON, NY 10550-1965

SALES REP #	SALES ORDER #	CARRIER	FREIGHT TERMS	CUSTOMER #	CURRENCY	AMOUNT DUE
210	680753757	MEDTRANS	CUSTOMER	1084466	USD	$533.00

LINE NO	ORDER QTY	U/M	INVOICE QTY	ITEM NO. / DESCRIPTION	CODE*	DELIVERY #	UNIT PRICE	AMOUNT
10	6.00	BX	6.00	USU179094 USU179094 /TROCAR,VERSAPORT V2,5MM	TE	853715989	88.83	533.00

Subtotal

Freight: 0.00 **Tax:** 0.00 **533.00**

GROSS	TAX AMOUNT	FREIGHT	TOTAL
533.00	0.00	0.00	$533.00

Eligible Gross Amount $533.00
Discount amount $10.66 if recd. by 06/17/13

*Code
TE - Tax Exempt
C - Customer Freight

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Billing Inquiries: 1-800-388-2147, A/R Svcs Rep: Lisa Serpico-Foreman x-4233

REMITTANCE

Bill To:
SOUND SHORE MEDICAL CTR/500
16 GUION PL
NEW ROCHELLE NY 10801-5502

Customer #	1084466
Invoice #	1063964763
Invoice Date	05/18/2013
Sales Rep #	210
Payment Terms	2% 30, 1% 60, Net 90
Amount Due	$533.00

Remit To:
Medline Industries, Inc.
Box 382075
Pittsburgh PA 15251-8075

AMOUNT PAID $_____

Detach and return this portion with your payment

MEDLINE

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INVOICE

Customer PO #	Invoice Date	Invoice #
NR177045	05/18/2013	1063964764

Sold To:
SOUND SHORE MEDICAL CTR/500
16 GUION PL
NEW ROCHELLE, NY 10801-5502

Ship To:
SOUND SHORE OR
16 GUION PL
NEW ROCHELLE, NY 10801-5502

SALES REP #	SALES ORDER #	CARRIER	FREIGHT TERMS	CUSTOMER #	CURRENCY	AMOUNT DUE
210	680753763	MEDTRANS	MEDLINE	1084466	USD	$616.47

LINE NO.	ORDER QTY	U/M	INVOICE QTY	ITEM NO. / DESCRIPTION	CODE*	DELIVERY #	UNIT PRICE	AMOUNT
20	2.00	CS	2.00	MMM1626W MMM1626W /DRSSG,TEGADERM,TRNSP,FRAME,W/TAB,4X4.75	TE	853715991	141.62	283.24
HCPCS Code #: A6258								
30	1.00	CS	1.00	NON081652 NON081652 /KIT,FOAM,JACKSON TABLE,12CS	TE	853715991	333.23	333.23
Subtotal								
		Freight:	**0.00**		**Tax:**	**0.00**		**616.47**

GROSS	TAX AMOUNT	FREIGHT	TOTAL
616.47	0.00	0.00	$616.47

Eligibla Gross Amount $616.47
Discount amount $12.33 if recd. by 06/17/13

*Code
TE - Tax Exempt
C - Customer Freight

CUSTOMER SHALL PAY THE FREIGHT CHARGES INDICATED ON THIS INVOICE. ALL CLAIMS OF SHORT SHIPMENTS, MIS-SHIPMENTS AND OTHER ERRORS IN DELIVERY SHALL BE
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Billing Inquiries: 1-800-388-2147, A/R Svcs Rep: Lisa Serpico-Foreman x-4233

REMITTANCE

Bill To:
SOUND SHORE MEDICAL CTR/500
16 GUION PL
NEW ROCHELLE NY 10801-5502

Customer #	1084466
Invoice #	1063964764
Invoice Date	05/18/2013
Sales Rep #	210
Payment Terms	2% 30, 1% 60, Net 90
Amount Due	$616.47

Remit To:
Medline Industries, Inc.
Box 382075
Pittsburgh PA 15251-8075

AMOUNT PAID $_____

Detach and return this portion with your payment

MEDLINE www.medline.com

INVOICE

Customer PO #	Invoice Date	Invoice #
NR177046	05/18/2013	1063964765

Sold To:
SOUND SHORE MEDICAL CTR/500
16 GUION PL
NEW ROCHELLE, NY 10801-5502

Ship To:
MOUNT VERNON MISCELLANEOUS
9 N 8TH AVE
MOUNT VERNON, NY 10550-1965

SALES REP #	SALES ORDER #	CARRIER	FREIGHT TERMS	CUSTOMER #	CURRENCY	AMOUNT DUE
210	680754114	MEDTRANS	CUSTOMER	1084466	USD	$556.54

LINE NO	ORDER QTY	U/M	INVOICE QTY	ITEM NO / DESCRIPTION	CODE*	DELIVERY #	UNIT PRICE	AMOUNT
10	1.00	CS	1.00	J-J800404 J-J800404 /DRSG, SILVERCEL ANTIMICROBIAL, 4.2"X4.2"	TE	853715993	556.54	556.54

Subtotal

Freight: 0.00 **Tax:** 0.00 **556.54**

GROSS	TAX AMOUNT	FREIGHT	TOTAL
556.54	0.00	0.00	$556.54

Eligible Gross Amount $556.54
Discount amount $11.13 if recd. by 06/17/13

*Code
TE - Tax Exempt
C - Customer Freight

CUSTOMER SHALL PAY THE FREIGHT CHARGES INDICATED ON THIS INVOICE. ALL CLAIMS OF SHORT SHIPMENTS, MIS-SHIPMENTS AND OTHER ERRORS IN DELIVERY SHALL BE COMMUNICATED TO MEDLINE IN WRITING WITHIN TWO BUSINESS DAYS OF THE INVOICE DATE, OR THEY ARE DEEMED WAIVED. ALL CLAIMS FOR PRICING AND BILLING ERRORS SHALL BE COMMUNICATED TO MEDLINE IN WRITING WITHIN 180 DAYS OF INVOICE DATE, OR THEY ARE DEEMED WAIVED.

Billing Inquiries: 1-800-388-2147, A/R Svcs Rep: Lisa Serpico-Foreman x-4233

REMITTANCE

Bill To:
SOUND SHORE MEDICAL CTR/500
16 GUION PL
NEW ROCHELLE NY 10801-5502

Customer #	1084466
Invoice #	1063964765
Invoice Date	05/18/2013
Sales Rep #	210
Payment Terms	2% 30, 1% 60, Net 90
Amount Due	$556.54

Remit To:
Medline Industries, Inc.
Box 382075
Pittsburgh PA 15251-8075

AMOUNT PAID $_____

Detach and return this portion with your payment

EXHIBIT A - PART 2

MEDLINE

www.medline.com

INVOICE

Customer PO #	Invoice Date	Invoice #
NR177047	05/18/2013	1063964766

Sold To:
SOUND SHORE MEDICAL CTR/500
16 GUION PL
NEW ROCHELLE, NY 10801-5502

Ship To:
MOUNT VERNON INVENTORY
9 N 8TH AVE
MOUNT VERNON, NY 10550-1965

SALES REP #	SALES ORDER #	CARRIER	FREIGHT TERMS	CUSTOMER #	CURRENCY	AMOUNT DUE
210	680754289	MEDTRANS	MEDLINE	1084466	USD	$4,055.09

LINE NO	ORDER QTY	U/M	INVOICE QTY	ITEM NO / DESCRIPTION	CODE	DELIVERY #	UNIT PRICE	AMOUNT
130	3.00	CS	3.00	B-D367861 101600 /TUBE,WHOLE BLOOD,LVNDR,ADD,13X75MM,4ML	TE	853717108	65.00	194.99
		101600						
190	2.00	CS	2.00	BRD0140100 503800 /KIT,CATHETER,SUCTION,RED RUBBER,14/16 FR	TE	853717108	58.26	116.52
		503800						
200	2.00	BX	2.00	MLK86452 0143100 /TUBE,ENDOTRACH,INTERMED,HI-LO,8.0 MM	TE	853717108	15.82	31.64
		^0143100						
Subtotal 999								
		Freight:	**0.00**		**Tax:**	**0.00**		**343.15**
20	1.00	CS	1.00	NON21430LF 600300 /GAUZE,SPONGE,4"X4",16PLY,XRAY,STRL,LF	TE	853717108	78.05	78.05
		600300						
HCPCS Code #: A6402								
Subtotal 400								
		Freight:	**0.00**		**Tax:**	**0.00**		**78.05**

CUSTOMER SHALL PAY THE FREIGHT CHARGES INDICATED ON THIS INVOICE. ALL CLAIMS OF SHORT SHIPMENTS, MIS-SHIPMENTS AND OTHER ERRORS IN DELIVERY SHALL BE
COMMUNICATED TO MEDLINE IN WRITING WITHIN TWO BUSINESS DAYS OF THE INVOICE DATE, OR THEY ARE DEEMED WAIVED. ALL CLAIMS FOR PRICING AND BILLING ERRORS
SHALL BE COMMUNICATED TO MEDLINE IN WRITING WITHIN 180 DAYS OF INVOICE DATE, OR THEY ARE DEEMED WAIVED.

Billing Inquiries: 1-800-388-2147, A/R Svcs Rep: Lisa Serpico-Foreman x-4233

REMITTANCE

Bill To:
SOUND SHORE MEDICAL CTR/500
16 GUION PL
NEW ROCHELLE NY 10801-5502

Customer #	1084466
Invoice #	1063964766
Invoice Date	05/18/2013
Sales Rep #	210
Payment Terms	2% 30, 1% 60, Net 90
Amount Due	$4,055.09

Remit To:
Medline Industries, Inc.
Box 382075
Pittsburgh PA 15251-8075

AMOUNT PAID $_____

Detach and return this portion with your payment

MEDLINE

www.medline.com

INVOICE

Customer PO #	Invoice Date	Invoice #
NR177047	05/18/2013	1063964766

Ship To:
MOUNT VERNON INVENTORY
9 N 8TH AVE
MOUNT VERNON, NY 10550-1965

LINE NO	ORDER QTY	U/M	INVOICE QTY	ITEM NO. / DESCRIPTION	CODE*	DELIVERY #	UNIT PRICE	AMOUNT
10	2.00	CS	2.00	MDS251518RNG 104600 /SPONGE,LAP,18"X18",RING,XR,ST,5/PK,40PK	TE	853717108	64.99	129.98
30	2.00	CS	2.00	BXT65651930C 120100 /LINER,SUCTION,FLEX ADV,3000 CC	TE	853717108	93.56	187.12
40	1.00	CS	1.00	MSG1060 604300 /GLOVE,SURG,SENSICARE,ALOE,LF,PF,6	TE	853717108	157.71	157.71
50	2.00	CS	2.00	MSG1065 604400 /GLOVE,SURG,SENSICARE,ALOE,LF,PF,6.5	TE	853717108	157.71	315.42
60	3.00	CS	3.00	MSG1075 604600 /GLOVE,SURG,SENSICARE,ALOE,LF,PF,7.5	TE	853717108	157.71	473.13
80	3.00	CS	3.00	AUG42268 130700 /BLANKET,WARM,UP BODY WH 74X24	TE	853717108	63.28	189.85
90	1.00	CS	1.00	NON21453 307200 /PAD,ABDOMINAL,8"X7.5",STERILE,LF,1/PK	TE	853717108	22.72	22.72
HCPCS Code #: A6253								
100	2.00	CS	2.00	DYNC8522 300600 /BEDPAN,FRACTURE,GRAPHITE,24 EA	TE	853717108	14.26	28.52
110	3.00	CS	3.00	NON27385 104800 /MASK,FACE,WHITE,HYPOALLERGENIC,FILTER	TE	853717108	31.74	95.22
120	2.00	CS	2.00	HUD1041 106800 /MASK,OXYGEN,UND CHIN,MED CONC ADULT	TE	853717108	27.12	54.24
140	4.00	CS	4.00	CLH49100 201400 /DEODORIZER,GERMICIDAL,CITRACE,14 OZ	TE	853717108	72.97	291.88
150	2.00	CS	2.00	DYND80535 204800 /PITCHER,HANDLE,W/LID,GRAPHITE	TE	853717108	25.51	51.02
160	1.00	CS	1.00	NON024215 205200 /CUP,PAPER,SOUFFLE,.75 OZ	TE	853717108	30.29	30.29
170	5.00	CS	5.00	CTR000413 606100 /MOUTHWASH,ALCOHOL FREE,4 OZ	TE	853717108	19.59	97.95
180	2.00	CS	2.00	DYND50216 601800 /TUBING,SUCTION,CONNECTING,3/16"X6',STRL	TE	853717108	22.54	45.08
HCPCS Code #: A7002								
210	2.00	CS	2.00	SWD81882812 406800 /SYRINGE,MAGELLAN,TB,1mL,28X 1/2"	TE	853717108	133.26	266.52
220	2.00	CS	2.00	NON25600 702900 /BANDAGE,ADHESIVE,PLASTIC,1"X3",STRL,LF	TE	853717108	22.00	44.00
HCPCS Code #: A6413								
230	1.00	CS	1.00	SGE6512 708000 /SWAB,ORAL,SUCTION,PEROX MINT,SOD BICARB	TE	853717108	80.34	80.34
240	50.00	CS	50.00	CRI4001 0141900 /GOWN,COVER,SPNBND,WST-NECK TIE,YEL,XLG	TE	853717108	17.28	864.00
250	2.00	BX	2.00	HTP9799 803300 /FASTENER,ANCHOR FAST ORAL ENDOTRACH TUBE	TE	853717108	104.45	208.90
HCPCS Code #: A9900 OR A9999								

MEDLINE

www.medline.com

INVOICE

Customer PO #	Invoice Date	Invoice #
NR177047	05/18/2013	1063964766

Ship To:
MOUNT VERNON INVENTORY
9 N 8TH AVE
MOUNT VERNON, NY 10550-1965

LINE NO	ORDER QTY	UIM	INVOICE QTY	ITEM NO / DESCRIPTION	CODE*	DELIVERY #	UNIT PRICE	AMOUNT

Subtotal 3633.89

Freight: 0.00 **Tax:** 0.00

GROSS	TAX AMOUNT	FREIGHT	TOTAL
4,055.09	0.00	0.00	$4,055.09

Eligible Gross Amount $4,055.09
Discount amount $81.10 if recd. by 06/17/13

*Code
TE - Tax Exempt
C - Customer Freight

MEDLINE

www.medline.com

INVOICE

Customer PO #	Invoice Date	Invoice #
NR177049	05/18/2013	1063964767

Sold To:
SOUND SHORE MEDICAL CTR/500
16 GUION PL
NEW ROCHELLE, NY 10801-5502

Ship To:
MOUNT VERNON OR
9 N 8TH AVE
MOUNT VERNON, NY 10550-1965

SALES REP #	SALES ORDER #	CARRIER	FREIGHT TERMS	CUSTOMER #	CURRENCY	AMOUNT DUE
210	680754290	MEDTRANS	MEDLINE	1084466	USD	$2,104.03

LINE NO	ORDER QTY	U/M	INVOICE QTY	ITEM NO / DESCRIPTION	CODE*	DELIVERY #	UNIT PRICE	AMOUNT
10	2.00	CS	2.00	DYNJ09914F DYNJ09914F /MT VERNON LAPAROTOMY PACK	TE	853717109	225.58	451.16
20	3.00	CS	3.00	DYNJ09913D DYNJ09913D /ARTHROSCOPY PACK	TE	853717109	161.27	483.81
30	9.00	CS	9.00	DYNJ25046B DYNJ25046B /MINOR PACK	TE	853717109	114.34	1,029.06
50	2.00	CS	2.00	DYNJP2002 DYNJP2002 /GOWN,NON-REINFORCED,XL,W/TOWEL,STERILE	TE	853717109	70.00	140.00

Subtotal

Freight: 0.00 **Tax:** 0.00 **2104.03**

GROSS	TAX AMOUNT	FREIGHT	TOTAL
2,104.03	0.00	0.00	$2,104.03

Eligible Gross Amount $2,104.03
Discount amount $42.08 if recd. by 06/17/13

*Code
TE - Tax Exempt
C - Customer Freight

CUSTOMER SHALL PAY THE FREIGHT CHARGES INDICATED ON THIS INVOICE. ALL CLAIMS OF SHORT SHIPMENTS, MIS-SHIPMENTS AND OTHER ERRORS IN DELIVERY SHALL BE
COMMUNICATED TO MEDLINE IN WRITING WITHIN TWO BUSINESS DAYS OF THE INVOICE DATE, OR THEY ARE DEEMED WAIVED. ALL CLAIMS FOR PRICING AND BILLING ERRORS
SHALL BE COMMUNICATED TO MEDLINE IN WRITING WITHIN 180 DAYS OF INVOICE DATE, OR THEY ARE DEEMED WAIVED.

Billing Inquiries: 1-800-388-2147, A/R Svcs Rep: Lisa Serpico-Foreman x-4233

REMITTANCE

Bill To:
SOUND SHORE MEDICAL CTR/500
16 GUION PL
NEW ROCHELLE NY 10801-5502

Customer #	1084466
Invoice #	1063964767
Invoice Date	05/18/2013
Sales Rep #	210
Payment Terms	2% 30, 1% 60, Net 90
Amount Due	$2,104.03

Remit To:
Medline Industries, Inc.
Box 382075
Pittsburgh PA 15251-8075

AMOUNT PAID $_____

Detach and return this portion with your payment

MEDLINE

www.medline.com

INVOICE

Customer PO #	Invoice Date	Invoice #
NR177048	05/18/2013	1063964768

Sold To:
SOUND SHORE MEDICAL CTR/500
16 GUION PL
NEW ROCHELLE, NY 10801-5502

Ship To:
MOUNT VERNON MISCELLANEOUS
9 N 8TH AVE
MOUNT VERNON, NY 10550-1965

SALES REP #	SALES ORDER #	CARRIER	FREIGHT TERMS	CUSTOMER #	CURRENCY	AMOUNT DUE
210	680754299	MEDTRANS	MEDLINE	1084466	USD	$435.72

LINE NO.	ORDER QTY.	U/M	INVOICE QTY.	ITEM NO. / DESCRIPTION	CODE*	DELIVERY #	UNIT PRICE	AMOUNT
10	5.00	CS	5.00	UTD66020016 UTD66020016 /BANDAGE,COMPRESSION,MULTILAYER,PROFORE	TE	853717110	87.14	435.72

HCPCS Code #: A6207 + A6441 + A6443 + A6449 + A6454

Subtotal

Freight: 0.00 **Tax:** 0.00 **435.72**

GROSS	TAX AMOUNT	FREIGHT	TOTAL
435.72	0.00	0.00	$435.72

Eligible Gross Amount $435.72
Discount amount $8.71 if recd. by 06/17/13

*Code
TE - Tax Exempt
C - Customer Freight

CUSTOMER SHALL PAY THE FREIGHT CHARGES INDICATED ON THIS INVOICE. ALL CLAIMS OF SHORT SHIPMENTS, MIS-SHIPMENTS AND OTHER ERRORS IN DELIVERY SHALL BE
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Billing Inquiries: 1-800-388-2147, A/R Svcs Rep: Lisa Serpico-Foreman x-4233

REMITTANCE

Bill To:
SOUND SHORE MEDICAL CTR/500
16 GUION PL
NEW ROCHELLE NY 10801-5502

Customer #	1084466
Invoice #	1063964768
Invoice Date	05/18/2013
Sales Rep #	210
Payment Terms	2% 30, 1% 60, Net 90
Amount Due	$435.72

Remit To:
Medline Industries, Inc.
Box 382075
Pittsburgh PA 15251-8075

AMOUNT PAID $_____

Detach and return this portion with your payment

MEDLINE

www.medline.com

INVOICE

Customer PO #	Invoice Date	Invoice #
NR176926	05/20/2013	1063975632

Sold To:
SOUND SHORE MEDICAL CTR/500
16 GUION PL
NEW ROCHELLE, NY 10801-5502

Ship To:
SOUND SHORE OR
16 GUION PL
NEW ROCHELLE, NY 10801-5502

SALES REP #	SALES ORDER #	CARRIER	FREIGHT TERMS	CUSTOMER #	CURRENCY	AMOUNT DUE
210	432228985	VENDOR	CUSTOMER	1084466	USD	$357.52

LINE NO	ORDER QTY	U/M	INVOICE QTY	ITEM NO / DESCRIPTION	CODE*	DELIVERY #	UNIT PRICE	AMOUNT
10	1.00	CS	1.00	QTX30056CS /SPONGE,NEURO,1/2" X 1 1/2",STERILE	TE		78.89	78.89
20	1.00	CS	1.00	QTX30057 /SPONGE,NEURO,1/2X3",STER,20CS	TE		78.89	78.89
30	1.00	CS	1.00	QTX30055 /SPONGE,NEURO,1/2X1",STER,20CS	TE		78.89	78.89

Subtotal **236.67**

Freight: 120.85 **Tax:** 0.00

GROSS	TAX AMOUNT	FREIGHT	TOTAL
236.67	0.00	120.85	$357.52

Eligible Gross Amount $236.67
Discount amount $4.73 if recd. by 06/19/13

*Code
TE - Tax Exempt
C - Customer Freight

CUSTOMER SHALL PAY THE FREIGHT CHARGES INDICATED ON THIS INVOICE. ALL CLAIMS OF SHORT SHIPMENTS, MIS-SHIPMENTS AND OTHER ERRORS IN DELIVERY SHALL BE
COMMUNICATED TO MEDLINE IN WRITING WITHIN TWO BUSINESS DAYS OF THE INVOICE DATE, OR THEY ARE DEEMED WAIVED. ALL CLAIMS FOR PRICING AND BILLING ERRORS
SHALL BE COMMUNICATED TO MEDLINE IN WRITING WITHIN 180 DAYS OF INVOICE DATE, OR THEY ARE DEEMED WAIVED.

Billing Inquiries: 1-800-388-2147, A/R Svcs Rep: Lisa Serpico-Foreman x-4233

REMITTANCE

Bill To:
SOUND SHORE MEDICAL CTR/500
16 GUION PL
NEW ROCHELLE NY 10801-5502

Customer #	1084466
Invoice #	1063975632
Invoice Date	05/20/2013
Sales Rep #	210
Payment Terms	2% 30, 1% 60, Net 90
Amount Due	$357.52

Remit To:
Medline Industries, Inc.
Box 382075
Pittsburgh PA 15251-8075

AMOUNT PAID $_____

Detach and return this portion with your payment

MEDLINE

www.medline.com

INVOICE

Customer PO #	Invoice Date	Invoice #
NR176994	05/20/2013	1063975633

Sold To:
SOUND SHORE MEDICAL CTR/500
16 GUION PL
NEW ROCHELLE, NY 10801-5502

Ship To:
SOUND SHORE MEDICAL CTR/500
16 GUION PL
NEW ROCHELLE, NY 10801-5502
GLN: 1100003520297

SALES REP #	SALES ORDER #	CARRIER	FREIGHT TERMS	CUSTOMER #	CURRENCY	AMOUNT DUE
210	432324636	UNITED PARCEL SERVICE	CUSTOMER	1084466	USD	$2,338.42

LINE NO	ORDER QTY	U/M	INVOICE QTY	ITEM NO / DESCRIPTION	CODE	DELIVERY #	UNIT PRICE	AMOUNT
10	6.00	EA	6.00	REP110027 /TA6048L @TA DST SERIES LOADING UNIT (GRE	TE		60.92	365.52
20	6.00	EA	6.00	REP114566 /TA3048L @TA DST SERIES SG USE LOADING UN	TE		56.58	339.48
30	12.00	EA	12.00	REP114568 /TA9048L @TA DST SERIES LOADING UNIT (GRE	TE		63.58	762.96
40	12.00	EA	12.00	REP114569 /TA9035L @TA DST SERIES LOADING UNIT (BLU	TE		63.58	762.96
50	1.00	EA	1.00	REP114563 /DSO-009 @POLYPECTOMY SNARE OVAL (WHITE)	TE		87.50	87.50
Subtotal								
		Freight:	**20.00**		**Tax:**	**0.00**		**2318.42**

CUSTOMER SHALL PAY THE FREIGHT CHARGES INDICATED ON THIS INVOICE. ALL CLAIMS OF SHORT SHIPMENTS, MIS-SHIPMENTS AND OTHER ERRORS IN DELIVERY SHALL BE
COMMUNICATED TO MEDLINE IN WRITING WITHIN TWO BUSINESS DAYS OF THE INVOICE DATE, OR THEY ARE DEEMED WAIVED. ALL CLAIMS FOR PRICING AND BILLING ERRORS
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Billing Inquiries: 1-800-388-2147, A/R Svcs Rep: Lisa Serpico-Foreman x-4233

REMITTANCE

Bill To:
SOUND SHORE MEDICAL CTR/500
16 GUION PL
NEW ROCHELLE NY 10801-5502

Customer #	1084466
Invoice #	1063975633
Invoice Date	05/20/2013
Sales Rep #	210
Payment Terms	2% 30, 1% 60, Net 90
Amount Due	$2,338.42

Remit To:
Medline Industries, Inc.
Box 382075
Pittsburgh PA 15251-8075

AMOUNT PAID $_____

Detach and return this portion with your payment

MEDLINE

www.medline.com

INVOICE

Customer PO #	Invoice Date	Invoice #
NR176994	05/20/2013	1063975633

Ship To:
SOUND SHORE MEDICAL CTR/500
16 GUION PL
NEW ROCHELLE, NY 10801-5502
GLN: 1100003520297

GROSS	TAX AMOUNT	FREIGHT	TOTAL
2,318.42	0.00	20.00	$2,338.42

Eligible Gross Amount $2,318.42
Discount amount $46.37 if recd. by 06/19/13

*Code
TE - Tax Exempt
C - Customer Freight

MEDLINE

www.medline.com

INVOICE

Customer PO #	Invoice Date	Invoice #
NR175183/REORDER	05/21/2013	1064008860

Sold To:
SOUND SHORE MEDICAL CTR/500
16 GUION PL
NEW ROCHELLE, NY 10801-5502

Ship To:
SOUND SHORE MISCELLANEOUS
16 GUION PL
NEW ROCHELLE, NY 10801-5502

SALES REP #	SALES ORDER #	CARRIER	FREIGHT TERMS	CUSTOMER #	CURRENCY	AMOUNT DUE
210	432178370	FEDEX GROUND	CUSTOMER	1084466	USD	$64.10

LINE NO	ORDER QTY	U/M	INVOICE QTY	ITEM NO / DESCRIPTION	CODE*	DELIVERY #	UNIT PRICE	AMOUNT
10	4.00	EA	4.00	83044QHWXL	TE	853409222	10.51	42.04
				83044QHWXL /COAT,LAB,UNISEX,WHITE,KNEE LENGTH,XL				
				EMB00500			3.50	14.00
				/Embroidery 1 Placement: 1 Logo				
						Subtotal :	**14.01**	**56.04**
Subtotal								
		Freight:	8.06		**Tax:**	0.00		**56.04**

GROSS	TAX AMOUNT	FREIGHT	TOTAL
56.04	0.00	8.06	$64.10

Eligible Gross Amount $56.04
Discount amount $1.12 if recd. by 06/20/13

*Code
TE - Tax Exempt
C - Customer Freight

CUSTOMER SHALL PAY THE FREIGHT CHARGES INDICATED ON THIS INVOICE. ALL CLAIMS OF SHORT SHIPMENTS, MIS-SHIPMENTS AND OTHER ERRORS IN DELIVERY SHALL BE
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Billing Inquiries: 1-800-388-2147, A/R Svcs Rep: Lisa Serpico-Foreman x-4233

REMITTANCE

Bill To:
SOUND SHORE MEDICAL CTR/500
16 GUION PL
NEW ROCHELLE NY 10801-5502

Customer #	1084466
Invoice #	1064008860
Invoice Date	05/21/2013
Sales Rep #	210
Payment Terms	2% 30, 1% 60, Net 90
Amount Due	$64.10

Remit To:
Medline Industries, Inc.
Box 382075
Pittsburgh PA 15251-8075

AMOUNT PAID $_____

Detach and return this portion with your payment

MEDLINE

www.medline.com

INVOICE

Customer PO #	Invoice Date	Invoice #
NR176797	05/21/2013	1064008861

Sold To:
SOUND SHORE MEDICAL CTR/500
16 GUION PL
NEW ROCHELLE, NY 10801-5502

Ship To:
SOUND SHORE OR
16 GUION PL
NEW ROCHELLE, NY 10801-5502

SALES REP #	SALES ORDER #	CARRIER	FREIGHT TERMS	CUSTOMER #	CURRENCY	AMOUNT DUE
210	432153543	FEDEX GROUND	MEDLINE	1084466	USD	$146.70

LINE NO	ORDER QTY	U/M	INVOICE QTY	ITEM NO / DESCRIPTION	CODE*	DELIVERY #	UNIT PRICE	AMOUNT
140	2.00	EA	2.00	MDS0893723 /SHEARS,PLASTER,BRUNS,SAW EDGE,9 1/2"	TE	853737428	73.35	146.70

Subtotal

Freight: **0.00** **Tax:** **0.00** **146.70**

GROSS	TAX AMOUNT	FREIGHT	TOTAL
146.70	0.00	0.00	$146.70

Eligible Gross Amount $146.70
Discount amount $2.93 if recd. by 06/20/13

*Code
TE - Tax Exempt
C - Customer Freight

CUSTOMER SHALL PAY THE FREIGHT CHARGES INDICATED ON THIS INVOICE. ALL CLAIMS OF SHORT SHIPMENTS, MIS-SHIPMENTS AND OTHER ERRORS IN DELIVERY SHALL BE
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Billing Inquiries: 1-800-388-2147, A/R Svcs Rep: Lisa Serpico-Foreman x-4233

REMITTANCE

Bill To:
SOUND SHORE MEDICAL CTR/500
16 GUION PL
NEW ROCHELLE NY 10801-5502

Customer #	1084466
Invoice #	1064008861
Invoice Date	05/21/2013
Sales Rep #	210
Payment Terms	2% 30, 1% 60, Net 90
Amount Due	$146.70

Remit To:
Medline Industries, Inc.
Box 382075
Pittsburgh PA 15251-8075

AMOUNT PAID $_____

Detach and return this portion with your payment

MEDLINE

www.medline.com

INVOICE

Customer PO #	Invoice Date	Invoice #
NR177082	05/21/2013	1064008862

Sold To:
SOUND SHORE MEDICAL CTR/500
16 GUION PL
NEW ROCHELLE, NY 10801-5502

Ship To:
SOUND SHORE MISCELLANEOUS
16 GUION PL
NEW ROCHELLE, NY 10801-5502

SALES REP #	SALES ORDER #	CARRIER	FREIGHT TERMS	CUSTOMER #	CURRENCY	AMOUNT DUE
210	432366193	FEDERAL EXPRESS CORP.	CUSTOMER	1084466	USD	$772.64

LINE NO.	ORDER QTY	U/M	INVOICE QTY	ITEM NO. / DESCRIPTION	CODE	DELIVERY #	UNIT PRICE	AMOUNT
SHIP NEXT DAY TO ARR 5/21 STANDARD DEL-SHIPPING OK'D PER LOUISA TANGO								
10	2.00	CS	2.00	UTD66800795	TE	853768766	201.40	402.80
				UTD66800795 /KIT,SOFT PORT,FOAM,MEDIUM,RENASYS				
20	1.00	CS	1.00	UTD66800912	TE	853768766	259.34	259.34
				UTD66800912 /CANISTER,EZPLUS,800CC,SOFT PORT,RENASYS				
Subtotal								
		Freight:	**110.50**		**Tax:**	**0.00**		**662.14**

GROSS	TAX AMOUNT	FREIGHT	TOTAL
662.14	0.00	110.50	$772.64

Eligible Gross Amount $662.14
Discount amount $13.24 if recd. by 06/20/13

*Code
TE - Tax Exempt
C - Customer Freight

CUSTOMER SHALL PAY THE FREIGHT CHARGES INDICATED ON THIS INVOICE. ALL CLAIMS OF SHORT SHIPMENTS, MIS-SHIPMENTS AND OTHER ERRORS IN DELIVERY SHALL BE
COMMUNICATED TO MEDLINE IN WRITING WITHIN TWO BUSINESS DAYS OF THE INVOICE DATE, OR THEY ARE DEEMED WAIVED. ALL CLAIMS FOR PRICING AND BILLING ERRORS
SHALL BE COMMUNICATED TO MEDLINE IN WRITING WITHIN 180 DAYS OF INVOICE DATE, OR THEY ARE DEEMED WAIVED.

Billing Inquiries: 1-800-388-2147, A/R Svcs Rep: Lisa Serpico-Foreman x-4233

REMITTANCE

Bill To:
SOUND SHORE MEDICAL CTR/500
16 GUION PL
NEW ROCHELLE NY 10801-5502

Customer #	1084466
Invoice #	1064008862
Invoice Date	05/21/2013
Sales Rep #	210
Payment Terms	2% 30, 1% 60, Net 90
Amount Due	$772.64

Remit To:
Medline Industries, Inc.
Box 382075
Pittsburgh PA 15251-8075

AMOUNT PAID $_____

Detach and return this portion with your payment

MEDLINE

www.medline.com

INVOICE

Customer PO #	Invoice Date	Invoice #
NR176797	05/21/2013	1064010872

Sold To:
SOUND SHORE MEDICAL CTR/500
16 GUION PL
NEW ROCHELLE, NY 10801-5502

Ship To:
SOUND SHORE OR
16 GUION PL
NEW ROCHELLE, NY 10801-5502

SALES REP #	SALES ORDER #	CARRIER	FREIGHT TERMS	CUSTOMER #	CURRENCY	AMOUNT DUE
210	432153543	VENDOR	MEDLINE	1084466	USD	$48.08

LINE NO	ORDER Q'TY	U/M	INVOICE Q'TY	ITEM NO. / DESCRIPTION	CODE*	DELIVERY #	UNIT PRICE	AMOUNT
310	2.00	EA	2.00	MDS1826004 /RETRACTOR,MURPHY RAKE,4-PRONG,SHARP,7.75	TE		24.04	48.08
Subtotal								
		Freight:	**0.00**		**Tax:**	**0.00**		**48.08**

GROSS	TAX AMOUNT	FREIGHT	TOTAL
48.08	0.00	0.00	$48.08

Eligible Gross Amount $48.08
Discount amount $0.96 if recd. by 06/20/13

*Code
TE - Tax Exempt
C - Customer Freight

CUSTOMER SHALL PAY THE FREIGHT CHARGES INDICATED ON THIS INVOICE. ALL CLAIMS OF SHORT SHIPMENTS, MIS-SHIPMENTS AND OTHER ERRORS IN DELIVERY SHALL BE
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Billing Inquiries: 1-800-388-2147, A/R Svcs Rep: Lisa Serpico-Foreman x-4233

REMITTANCE

Bill To:
SOUND SHORE MEDICAL CTR/500
16 GUION PL
NEW ROCHELLE NY 10801-5502

Customer #	1084466
Invoice #	1064010872
Invoice Date	05/21/2013
Sales Rep #	210
Payment Terms	2% 30, 1% 60, Net 90
Amount Due	$48.08

Remit To:
Medline Industries, Inc.
Box 382075
Pittsburgh PA 15251-8075

AMOUNT PAID $_____

Detach and return this portion with your payment

MEDLINE

www.medline.com

INVOICE

Customer PO #	Invoice Date	Invoice #
NR176297	05/21/2013	1064010873

Sold To:
SOUND SHORE MEDICAL CTR/500
16 GUION PL
NEW ROCHELLE, NY 10801-5502

Ship To:
SOUND SHORE OR
16 GUION PL
NEW ROCHELLE, NY 10801-5502

SALES REP #	SALES ORDER #	CARRIER	FREIGHT TERMS	CUSTOMER #	CURRENCY	AMOUNT DUE
210	432232131	VENDOR	CUSTOMER	1084466	USD	$476.58

LINE NO	ORDER QTY	U/M	INVOICE QTY	ITEM NO / DESCRIPTION	CODE*	DELIVERY #	UNIT PRICE	AMOUNT
10	2.00	CS	2.00	SKR207559	TE		231.42	462.83
				SKR207559 /KIT,SURGILAV PLUS,HANDPIECE SET,W/MULTI				
Subtotal								
		Freight:	13.75		Tax:	0.00		462.83

GROSS	TAX AMOUNT	FREIGHT	TOTAL
462.83	0.00	13.75	$476.58

Eligible Gross Amount $462.83
Discount amount $9.26 if recd. by 06/20/13

*Code
TE - Tax Exempt
C - Customer Freight

CUSTOMER SHALL PAY THE FREIGHT CHARGES INDICATED ON THIS INVOICE. ALL CLAIMS OF SHORT SHIPMENTS, MIS-SHIPMENTS AND OTHER ERRORS IN DELIVERY SHALL BE
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Billing Inquiries: 1-800-388-2147, A/R Svcs Rep: Lisa Serpico-Foreman x-4233

REMITTANCE

Bill To:
SOUND SHORE MEDICAL CTR/500
16 GUION PL
NEW ROCHELLE NY 10801-5502

Customer #	1084466
Invoice #	1064010873
Invoice Date	05/21/2013
Sales Rep #	210
Payment Terms	2% 30, 1% 60, Net 90
Amount Due	$476.58

Remit To:
Medline Industries, Inc.
Box 382075
Pittsburgh PA 15251-8075

AMOUNT PAID $_____

Detach and return this portion with your payment

MEDLINE

www.medline.com

INVOICE

Customer PO #	Invoice Date	Invoice #
NR176981	05/21/2013	1064010874

Sold To:
SOUND SHORE MEDICAL CTR/500
16 GUION PL
NEW ROCHELLE, NY 10801-5502

Ship To:
SOUND SHORE MISCELLANEOUS
16 GUION PL
NEW ROCHELLE, NY 10801-5502

SALES REP #	SALES ORDER #	CARRIER	FREIGHT TERMS	CUSTOMER #	CURRENCY	AMOUNT DUE
210	432280338	UNITED PARCEL SERVICE	CUSTOMER	1084466	USD	$2,763.96

LINE NO	ORDER QTY	U/M	INVOICE QTY	ITEM NO / DESCRIPTION	CODE*	DELIVERY #	UNIT PRICE	AMOUNT
10	2.00	EA	2.00	W-A42NTBE1 /MONITOR,SPOT VITAL,NIBP,NELLCOR,TEMP	TE		1,375.59	2,751.18

Subtotal

Freight: **12.78** **Tax:** **0.00** **2751.18**

GROSS	TAX AMOUNT	FREIGHT	TOTAL
2,751.18	0.00	12.78	$2,763.96

Eligible Gross Amount $2,751.18
Discount amount $55.02 if recd. by 06/20/13

*Code
TE - Tax Exempt
C - Customer Freight

CUSTOMER SHALL PAY THE FREIGHT CHARGES INDICATED ON THIS INVOICE. ALL CLAIMS OF SHORT SHIPMENTS, MIS-SHIPMENTS AND OTHER ERRORS IN DELIVERY SHALL BE
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Billing Inquiries: 1-800-388-2147, A/R Svcs Rep: Lisa Serpico-Foreman x-4233

REMITTANCE

Bill To:
SOUND SHORE MEDICAL CTR/500
16 GUION PL
NEW ROCHELLE NY 10801-5502

Customer #	1084466
Invoice #	1064010874
Invoice Date	05/21/2013
Sales Rep #	210
Payment Terms	2% 30, 1% 60, Net 90
Amount Due	$2,763.96

Remit To:
Medline Industries, Inc.
Box 382075
Pittsburgh PA 15251-8075

AMOUNT PAID $_____

Detach and return this portion with your payment

MEDLINE

www.medline.com

INVOICE

Customer PO #	Invoice Date	Invoice #
NR176941	05/22/2013	1064047833

Sold To:
SOUND SHORE MEDICAL CTR/500
16 GUION PL
NEW ROCHELLE, NY 10801-5502

Ship To:
SOUND SHORE MISCELLANEOUS**
16 GUION PL
NEW ROCHELLE, NY 10801-5502

SALES REP #	SALES ORDER #	CARRIER	FREIGHT TERMS	CUSTOMER #	CURRENCY	AMOUNT DUE
210	432247717	FEDERAL EXPRESS CORP.	CUSTOMER	1084466	USD	$663.50

LINE NO	ORDER QTY	U/M	INVOICE QTY	ITEM NO / DESCRIPTION	CODE*	DELIVERY #	UNIT PRICE	AMOUNT
10	2.00	CS	2.00	UTD66800795 /KIT,SOFT PORT,FOAM,MEDIUM,RENASYS	TE	853539934	201.40	402.80

Subtotal

Freight: **260.70** **Tax:** **0.00** **402.80**

GROSS	TAX AMOUNT	FREIGHT	TOTAL
402.80	0.00	260.70	$663.50

Eligible Gross Amount $402.80
Discount amount $8.06 if recd. by 06/21/13
**** Special Ship-To**

*Code
TE - Tax Exempt
C - Customer Freight

CUSTOMER SHALL PAY THE FREIGHT CHARGES INDICATED ON THIS INVOICE. ALL CLAIMS OF SHORT SHIPMENTS, MIS-SHIPMENTS AND OTHER ERRORS IN DELIVERY SHALL BE
COMMUNICATED TO MEDLINE IN WRITING WITHIN TWO BUSINESS DAYS OF THE INVOICE DATE, OR THEY ARE DEEMED WAIVED. ALL CLAIMS FOR PRICING AND BILLING ERRORS
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Billing Inquiries: 1-800-388-2147, A/R Svcs Rep: Lisa Serpico-Foreman x-4233

REMITTANCE

Bill To:
SOUND SHORE MEDICAL CTR/500
16 GUION PL
NEW ROCHELLE NY 10801-5502

Customer #	1084466
Invoice #	1064047833
Invoice Date	05/22/2013
Sales Rep #	210
Payment Terms	2% 30, 1% 60, Net 90
Amount Due	$663.50

Remit To:
Medline Industries, Inc.
Box 382075
Pittsburgh PA 15251-8075

AMOUNT PAID $_____

Detach and return this portion with your payment

MEDLINE

www.medline.com

INVOICE

Customer PO #	Invoice Date	Invoice #
NR176969	05/22/2013	1064047834

Sold To:
SOUND SHORE MEDICAL CTR/500
16 GUION PL
NEW ROCHELLE, NY 10801-5502

Ship To:
MOUNT VERNON MISCELLANEOUS
9 N 8TH AVE
MOUNT VERNON, NY 10550-1965

SALES REP #	SALES ORDER #	CARRIER	FREIGHT TERMS	CUSTOMER #	CURRENCY	AMOUNT DUE
210	680722516	FEDEX GROUND	CUSTOMER	1084466	USD	$409.43

LINE NO.	ORDER QTY	U/M	INVOICE QTY	ITEM NO / DESCRIPTION	CODE*	DELIVERY #	UNIT PRICE	AMOUNT
10	1.00	CS	1.00	UTD66800912 /CANISTER,EZPLUS,800CC,SOFT PORT,RENASYS	TE	853581443	229.84	229.84
20	1.00	CS	1.00	UTD66800934 /KIT,GZE,DRSNG,W/SOFT PORT,MD,RENASYS-G	TE	853581443	169.01	169.01

HCPCS Code #: A6550
Subtotal

Freight: 10.58 **Tax:** 0.00 398.85

GROSS	TAX AMOUNT	FREIGHT	TOTAL
398.85	0.00	10.58	$409.43

Eligible Gross Amount $398.85
Discount amount $7.98 if recd. by 06/21/13

*Code
TE - Tax Exempt
C - Customer Freight

CUSTOMER SHALL PAY THE FREIGHT CHARGES INDICATED ON THIS INVOICE. ALL CLAIMS OF SHORT SHIPMENTS, MIS-SHIPMENTS AND OTHER ERRORS IN DELIVERY SHALL BE
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Billing Inquiries: 1-800-388-2147, A/R Svcs Rep: Lisa Serpico-Foreman x-4233

REMITTANCE

Bill To:
SOUND SHORE MEDICAL CTR/500
16 GUION PL
NEW ROCHELLE NY 10801-5502

Customer #	1084466
Invoice #	1064047834
Invoice Date	05/22/2013
Sales Rep #	210
Payment Terms	2% 30, 1% 60, Net 90
Amount Due	$409.43

Remit To:
Medline Industries, Inc.
Box 382075
Pittsburgh PA 15251-8075

AMOUNT PAID $_____

Detach and return this portion with your payment

MEDLINE

www.medline.com

INVOICE

Customer PO #	Invoice Date	Invoice #
NR176632	05/22/2013	1064047835

Sold To:
SOUND SHORE MEDICAL CTR/500
16 GUION PL
NEW ROCHELLE, NY 10801-5502

Ship To:
MOUNT VERNON MISCELLANEOUS
9 N 8TH AVE
MOUNT VERNON, NY 10550-1965

SALES REP #	SALES ORDER #:	CARRIER	FREIGHT TERMS	CUSTOMER #	CURRENCY	AMOUNT DUE
210	680620936	MEDTRANS	CUSTOMER	1084466	USD	$455.93

LINE NO	ORDER QTY	U/M	INVOICE QTY	ITEM NO / DESCRIPTION	CODE*	DELIVERY #	UNIT PRICE	AMOUNT
10	6.00	BX	5.00	CVC610838 CVC610838 /COVER NEOGUARD,NON-STERILE 1.6" X 11.8"	TE	853733681	89.17	445.85

Subtotal

Freight: 10.08 **Tax:** 0.00 445.85

GROSS	TAX AMOUNT	FREIGHT	TOTAL
445.85	0.00	10.08	$455.93

Eligible Gross Amount $445.85
Discount amount $8.92 if recd. by 06/21/13

*Code
TE - Tax Exempt
C - Customer Freight

CUSTOMER SHALL PAY THE FREIGHT CHARGES INDICATED ON THIS INVOICE. ALL CLAIMS OF SHORT SHIPMENTS, MIS-SHIPMENTS AND OTHER ERRORS IN DELIVERY SHALL BE
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Billing Inquiries: 1-800-388-2147, A/R Svcs Rep: Lisa Serpico-Foreman x-4233

REMITTANCE

Bill To:
SOUND SHORE MEDICAL CTR/500
16 GUION PL
NEW ROCHELLE NY 10801-5502

Customer #	1084466
Invoice #	1064047835
Invoice Date	05/22/2013
Sales Rep #	210
Payment Terms	2% 30, 1% 60, Net 90
Amount Due	$455.93

Remit To:
Medline Industries, Inc.
Box 382075
Pittsburgh PA 15251-8075

AMOUNT PAID $_____

Detach and return this portion with your payment

MEDLINE

www.medline.com

INVOICE

Customer PO #	Invoice Date	Invoice #
NR176743	05/22/2013	1064047836

Sold To:
SOUND SHORE MEDICAL CTR/500
16 GUION PL
NEW ROCHELLE, NY 10801-5502

Ship To:
MOUNT VERNON OR
9 N 8TH AVE
MOUNT VERNON, NY 10550-1965

SALES REP #	SALES ORDER #	CARRIER	FREIGHT TERMS	CUSTOMER #	CURRENCY	AMOUNT DUE
210	680652011	MEDTRANS	MEDLINE	1084466	USD	$11.28

LINE NO.	ORDER QTY.	U/M	INVOICE QTY.	ITEM NO. / DESCRIPTION	CODE*	DELIVERY #	UNIT PRICE	AMOUNT
30	10.00	EA	1.00	ORT16020LXL ORT16020LXL /IMMOBILIZER,SHOULDER,SLING&SWATH,L/XL,EA	TE	853733921	11.28	11.28

HCPCS Code #: L3670

Subtotal

Freight: 0.00 **Tax:** 0.00 11.28

GROSS	TAX AMOUNT	FREIGHT	TOTAL
11.28	0.00	0.00	$11.28

Eligible Gross Amount $11.28
Discount amount $0.23 if recd. by 06/21/13

*Code
TE - Tax Exempt
C - Customer Freight

CUSTOMER SHALL PAY THE FREIGHT CHARGES INDICATED ON THIS INVOICE. ALL CLAIMS OF SHORT SHIPMENTS, MIS-SHIPMENTS AND OTHER ERRORS IN DELIVERY SHALL BE
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Billing Inquiries: 1-800-388-2147, A/R Svcs Rep: Lisa Serpico-Foreman x-4233

REMITTANCE

Bill To:
SOUND SHORE MEDICAL CTR/500
16 GUION PL
NEW ROCHELLE NY 10801-5502

Customer #	1084466
Invoice #	1064047836
Invoice Date	05/22/2013
Sales Rep #	210
Payment Terms	2% 30, 1% 60, Net 90
Amount Due	$11.28

Remit To:
Medline Industries, Inc.
Box 382075
Pittsburgh PA 15251-8075

AMOUNT PAID $_____

Detach and return this portion with your payment

MEDLINE

www.medline.com

INVOICE

Customer PO #	Invoice Date	Invoice #
NR176779	05/22/2013	1064047837

Sold To:
SOUND SHORE MEDICAL CTR/500
16 GUION PL
NEW ROCHELLE, NY 10801-5502

Ship To:
MOUNT VERNON MISCELLANEOUS
9 N 8TH AVE
MOUNT VERNON, NY 10550-1965

SALES REP #	SALES ORDER #	CARRIER	FREIGHT TERMS	CUSTOMER #	CURRENCY	AMOUNT DUE
210	680662901	MEDTRANS	CUSTOMER	1084466	USD	$218.78

LINE NO	ORDER QTY	U/M	INVOICE QTY	ITEM NO / DESCRIPTION	CODE*	DELIVERY #	UNIT PRICE	AMOUNT
10	3.00	CS	3.00	VSI303 VSI303 /FILTER,RESPIGUARD 2,GENERAL PURPOSE	TE	853733922	48.74	146.21

Subtotal

Freight: 72.57 **Tax:** 0.00 **146.21**

GROSS	TAX AMOUNT	FREIGHT	TOTAL
146.21	0.00	72.57	$218.78

Eligible Gross Amount $146.21
Discount amount $2.92 if recd. by 06/21/13

*Code
TE - Tax Exempt
C - Customer Freight

CUSTOMER SHALL PAY THE FREIGHT CHARGES INDICATED ON THIS INVOICE. ALL CLAIMS OF SHORT SHIPMENTS, MIS-SHIPMENTS AND OTHER ERRORS IN DELIVERY SHALL BE
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Billing Inquiries: 1-800-388-2147, A/R Svcs Rep: Lisa Serpico-Foreman x-4233

REMITTANCE

Bill To:
SOUND SHORE MEDICAL CTR/500
16 GUION PL
NEW ROCHELLE NY 10801-5502

Customer #	1084466
Invoice #	1064047837
Invoice Date	05/22/2013
Sales Rep #	210
Payment Terms	2% 30, 1% 60, Net 90
Amount Due	$218.78

Remit To:
Medline Industries, Inc.
Box 382075
Pittsburgh PA 15251-8075

AMOUNT PAID $_____

Detach and return this portion with your payment

MEDLINE

www.medline.com

INVOICE

Customer PO #	Invoice Date	Invoice #
NR176999	05/22/2013	1064047838

Sold To:
SOUND SHORE MEDICAL CTR/500
16 GUION PL
NEW ROCHELLE, NY 10801-5502

Ship To:
MOUNT VERNON INVENTORY
9 N 8TH AVE
MOUNT VERNON, NY 10550-1965

SALES REP #	SALES ORDER #	CARRIER	FREIGHT TERMS	CUSTOMER #	CURRENCY	AMOUNT DUE
210	680735539	MEDTRANS	MEDLINE	1084466	USD	$417.55

LINE NO.	ORDER QTY	U/M	INVOICE QTY	ITEM NO / DESCRIPTION	CODE*	DELIVERY #	UNIT PRICE	AMOUNT
120	3.00	CS	3.00	B-D364902	TE	853734342	139.18	417.55
				101300 /DEVICE,ACCESS,MALE LUER ADAPT,STRL BULK				
		101300						
Subtotal 999								
		Freight:	0.00		Tax:	0.00		417.55

GROSS	TAX AMOUNT	FREIGHT	TOTAL
417.55	0.00	0.00	$417.55

Eligible Gross Amount $417.55
Discount amount $8.35 if recd. by 06/21/13

*Code
TE - Tax Exempt
C - Customer Freight

CUSTOMER SHALL PAY THE FREIGHT CHARGES INDICATED ON THIS INVOICE. ALL CLAIMS OF SHORT SHIPMENTS, MIS-SHIPMENTS AND OTHER ERRORS IN DELIVERY SHALL BE
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Billing Inquiries: 1-800-388-2147, A/R Svcs Rep: Lisa Serpico-Foreman x-4233

REMITTANCE

Bill To:
SOUND SHORE MEDICAL CTR/500
16 GUION PL
NEW ROCHELLE NY 10801-5502

Customer #	1084466
Invoice #	1064047838
Invoice Date	05/22/2013
Sales Rep #	210
Payment Terms	2% 30, 1% 60, Net 90
Amount Due	$417.55

Remit To:
Medline Industries, Inc.
Box 382075
Pittsburgh PA 15251-8075

AMOUNT PAID $_____

Detach and return this portion with your payment

MEDLINE

www.medline.com

INVOICE

Customer PO #	Invoice Date	Invoice #
NR177073	05/22/2013	1064047839

Sold To:
SOUND SHORE MEDICAL CTR/500
16 GUION PL
NEW ROCHELLE, NY 10801-5502

Ship To:
MOUNT VERNON INVENTORY
9 N 8TH AVE
MOUNT VERNON, NY 10550-1965

SALES REP #	SALES ORDER #	CARRIER	FREIGHT TERMS	CUSTOMER #	CURRENCY	AMOUNT DUE
210	680763305	MEDTRANS	CUSTOMER	1084466	USD	$59.20

LINE NO.	ORDER QTY	U/M	INVOICE QTY	ITEM NO. / DESCRIPTION	CODE*	DELIVERY #	UNIT PRICE	AMOUNT
10	2.00	CS	2.00	MDS202000 304000 /APPLICATOR,COTTON-TIP,WOOD,6",STERILE	TE	853762366	29.60	59.20

Subtotal

Freight: 0.00 **Tax:** 0.00 59.20

GROSS	TAX AMOUNT	FREIGHT	TOTAL
59.20	0.00	0.00	$59.20

Eligible Gross Amount $59.20
Discount amount $1.18 if recd. by 06/21/13

*Code
TE - Tax Exempt
C - Customer Freight

CUSTOMER SHALL PAY THE FREIGHT CHARGES INDICATED ON THIS INVOICE. ALL CLAIMS OF SHORT SHIPMENTS, MIS-SHIPMENTS AND OTHER ERRORS IN DELIVERY SHALL BE
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Billing Inquiries: 1-800-388-2147, A/R Svcs Rep: Lisa Serpico-Foreman x-4233

REMITTANCE

Bill To:
SOUND SHORE MEDICAL CTR/500
16 GUION PL
NEW ROCHELLE NY 10801-5502

Customer #	1084466
Invoice #	1064047839
Invoice Date	05/22/2013
Sales Rep #	210
Payment Terms	2% 30, 1% 60, Net 90
Amount Due	$59.20

Remit To:
Medline Industries, Inc.
Box 382075
Pittsburgh PA 15251-8075

AMOUNT PAID $_____

Detach and return this portion with your payment

MEDLINE

www.medline.com

INVOICE

Customer PO #	Invoice Date	Invoice #
NR177122	05/22/2013	1064047840

Sold To:
SOUND SHORE MEDICAL CTR/500
16 GUION PL
NEW ROCHELLE, NY 10801-5502

Ship To:
SOUND SHORE OR
16 GUION PL
NEW ROCHELLE, NY 10801-5502

SALES REP #	SALES ORDER #	CARRIER	FREIGHT TERMS	CUSTOMER #	CURRENCY	AMOUNT DUE
210	432385051	FEDEX GROUND	CUSTOMER	1084466	USD	$581.25

LINE NO	ORDER QTY	U/M	INVOICE QTY	ITEM NO / DESCRIPTION	CODE*	DELIVERY #	UNIT PRICE	AMOUNT
GROUND RUSH MUST SHIP TODAY 5/21								
10	2.00	BX	2.00	SKE0250070500	TE	853805091	286.23	572.45
				SKE0250070500 //IRRIGATOR, SUCTION, STRYKEFLOW 10' TUBE				
Subtotal								
		Freight:	8.80		Tax:	0.00		572.45

GROSS	TAX AMOUNT	FREIGHT	TOTAL
572.45	0.00	8.80	$581.25

Eligible Gross Amount $572.45
Discount amount $11.45 if recd. by 06/21/13

*Code
TE - Tax Exempt
C - Customer Freight

CUSTOMER SHALL PAY THE FREIGHT CHARGES INDICATED ON THIS INVOICE. ALL CLAIMS OF SHORT SHIPMENTS, MIS-SHIPMENTS AND OTHER ERRORS IN DELIVERY SHALL BE
COMMUNICATED TO MEDLINE IN WRITING WITHIN TWO BUSINESS DAYS OF THE INVOICE DATE, OR THEY ARE DEEMED WAIVED. ALL CLAIMS FOR PRICING AND BILLING ERRORS
SHALL BE COMMUNICATED TO MEDLINE IN WRITING WITHIN 180 DAYS OF INVOICE DATE, OR THEY ARE DEEMED WAIVED.

Billing Inquiries: 1-800-388-2147, A/R Svcs Rep: Lisa Serpico-Foreman x-4233

REMITTANCE

Bill To:
SOUND SHORE MEDICAL CTR/500
16 GUION PL
NEW ROCHELLE NY 10801-5502

Customer #	1084466
Invoice #	1064047840
Invoice Date	05/22/2013
Sales Rep #	210
Payment Terms	2% 30, 1% 60, Net 90
Amount Due	$581.25

Remit To:
Medline Industries, Inc.
Box 382075
Pittsburgh PA 15251-8075

AMOUNT PAID $_____

Detach and return this portion with your payment

MEDLINE

www.medline.com

INVOICE

Customer PO #	Invoice Date	Invoice #
NR175069	05/23/2013	1064084329

Sold To:
SOUND SHORE MEDICAL CTR/500
16 GUION PL
NEW ROCHELLE, NY 10801-5502

Ship To:
SOUND SHORE MISCELLANEOUS
16 GUION PL
NEW ROCHELLE, NY 10801-5502

SALES REP #	SALES ORDER #	CARRIER	FREIGHT TERMS	CUSTOMER #	CURRENCY	AMOUNT DUE
210	680128945	MEDTRANS	MEDLINE	1084466	USD	$71.84

LINE NO	ORDER QTY	U/M	INVOICE QTY	ITEM NO / DESCRIPTION	CODE*	DELIVERY #	UNIT PRICE	AMOUNT
80	5.00	BX	4.00	PTX100126035 PTX100126035 /TUBE,ENDOTRACH,BLUE LINE,MURPHY,3.5MM	TE	853745592	17.96	71.84

Subtotal

Freight: **0.00** **Tax:** **0.00** **71.84**

GROSS	TAX AMOUNT	FREIGHT	TOTAL
71.84	0.00	0.00	$71.84

Eligible Gross Amount $71.84
Discount amount $1.44 if recd. by 06/22/13

*Code
TE - Tax Exempt
C - Customer Freight

CUSTOMER SHALL PAY THE FREIGHT CHARGES INDICATED ON THIS INVOICE. ALL CLAIMS OF SHORT SHIPMENTS, MIS-SHIPMENTS AND OTHER ERRORS IN DELIVERY SHALL BE
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Billing Inquiries: 1-800-388-2147, A/R Svcs Rep: Lisa Serpico-Foreman x-4233

REMITTANCE

Bill To:
SOUND SHORE MEDICAL CTR/500
16 GUION PL
NEW ROCHELLE NY 10801-5502

Customer #	1084466
Invoice #	1064084329
Invoice Date	05/23/2013
Sales Rep #	210
Payment Terms	2% 30, 1% 60, Net 90
Amount Due	$71.84

Remit To:
Medline Industries, Inc.
Box 382075
Pittsburgh PA 15251-8075

AMOUNT PAID $_____

Detach and return this portion with your payment

MEDLINE

www.medline.com

INVOICE

Customer PO #	Invoice Date	Invoice #
NR176688	05/23/2013	1064084331

Sold To:
SOUND SHORE MEDICAL CTR/500
16 GUION PL
NEW ROCHELLE, NY 10801-5502

Ship To:
SOUND SHORE OR
16 GUION PL
NEW ROCHELLE, NY 10801-5502

SALES REP #	SALES ORDER #	CARRIER	FREIGHT TERMS	CUSTOMER #	CURRENCY	AMOUNT DUE
210	680642750	MEDTRANS	MEDLINE	1084466	USD	$307.10

LINE NO	ORDER QTY	U/M	INVOICE QTY	ITEM NO / DESCRIPTION	CODE*	DELIVERY #	UNIT PRICE	AMOUNT
90	6.00	BX	6.00	USUCL543	TE	853776754	51.18	307.10
				USUCL543 /SUTURE,POLYSORB 2/0 30 U/D GS-11 213Q				
Subtotal								
		Freight:	**0.00**		**Tax:**	**0.00**		**307.10**

GROSS	TAX AMOUNT	FREIGHT	TOTAL
307.10	0.00	0.00	$307.10

Eligible Gross Amount $307.10
Discount amount $6.14 if recd. by 06/22/13

*Code
TE - Tax Exempt
C - Customer Freight

CUSTOMER SHALL PAY THE FREIGHT CHARGES INDICATED ON THIS INVOICE. ALL CLAIMS OF SHORT SHIPMENTS, MIS-SHIPMENTS AND OTHER ERRORS IN DELIVERY SHALL BE
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Billing Inquiries: 1-800-388-2147, A/R Svcs Rep: Lisa Serpico-Foreman x-4233

REMITTANCE

Bill To:
SOUND SHORE MEDICAL CTR/500
16 GUION PL
NEW ROCHELLE NY 10801-5502

Customer #	1084466
Invoice #	1064084331
Invoice Date	05/23/2013
Sales Rep #	210
Payment Terms	2% 30, 1% 60, Net 90
Amount Due	$307.10

Remit To:
Medline Industries, Inc.
Box 382075
Pittsburgh PA 15251-8075

AMOUNT PAID $_____

Detach and return this portion with your payment

MEDLINE

www.medline.com

INVOICE

Customer PO #	Invoice Date	Invoice #
NR176744	05/23/2013	1064084332

Sold To:
SOUND SHORE MEDICAL CTR/500
16 GUION PL
NEW ROCHELLE, NY 10801-5502

Ship To:
MOUNT VERNON INVENTORY
9 N 8TH AVE
MOUNT VERNON, NY 10550-1965

SALES REP #	SALES ORDER #	CARRIER	FREIGHT TERMS	CUSTOMER #	CURRENCY	AMOUNT DUE
210	680652085	MEDTRANS	MEDLINE	1084466	USD	$441.41

LINE NO	ORDER QTY	U/M	INVOICE QTY	ITEM NO / DESCRIPTION	CODE*	DELIVERY #	UNIT PRICE	AMOUNT
10	3.00	BX	3.00	USUBW25G 400300 /WAX,BONE,NON-ABSORBABLE,2.5G	TE	853776756	58.37	175.10
20	4.00	BX	3.00	USUSN5699G 403300 /SUTURE,MONOSOF,BLACK,4/0,18",P-13	TE	853776756	33.35	100.06
50	3.00	BX	3.00	USUL72 410000 /SUTURE,POLY,3/0,3X18",VIOLET,TIES,45 CM	TE	853776756	55.42	166.25
Subtotal								
		Freight:	0.00		**Tax:**	0.00		441.41

GROSS	TAX AMOUNT	FREIGHT	TOTAL
441.41	0.00	0.00	$441.41

Eligible Gross Amount $441.41
Discount amount $8.83 if recd. by 06/22/13

*Code
TE - Tax Exempt
C - Customer Freight

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Billing Inquiries: 1-800-388-2147, A/R Svcs Rep: Lisa Serpico-Foreman x-4233

REMITTANCE

Bill To:
SOUND SHORE MEDICAL CTR/500
16 GUION PL
NEW ROCHELLE NY 10801-5502

Customer #	1084466
Invoice #	1064084332
Invoice Date	05/23/2013
Sales Rep #	210
Payment Terms	2% 30, 1% 60, Net 90
Amount Due	$441.41

Remit To:
Medline Industries, Inc.
Box 382075
Pittsburgh PA 15251-8075

AMOUNT PAID $_____

Detach and return this portion with your payment

MEDLINE

www.medline.com

INVOICE

Customer PO #	Invoice Date	Invoice #
NR176502	05/23/2013	1064084334

Sold To:
SOUND SHORE MEDICAL CTR/500
16 GUION PL
NEW ROCHELLE, NY 10801-5502

Ship To:
SOUND SHORE MISCELLANEOUS
16 GUION PL
NEW ROCHELLE, NY 10801-5502

SALES REP #	SALES ORDER #	CARRIER	FREIGHT TERMS	CUSTOMER #	CURRENCY	AMOUNT DUE
210	680585417	MEDTRANS	MEDLINE	1084466	USD	$16.68

LINE NO	ORDER QTY	U/M	INVOICE QTY	ITEM NO / DESCRIPTION	CODE*	DELIVERY #	UNIT PRICE	AMOUNT
30	6.00	CS	6.00	PTX100322100 PTX100322100 /AIRWAY, 10.0 CM, GUEDEL, DISP	TE	853777033	2.78	16.68

Subtotal

Freight: 0.00 **Tax:** 0.00 **16.68**

GROSS	TAX AMOUNT	FREIGHT	TOTAL
16.68	0.00	0.00	$16.68

Eligible Gross Amount $16.68
Discount amount $0.33 if recd. by 06/22/13

*Code
TE - Tax Exempt
C - Customer Freight

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Billing Inquiries: 1-800-388-2147, A/R Svcs Rep: Lisa Serpico-Foreman x-4233

REMITTANCE

Bill To:
SOUND SHORE MEDICAL CTR/500
16 GUION PL
NEW ROCHELLE NY 10801-5502

Customer #	1084466
Invoice #	1064084334
Invoice Date	05/23/2013
Sales Rep #	210
Payment Terms	2% 30, 1% 60, Net 90
Amount Due	$16.68

Remit To:
Medline Industries, Inc.
Box 382075
Pittsburgh PA 15251-8075

AMOUNT PAID $_____

Detach and return this portion with your payment

MEDLINE

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INVOICE

Customer PO #	Invoice Date	Invoice #
NR176999	05/23/2013	1064084335

Sold To:
SOUND SHORE MEDICAL CTR/500
16 GUION PL
NEW ROCHELLE, NY 10801-5502

Ship To:
MOUNT VERNON INVENTORY
9 N 8TH AVE
MOUNT VERNON, NY 10550-1965

SALES REP #	SALES ORDER #	CARRIER	FREIGHT TERMS	CUSTOMER #	CURRENCY	AMOUNT DUE
210	680735539	MEDTRANS	MEDLINE	1084466	USD	$163.94

LINE NO	ORDER QTY	U/M	INVOICE QTY	ITEM NO / DESCRIPTION	CODE*	DELIVERY #	UNIT PRICE	AMOUNT
350	3.00	BX	2.00	USUCL813 410500 /SUTURE,POLYSORB 1 30 VIOLET GS-21 01Q	TE	853777768	44.26	88.51
370	3.00	BX	2.00	USUSL5628G 410700 /SUTURE,POLYSORB 3/0 18" UNDYED P12	TE	853777768	37.72	75.43

Subtotal

Freight: 0.00 **Tax:** 0.00 **163.94**

GROSS	TAX AMOUNT	FREIGHT	TOTAL
163.94	0.00	0.00	$163.94

Eligible Gross Amount $163.94
Discount amount $3.28 if recd. by 06/22/13

*Code
TE - Tax Exempt
C - Customer Freight

CUSTOMER SHALL PAY THE FREIGHT CHARGES INDICATED ON THIS INVDICE. ALL CLAIMS OF SHORT SHIPMENTS, MIS-SHIPMENTS AND OTHER ERRORS IN DELIVERY SHALL BE
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Billing Inquiries: 1-800-388-2147, A/R Svcs Rep: Lisa Serpico-Foreman x-4233

REMITTANCE

Bill To:
SOUND SHORE MEDICAL CTR/500
16 GUION PL
NEW ROCHELLE NY 10801-5502

Customer #	1084466
Invoice #	1064084335
Invoice Date	05/23/2013
Sales Rep #	210
Payment Terms	2% 30, 1% 60, Net 90
Amount Due	$163.94

Remit To:
Medline Industries, Inc.
Box 382075
Pittsburgh PA 15251-8075

AMOUNT PAID $_____

Detach and return this portion with your payment

MEDLINE

www.medline.com

INVOICE

Customer PO #	Invoice Date	Invoice #
NR176979	05/23/2013	1064084337

Sold To:
SOUND SHORE MEDICAL CTR/500
16 GUION PL
NEW ROCHELLE, NY 10801-5502

Ship To:
MOUNT VERNON INVENTORY
9 N 8TH AVE
MOUNT VERNON, NY 10550-1965

SALES REP #	SALES ORDER #	CARRIER	FREIGHT TERMS	CUSTOMER #	CURRENCY	AMOUNT DUE
210	680726530	MEDTRANS	MEDLINE	1084466	USD	$70.13

LINE NO	ORDER QTY	U/M	INVOICE QTY	ITEM NO / DESCRIPTION	CODE*	DELIVERY #	UNIT PRICE	AMOUNT
190	1.00	CS	1.00	KDL7000LL 305500 /METER,URINE,PRECISION,400 ML,LUER LOCK	TE	853777780	70.13	70.13

Subtotal

Freight: 0.00 **Tax:** 0.00 70.13

GROSS	TAX AMOUNT	FREIGHT	TOTAL
70.13	0.00	0.00	$70.13

Eligible Gross Amount $70.13
Discount amount $1.40 if recd. by 06/22/13

*Code
TE - Tax Exempt
C - Customer Freight

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Billing Inquiries: 1-800-388-2147, A/R Svcs Rep: Lisa Serpico-Foreman x-4233

REMITTANCE

Bill To:
SOUND SHORE MEDICAL CTR/500
16 GUION PL
NEW ROCHELLE NY 10801-5502

Customer #	1084466
Invoice #	1064084337
Invoice Date	05/23/2013
Sales Rep #	210
Payment Terms	2% 30, 1% 60, Net 90
Amount Due	$70.13

Remit To:
Medline Industries, Inc.
Box 382075
Pittsburgh PA 15251-8075

AMOUNT PAID $_____

Detach and return this portion with your payment

MEDLINE

www.medline.com

INVOICE

Customer PO #	Invoice Date	Invoice #
NR176887	05/23/2013	1064084339

Sold To:
SOUND SHORE MEDICAL CTR/500
16 GUION PL
NEW ROCHELLE, NY 10801-5502

Ship To:
MOUNT VERNON INVENTORY
9 N 8TH AVE
MOUNT VERNON, NY 10550-1965

SALES REP #	SALES ORDER #	CARRIER	FREIGHT TERMS	CUSTOMER #	CURRENCY	AMOUNT DUE
210	680694454	MEDTRANS	MEDLINE	1084466	USD	$505.56

LINE NO	ORDER QTY	U/M	INVOICE QTY	ITEM NO / DESCRIPTION	CODE*	DELIVERY #	UNIT PRICE	AMOUNT
30	4.00	CS	4.00	FSC14377251 807200 /SYSTEM, COLLECTION URINE	TE	853777818	126.39	505.56

Subtotal **Freight:** **0.00** **Tax:** **0.00** **505.56**

GROSS	TAX AMOUNT	FREIGHT	TOTAL
505.56	0.00	0.00	$505.56

Eligible Gross Amount $505.56
Discount amount $10.11 if recd. by 06/22/13

*Code
TE - Tax Exempt
C - Customer Freight

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Billing Inquiries: 1-800-388-2147, A/R Svcs Rep: Lisa Serpico-Foreman x-4233

REMITTANCE

Bill To:
SOUND SHORE MEDICAL CTR/500
16 GUION PL
NEW ROCHELLE NY 10801-5502

Customer #	1084466
Invoice #	1064084339
Invoice Date	05/23/2013
Sales Rep #	210
Payment Terms	2% 30, 1% 60, Net 90
Amount Due	$505.56

Remit To:
Medline Industries, Inc.
Box 382075
Pittsburgh PA 15251-8075

AMOUNT PAID $_____

Detach and return this portion with your payment

MEDLINE

www.medline.com

INVOICE

Customer PO #	Invoice Date	Invoice #
NR176779	05/23/2013	1064084340

Sold To:
SOUND SHORE MEDICAL CTR/500
16 GUION PL
NEW ROCHELLE, NY 10801-5502

Ship To:
MOUNT VERNON MISCELLANEOUS
9 N 8TH AVE
MOUNT VERNON, NY 10550-1965

SALES REP #	SALES ORDER #	CARRIER	FREIGHT TERMS	CUSTOMER #	CURRENCY	AMOUNT DUE
210	680662901	MEDTRANS	CUSTOMER	1084466	USD	$191.99

LINE NO	ORDER QTY	U/M	INVOICE QTY	ITEM NO / DESCRIPTION	CODE*	DELIVERY #	UNIT PRICE	AMOUNT
20	5.00	CS	5.00	HUD1589 HUD1589 /EXCHANGER,HEAT/MOIST,HCH,1HS	TE	853780516	38.40	191.99

Subtotal

Freight: 0.00 **Tax:** 0.00 **191.99**

GROSS	TAX AMOUNT	FREIGHT	TOTAL
191.99	0.00	0.00	$191.99

Eligible Gross Amount $191.99
Discount amount $3.84 if recd. by 06/22/13

*Code
TE - Tax Exempt
C - Customer Freight

CUSTOMER SHALL PAY THE FREIGHT CHARGES INDICATED ON THIS INVOICE. ALL CLAIMS OF SHORT SHIPMENTS, MIS-SHIPMENTS AND OTHER ERRORS IN DELIVERY SHALL BE
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Billing Inquiries: 1-800-388-2147, A/R Svcs Rep: Lisa Serpico-Foreman x-4233

REMITTANCE

Bill To:
SOUND SHORE MEDICAL CTR/500
16 GUION PL
NEW ROCHELLE NY 10801-5502

Customer #	1084466
Invoice #	1064084340
Invoice Date	05/23/2013
Sales Rep #	210
Payment Terms	2% 30, 1% 60, Net 90
Amount Due	$191.99

Remit To:
Medline Industries, Inc.
Box 382075
Pittsburgh PA 15251-8075

AMOUNT PAID $_____

Detach and return this portion with your payment

MEDLINE

www.medline.com

INVOICE

Customer PO #	Invoice Date	Invoice #
NR176810	05/23/2013	1064084341

Sold To:
SOUND SHORE MEDICAL CTR/500
16 GUION PL
NEW ROCHELLE, NY 10801-5502

Ship To:
SOUND SHORE MISCELLANEOUS
16 GUION PL
NEW ROCHELLE, NY 10801-5502

SALES REP #	SALES ORDER #	CARRIER	FREIGHT TERMS	CUSTOMER #	CURRENCY	AMOUNT DUE
210	680671084	MEDTRANS	MEDLINE	1084466	USD	$338.37

LINE NO	ORDER QTY	U/M	INVOICE QTY	ITEM NO / DESCRIPTION	CODE*	DELIVERY #	UNIT PRICE	AMOUNT
20	3.00	CS	3.00	HUD1691 /CANNULA,NASAL,CPAP INFANT/SIZE 1	TE	853780518	112.79	338.37

Subtotel

Freight: 0.00 **Tax:** 0.00 338.37

GROSS	TAX AMOUNT	FREIGHT	TOTAL
338.37	0.00	0.00	$338.37

Eligible Gross Amount $338.37
Discount amount $6.77 if recd. by 06/22/13

*Code
TE - Tax Exempt
C - Customer Freight

CUSTOMER SHALL PAY THE FREIGHT CHARGES INDICATED ON THIS INVOICE. ALL CLAIMS OF SHORT SHIPMENTS, MIS-SHIPMENTS AND OTHER ERRORS IN DELIVERY SHALL BE
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Billing Inquiries: 1-800-388-2147, A/R Svcs Rep: Lisa Serpico-Foreman x-4233

REMITTANCE

Bill To:
SOUND SHORE MEDICAL CTR/500
16 GUION PL
NEW ROCHELLE NY 10801-5502

Customer #	1084466
Invoice #	1064084341
Invoice Date	05/23/2013
Sales Rep #	210
Payment Terms	2% 30, 1% 60, Net 90
Amount Due	$338.37

Remit To:
Medline Industries, Inc.
Box 382075
Pittsburgh PA 15251-8075

AMOUNT PAID $_____

Detach and return this portion with your payment

MEDLINE

www.medline.com

INVOICE

Customer PO #	Invoice Date	Invoice #
NR176810	05/23/2013	1064084342

Sold To:
SOUND SHORE MEDICAL CTR/500
16 GUION PL
NEW ROCHELLE, NY 10801-5502

Ship To:
SOUND SHORE MISCELLANEOUS
16 GUION PL
NEW ROCHELLE, NY 10801-5502

SALES REP #	SALES ORDER #	CARRIER	FREIGHT TERMS	CUSTOMER #	CURRENCY	AMOUNT DUE
210	680671084	MEDTRANS	MEDLINE	1084466	USD	$216.49

LINE NO.	ORDER QTY	U/M	INVOICE QTY	ITEM NO. / DESCRIPTION	CODE*	DELIVERY #	UNIT PRICE	AMOUNT
10	3.00	CS	2.00	HUD1693 HUD1693 /CANNULA, NASAL, CPAP, INFANT, SIZE 3	TE	853781632	108.25	216.49
Subtotal								
		Freight:	0.00		**Tax:**	0.00		216.49

GROSS	TAX AMOUNT	FREIGHT	TOTAL
216.49	0.00	0.00	$216.49

Eligible Gross Amount $216.49
Discount amount $4.33 if recd. by 06/22/13

*Code
TE - Tax Exempt
C - Customer Freight

CUSTOMER SHALL PAY THE FREIGHT CHARGES INDICATED ON THIS INVOICE. ALL CLAIMS OF SHORT SHIPMENTS, MIS-SHIPMENTS AND OTHER ERRORS IN DELIVERY SHALL BE
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Billing Inquiries: 1-800-388-2147, A/R Svcs Rep: Lisa Serpico-Foreman x-4233

REMITTANCE

Bill To:
SOUND SHORE MEDICAL CTR/500
16 GUION PL
NEW ROCHELLE NY 10801-5502

Customer #	1084466
Invoice #	1064084342
Invoice Date	05/23/2013
Sales Rep #	210
Payment Terms	2% 30, 1% 60, Net 90
Amount Due	$216.49

Remit To:
Medline Industries, Inc.
Box 382075
Pittsburgh PA 15251-8075

AMOUNT PAID $_____

Detach and return this portion with your payment

MEDLINE

www.medline.com

INVOICE

Customer PO #	Invoice Date	Invoice #
NR176911	05/23/2013	1064084343

Sold To:
SOUND SHORE MEDICAL CTR/500
16 GUION PL
NEW ROCHELLE, NY 10801-5502

Ship To:
MOUNT VERNON MISCELLANEOUS
9 N 8TH AVE
MOUNT VERNON, NY 10550-1965

SALES REP #	SALES ORDER #	CARRIER	FREIGHT TERMS	CUSTOMER #	CURRENCY	AMOUNT DUE
210	680703071	MEDTRANS	CUSTOMER	1084466	USD	$173.88

LINE NO	ORDER QTY	U/M	INVOICE QTY	ITEM NO / DESCRIPTION	CODE*	DELIVERY #	UNIT PRICE	AMOUNT
20	2.00	CS	2.00	KDLCT5000 /GOWN,CHEMO,PLUS,BLUE,REGULAR	TE	853782153	86.94	173.88

Subtotal

Freight: 0.00 **Tax:** 0.00 **173.88**

GROSS	TAX AMOUNT	FREIGHT	TOTAL
173.88	0.00	0.00	$173.88

Eligible Gross Amount $173.88
Discount amount $3.48 if recd. by 06/22/13

*Code
TE - Tax Exempt
C - Customer Freight

CUSTOMER SHALL PAY THE FREIGHT CHARGES INDICATED ON THIS INVOICE. ALL CLAIMS OF SHORT SHIPMENTS, MIS-SHIPMENTS AND OTHER ERRORS IN DELIVERY SHALL BE
COMMUNICATED TO MEDLINE IN WRITING WITHIN TWO BUSINESS DAYS OF THE INVOICE DATE, OR THEY ARE DEEMED WAIVED. ALL CLAIMS FOR PRICING AND BILLING ERRORS
SHALL BE COMMUNICATED TO MEDLINE IN WRITING WITHIN 180 DAYS OF INVOICE DATE, OR THEY ARE DEEMED WAIVED

Billing Inquiries: 1-800-388-2147, A/R Svcs Rep: Lisa Serpico-Foreman x-4233

REMITTANCE

Bill To:
SOUND SHORE MEDICAL CTR/500
16 GUION PL
NEW ROCHELLE NY 10801-5502

Customer #	1084466
Invoice #	1064084343
Invoice Date	05/23/2013
Sales Rep #	210
Payment Terms	2% 30, 1% 60, Net 90
Amount Due	$173.88

Remit To:
Medline Industries, Inc.
Box 382075
Pittsburgh PA 15251-8075

AMOUNT PAID $_____

Detach and return this portion with your payment

MEDLINE

www.medline.com

INVOICE

Customer PO #	Invoice Date	Invoice #
NR176932	05/23/2013	1064084344

Sold To:
SOUND SHORE MEDICAL CTR/500
16 GUION PL
NEW ROCHELLE, NY 10801-5502

Ship To:
MOUNT VERNON MISCELLANEOUS
9 N 8TH AVE
MOUNT VERNON, NY 10550-1965

SALES REP #	SALES ORDER #	CARRIER	FREIGHT TERMS	CUSTOMER #	CURRENCY	AMOUNT DUE
210	680709795	MEDTRANS	CUSTOMER	1084466	USD	$75.69

LINE NO	ORDER QTY	U/M	INVOICE QTY	ITEM NO / DESCRIPTION	CODE*	DELIVERY #	UNIT PRICE	AMOUNT
10	2.00	CS	2.00	LTP30806718 LTP30806718 /PASTE,CONDUCTIVE,EEG,8OZ JAR,TEN20	TE	853782154	37.85	75.69

Subtotal

Freight: 0.00 **Tax:** 0.00 **75.69**

GROSS	TAX AMOUNT	FREIGHT	TOTAL
75.69	0.00	0.00	$75.69

Eligible Gross Amount $75.69
Discount amount $1.51 if recd. by 06/22/13

*Code
TE - Tax Exempt
C - Customer Freight

CUSTOMER SHALL PAY THE FREIGHT CHARGES INDICATED ON THIS INVOICE. ALL CLAIMS OF SHORT SHIPMENTS, MIS-SHIPMENTS AND OTHER ERRORS IN DELIVERY SHALL BE
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Billing Inquiries: 1-800-388-2147, A/R Svcs Rep: Lisa Serpico-Foreman x-4233

REMITTANCE

Bill To:
SOUND SHORE MEDICAL CTR/500
16 GUION PL
NEW ROCHELLE NY 10801-5502

Customer #	1084466
Invoice #	1064084344
Invoice Date	05/23/2013
Sales Rep #	210
Payment Terms	2% 30, 1% 60, Net 90
Amount Due	$75.69

Remit To:
Medline Industries, Inc.
Box 382075
Pittsburgh PA 15251-8075

AMOUNT PAID $_____

Detach and return this portion with your payment

MEDLINE

www.medline.com

INVOICE

Customer PO #	Invoice Date	Invoice #
NR177092	05/23/2013	1064084345

Sold To:
SOUND SHORE MEDICAL CTR/500
16 GUION PL
NEW ROCHELLE, NY 10801-5502

Ship To:
MOUNT VERNON INVENTORY
9 N 8TH AVE
MOUNT VERNON, NY 10550-1965

SALES REP #	SALES ORDER #	CARRIER	FREIGHT TERMS	CUSTOMER #	CURRENCY	AMOUNT DUE
210	680769925	MEDTRANS	MEDLINE	1084466	USD	$8,146.57

LINE NO	ORDER QTY	U/M	INVOICE QTY	ITEM NO / DESCRIPTION	CODE*	DELIVERY #	UNIT PRICE	AMOUNT
80	1.00	CS	1.00	B-D367986	TE	853792605	159.39	159.39
				100400 /TUBE,SERUM,GOLD,CLOT ACTIVE,13X100MM,5M				
		100400						
90	1.00	CS	1.00	B-D367814	TE	853792605	73.97	73.97
				100500 /TUBE,SERUM,PLSTC,RED,CLOT,13X100MM,5ML				
		100500						
Subtotal 999								
		Freight:	0.00		Tax:	0.00		233.36
210	8.00	BX	8.00	OMMAT0704Z	TE	853792605	28.00	224.00
				521400 /LANCET,21G,SAFETY,UNISTIK 2,200/BX				
		521400						
HCPCS Code #: A4259								
Subtotal 500								
		Freight:	0.00		Tax:	0.00		224.00
10	3.00	CS	3.00	BXT65651920C	TE	853792605	81.46	244.37
				607400. /LINER,SUCTION,FLEX ADV,1500 CC				

CUSTOMER SHALL PAY THE FREIGHT CHARGES INDICATED ON THIS INVOICE. ALL CLAIMS OF SHORT SHIPMENTS, MIS-SHIPMENTS AND OTHER ERRORS IN DELIVERY SHALL BE
COMMUNICATED TO MEDLINE IN WRITING WITHIN TWO BUSINESS DAYS OF THE INVOICE DATE, OR THEY ARE DEEMED WAIVED. ALL CLAIMS FOR PRICING AND BILLING ERRORS
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Billing Inquiries: 1-800-388-2147, A/R Svcs Rep: Lisa Serpico-Foreman x-4233

REMITTANCE

Bill To:
SOUND SHORE MEDICAL CTR/500
16 GUION PL
NEW ROCHELLE NY 10801-5502

Customer #	1084466
Invoice #	1064084345
Invoice Date	05/23/2013
Sales Rep #	210
Payment Terms	2% 30, 1% 60, Net 90
Amount Due	$8,146.57

Remit To:
Medline Industries, Inc.
Box 382075
Pittsburgh PA 15251-8075

AMOUNT PAID $_____

Detach and return this portion with your payment

MEDLINE

www.medline.com

INVOICE

Customer PO #	Invoice Date	Invoice #
NR177092	05/23/2013	1064084345

Ship To:
MOUNT VERNON INVENTORY
9 N 8TH AVE
MOUNT VERNON, NY 10550-1965

LINE NO	ORDER QTY	U/M	INVOICE QTY	ITEM NO / DESCRIPTION	CODE	DELIVERY #	UNIT PRICE	AMOUNT
20	1.00	CS	1.00	MSG1085 604800 /GLOVE,SURG,SENSICARE,ALOE,LF,PF,8.5	TE	853792605	157.71	157.71
30	3.00	CS	3.00	MSG1070 604500 /GLOVE,SURG,SENSICARE,ALOE,LF,PF,7	TE	853792605	157.71	473.13
40	3.00	CS	3.00	MSG1080 604700 /GLOVE,SURG,SENSICARE,ALOE,LF,PF,8	TE	853792605	157.71	473.13
50	5.00	CS	5.00	NON03007 205000 /CUP,PLASTIC,7 OZ,TRANSLUCENT	TE	853792605	51.75	258.75
60	4.00	CS	4.00	DTM8J8 205100 /CUP,STYROFOAM,8 OZ	TE	853792605	27.77	111.08
70	2.00	CS	2.00	HUD1059 107400 /MASK,OXYGEN,NON-REBREATHER,ADULT	TE	853792605	50.51	101.02
100	50.00	CS	50.00	CUR9226 CUR9226 /GLOVE,EXAM,STRETCH VINYL,L	TE	853792605	47.52	2,376.00
110	5.00	CS	5.00	DYND80347 707300 /WASHBASIN,RECTANGULAR,GRAPHITE,6 QT	TE	853792605	16.50	82.50
130	1.00	CS	1.00	BRD0038460 305400 /SYRINGE,TOOMEY,70CC -ORDR QTY 50	TE	853792605	77.50	77.50
140	3.00	CS	3.00	KDL6148LL 310100 /TRAY,FOLEY CATHETER,18FR,10ML,ANTI-RFLUX	TE	853792605	68.26	204.77
150	1.00	CS	1.00	NONTP85DS 419100 /TOOTHPASTE,SPARKLE FRESH,FLUORIDE,.85OZ	TE	853792605	230.43	230.43
160	3.00	CS	3.00	DYND50216 601800 /TUBING,SUCTION,CONNECTING,3/16"X6',STRL	TE	853792605	22.54	67.62
HCPCS Code #: A7002								
170	1.00	CS	1.00	DYND50211 601900 /TUBING,SUCTION,CONNECTING,3/16"X20",STR	TE	853792605	15.41	15.41
HCPCS Code #: A7002								
180	1.00	CS	1.00	CUR095005 CUR095005 /ENEMA,PHOSPHATE,CURAD,1/PK,24PK/CS	TE	853792605	23.47	23.47
190	2.00	PK	2.00	SDJ7981001 304400 /SUPPORT,PERSONAL,HEEL,ELBOW	TE	853792605	76.17	152.33
HCPCS Code #: E0191								
200	3.00	BX	3.00	MDS098001Z 309900 /HYDROGEN PEROXIDE,USP 3%,16OZ	TE	853792605	8.50	25.50
220	3.00	GR	3.00	MDS137007 602600 /COMB,BLACK,7"	TE	853792605	6.67	20.01
230	2.00	CS	2.00	NON260101 607600 /TAPE,CLOTH/SILK,CURAD,1"X10YD,LF	TE	853792605	93.79	187.58
HCPCS Code #: A4450								
240	10.00	CS	10.00	NPBMAXA 702200 /SENSOR,ADULT,ADHESIVE,USE W/D-25	TE	853792605	235.22	2,352.23

MEDLINE

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INVOICE

Customer PO #	Invoice Date	Invoice #
NR177092	05/23/2013	1064084345

Ship To:
MOUNT VERNON INVENTORY
9 N 8TH AVE
MOUNT VERNON, NY 10550-1965

LINE NO	ORDER QTY	U/M	INVOICE QTY	ITEM NO / DESCRIPTION	CODE*	DELIVERY #	UNIT PRICE	AMOUNT
250	4.00	BX	4.00	MMM29503ZZ 703700 /TAPE,CLOTH,SURGICAL,ADHESIVE,3"X10YD	TE	853792605	9.52	38.06
HCPCS Code #: A4450								
260	1.00	CS	1.00	DYND80327 800200 /BASIN,EMESIS,GRAPHITE,500ML	TE	853792605	16.61	16.61
Subtotal								
		Freight:	**0.00**		**Tax:**	**0.00**		**7689.21**

GROSS	TAX AMOUNT	FREIGHT	TOTAL
8,146.57	0.00	0.00	$8,146.57

Eligible Gross Amount $8,146.57
Discount amount $162.93 if recd. by 06/22/13

*Code
TE - Tax Exempt
C - Customer Freight

MEDLINE

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INVOICE

Customer PO #	Invoice Date	Invoice #
NR177093	05/23/2013	1064084346

Sold To:
SOUND SHORE MEDICAL CTR/500
16 GUION PL
NEW ROCHELLE, NY 10801-5502

Ship To:
MOUNT VERNON MISCELLANEOUS
9 N 8TH AVE
MOUNT VERNON, NY 10550-1965

SALES REP #	SALES ORDER #	CARRIER	FREIGHT TERMS	CUSTOMER #	CURRENCY	AMOUNT DUE
210	680770069	MEDTRANS	CUSTOMER	1084466	USD	$336.74

LINE NO	ORDER QTY	U/M	INVOICE QTY	ITEM NO / DESCRIPTION	CODE*	DELIVERY #	UNIT PRICE	AMOUNT
20	5.00	BX	5.00	MLK8DIC MLK8DIC /CANNULA,INNER,SIZE 8,DISPOSABLE	TE	853792606	37.42	187.08
30	4.00	BX	4.00	MLK6DIC MLK6DIC /CANNULA,INNER,SHILEY,SIZE 6,DISP	TE	853792606	37.42	149.66

Subtotal **Freight:** 0.00 **Tax:** 0.00 **336.74**

GROSS	TAX AMOUNT	FREIGHT	TOTAL
336.74	0.00	0.00	$336.74

Eligible Gross Amount $336.74
Discount amount $6.73 if recd. by 06/22/13

*Code
TE - Tax Exempt
C - Customer Freight

CUSTOMER SHALL PAY THE FREIGHT CHARGES INDICATED ON THIS INVOICE. ALL CLAIMS OF SHORT SHIPMENTS, MIS-SHIPMENTS AND OTHER ERRORS IN DELIVERY SHALL BE
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Billing Inquiries: 1-800-388-2147, A/R Svcs Rep: Lisa Serpico-Foreman x-4233

REMITTANCE

Bill To:
SOUND SHORE MEDICAL CTR/500
16 GUION PL
NEW ROCHELLE NY 10801-5502

Customer #	1084466
Invoice #	1064084346
Invoice Date	05/23/2013
Sales Rep #	210
Payment Terms	2% 30, 1% 60, Net 90
Amount Due	$336.74

Remit To:
Medline Industries, Inc.
Box 382075
Pittsburgh PA 15251-8075

AMOUNT PAID $_____

Detach and return this portion with your payment

MEDLINE

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INVOICE

Customer PO #	Invoice Date	Invoice #
NR177095	05/23/2013	1064084347

Sold To:
SOUND SHORE MEDICAL CTR/500
16 GUION PL
NEW ROCHELLE, NY 10801-5502

Ship To:
SOUND SHORE MISCELLANEOUS
16 GUION PL
NEW ROCHELLE, NY 10801-5502

SALES REP #	SALES ORDER #	CARRIER	FREIGHT TERMS	CUSTOMER #	CURRENCY	AMOUNT DUE
210	680770312	MEDTRANS	CUSTOMER	1084466	USD	$448.86

LINE NO	ORDER QTY	U/M	INVOICE QTY	ITEM NO / DESCRIPTION	CODE*	DELIVERY #	UNIT PRICE	AMOUNT
10	5.00	BX	5.00	DYND300040	TE	853792607	32.26	161.30
				DYND300040 /MASK,LARYNGEAL,SZ 4,PVC,DISPOSABLE				
30	5.00	CS	5.00	B-D305062	TE	853792607	57.51	287.56
				B-D305062 /SYRINGE, BLUNT FILL, 5mL,18GX 1 1/2"				
Subtotal								
		Fraight:	**0.00**		**Tax:**	**0.00**		**448.86**

GROSS	TAX AMOUNT	FREIGHT	TOTAL
448.86	0.00	0.00	$448.86

Eligible Gross Amount $448.86
Discount amount $8.98 if recd. by 06/22/13

*Code
TE - Tax Exempt
C - Customer Freight

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Billing Inquiries: 1-800-388-2147, A/R Svcs Rep: Lisa Serpico-Foreman x-4233

REMITTANCE

Bill To:
SOUND SHORE MEDICAL CTR/500
16 GUION PL
NEW ROCHELLE NY 10801-5502

Customer #	1084466
Invoice #	1064084347
Invoice Date	05/23/2013
Sales Rep #	210
Payment Terms	2% 30, 1% 60, Net 90
Amount Due	$448.86

Remit To:
Medline Industries, Inc.
Box 382075
Pittsburgh PA 15251-8075

AMOUNT PAID $_____

Detach and return this portion with your payment

MEDLINE

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INVOICE

Customer PO #	Invoice Date	Invoice #
NR177106	05/23/2013	1064084348

Sold To:
SOUND SHORE MEDICAL CTR/500
16 GUION PL
NEW ROCHELLE, NY 10801-5502

Ship To:
SOUND SHORE MISCELLANEOUS
16 GUION PL
NEW ROCHELLE, NY 10801-5502

SALES REP #	SALES ORDER #	CARRIER	FREIGHT TERMS	CUSTOMER #	CURRENCY	AMOUNT DUE
210	680770802	MEDTRANS	MEDLINE	1084466	USD	$591.99

LINE NO	ORDER QTY	U/M	INVOICE QTY	ITEM NO / DESCRIPTION #	CODE	DELIVERY #	UNIT PRICE	AMOUNT
10	4.00	BX	4.00	USUSN5696G	TE	853792608	33.35	133.41
				USUSN5696G /SUTURE,MONOSOF,BLACK,6/0,18",P-13				
20	10.00	EA	10.00	BAA010020	TE	853792608	37.95	379.50
				BAA010020 /TUBE,FEEDING,GASTRO,20FR,SILICONE,MIC				
40	4.00	CS	4.00	MDS077002	TE	853792608	19.77	79.08
				MDS077002 /BANDAGE,ELASTIC,SWIFT-WRAP,2"X5YD,VELCRO				

HCPCS Code #: A4649

Subtotal

Freight: 0.00 **Tax:** 0.00 591.99

GROSS	TAX AMOUNT	FREIGHT	TOTAL
591.99	0.00	0.00	$591.99

Eligible Gross Amount $591.99
Discount amount $11.84 if recd. by 06/22/13

*Code
TE - Tax Exempt
C - Customer Freight

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Billing Inquiries: 1-800-388-2147, A/R Svcs Rep: Lisa Serpico-Foreman x-4233

REMITTANCE

Bill To:
SOUND SHORE MEDICAL CTR/500
16 GUION PL
NEW ROCHELLE NY 10801-5502

Customer #	1084466
Invoice #	1064084348
Invoice Date	05/23/2013
Sales Rep #	210
Payment Terms	2% 30, 1% 60, Net 90
Amount Due	$591.99

Remit To:
Medline Industries, Inc.
Box 382075
Pittsburgh PA 15251-8075

AMOUNT PAID $_____

Detach and return this portion with your payment

MEDLINE

www.medline.com

INVOICE

Customer PO #	Invoice Date	Invoice #
NR177107	05/23/2013	1064084349

Sold To:
SOUND SHORE MEDICAL CTR/500
16 GUION PL
NEW ROCHELLE, NY 10801-5502

Ship To:
SOUND SHORE MISCELLANEOUS
16 GUION PL
NEW ROCHELLE, NY 10801-5502

SALES REP #	SALES ORDER #	CARRIER	FREIGHT TERMS	CUSTOMER #	CURRENCY	AMOUNT DUE
210	680770846	MEDTRANS	MEDLINE	1084466	USD	$2,180.87

LINE NO.	ORDER QTY	U/M	INVOICE QTY	ITEM NO. / DESCRIPTION	CODE*	DELIVERY #	UNIT PRICE	AMOUNT
10	72.00	EA	72.00	ORT11300M ORT11300M /SLING,ARM,DEEP POCKET,NECK PAD,MED	TE	853792609	3.12	224.64
HCPCS Code #: A4565								
20	42.00	EA	42.00	ORT11300L ORT11300L /SLING,ARM,DEEP POCKET,NECK PAD,LG	TE	853792609	3.49	146.58
HCPCS Code #: A4565								
30	24.00	EA	24.00	ORT2441020M ORT2441020M /IMMOBILIZER,KNEE,DELUXE,20",MD,EA	TE	853792609	19.82	475.68
HCPCS Code #: L1830								
40	24.00	EA	24.00	ORT2441020L ORT2441020L /IMMOBILIZER,KNEE,DELUXE,20",LG,EA	TE	853792609	19.82	475.68
HCPCS Code #: L1830								
50	1.00	CS	1.00	J-J7367 /BANDAGE,PLASTER,X-FAST SET,4" x 5YDS	TE	853792609	113.15	113.15
60	24.00	EA	24.00	ORT27100 ORT27100 /SUPPORT,ANKLE,STIRRUP,FOAM,UNIV,EA	TE	853792609	13.31	319.44
HCPCS Code #: L4350								

CUSTOMER SHALL PAY THE FREIGHT CHARGES INDICATED ON THIS INVOICE. ALL CLAIMS OF SHORT SHIPMENTS, MIS-SHIPMENTS AND OTHER ERRORS IN DELIVERY SHALL BE
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Billing Inquiries: 1-800-388-2147, A/R Svcs Rep: Lisa Serpico-Foreman x-4233

REMITTANCE

Bill To:
SOUND SHORE MEDICAL CTR/500
16 GUION PL
NEW ROCHELLE NY 10801-5502

Customer #	1084466
Invoice #	1064084349
Invoice Date	05/23/2013
Sales Rep #	210
Payment Terms	2% 30, 1% 60, Net 90
Amount Due	$2,180.87

Remit To:
Medline Industries, Inc.
Box 382075
Pittsburgh PA 15251-8075

AMOUNT PAID $_____

Detach and return this portion with your payment

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INVOICE

Customer PO #	Invoice Date	Invoice #
NR177107	05/23/2013	1064084349

Ship To:
SOUND SHORE MISCELLANEOUS
16 GUION PL
NEW ROCHELLE, NY 10801-5502

LINE NO	ORDER QTY	U/M	INVOICE QTY	ITEM NO / DESCRIPTION	CODE*	DELIVERY #	UNIT PRICE	AMOUNT
70	10.00	BX	10.00	MMM82004 MMM82004 /TAPE, CASTING, WHITE, 4" X 4 YDS	TE	853792609	34.03	340.26
80	24.00	EA	24.00	ORT11300XL ORT11300XL /SLING,ARM,DEEP POCKET,NECK PAD,XL	TE	853792609	3.56	85.44

HCPCS Code #: A4565

Subtotal

Freight: 0.00 **Tax:** 0.00 **2180.87**

GROSS	TAX AMOUNT	FREIGHT	TOTAL
2,180.87	0.00	0.00	$2,180.87

Eligible Gross Amount $2,180.87
Discount amount $43.62 if recd. by 06/22/13

*Code
TE - Tax Exempt
C - Customer Freight

MEDLINE

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INVOICE

Customer PO #	Invoice Date	Invoice #
NR177110	05/23/2013	1064084350

Sold To:
SOUND SHORE MEDICAL CTR/500
16 GUION PL
NEW ROCHELLE, NY 10801-5502

Ship To:
SOUND SHORE INVENTORY
16 GUION PL
NEW ROCHELLE, NY 10801-5502

SALES REP #	SALES ORDER #	CARRIER	FREIGHT TERMS	CUSTOMER #	CURRENCY	AMOUNT DUE
210	680771093	MEDTRANS	MEDLINE	1084466	USD	$9,858.25

LINE NO	ORDER QTY	U/M	INVOICE QTY	ITEM NO / DESCRIPTION	CODE*	DELIVERY #	UNIT PRICE	AMOUNT
10	1.00	CS	1.00	B-D371603	TE	853792610	133.09	133.09
				102000 /BRUSH,SCRUB,DRY,STERILE -ORDR QTY 300				
		102000						
Subtotal 999								
		Freight:	**0.00**		**Tax:**	**0.00**		**133.09**
20	2.00	CS	2.00	NON22535	TE	853792610	30.87	61.74
				102410 /STOCKINETTE,IMPERVIOUS,12X48,STERILE				
		102410						
HCPCS Code #: A6457								
120	4.00	CS	4.00	DYKD2002M	TE	853792610	50.78	203.12
				601000 /KIT,MATERNITY,DELUXE				
		601000						
Subtotal 200								
		Freight:	**0.00**		**Tax:**	**0.00**		**264.86**
30	3.00	CS	3.00	DYNJP8003	TE	853792610	61.79	185.37
				102800 /T-DRAPE,EXTREMITY,STERILE				

CUSTOMER SHALL PAY THE FREIGHT CHARGES INDICATED ON THIS INVOICE. ALL CLAIMS OF SHORT SHIPMENTS, MIS-SHIPMENTS AND OTHER ERRORS IN DELIVERY SHALL BE
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SHALL BE COMMUNICATED TO MEDLINE IN WRITING WITHIN 180 DAYS OF INVOICE DATE, OR THEY ARE DEEMED WAIVED.

Billing Inquiries: 1-800-388-2147, A/R Svcs Rep: Lisa Serpico-Foreman x-4233

REMITTANCE

Bill To:
SOUND SHORE MEDICAL CTR/500
16 GUION PL
NEW ROCHELLE NY 10801-5502

Customer #	1084466
Invoice #	1064084350
Invoice Date	05/23/2013
Sales Rep #	210
Payment Terms	2% 30, 1% 60, Net 90
Amount Due	$9,858.25

Remit To:
Medline Industries, Inc.
Box 382075
Pittsburgh PA 15251-8075

AMOUNT PAID $_____

Detach and return this portion with your payment

MEDLINE

www.medline.com

INVOICE

Customer PO #	Invoice Date	Invoice #
NR177110	05/23/2013	1064084350

Ship To:
SOUND SHORE INVENTORY
16 GUION PL
NEW ROCHELLE, NY 10801-5502

LINE NO	ORDER QTY	U/M	INVOICE QTY	ITEM NO / DESCRIPTION	CODE*	DELIVERY #	UNIT PRICE	AMOUNT
40	3.00	CS	3.00	DYNJ24994C 104400 /BASIC PACK-LF	TE	853792610	348.72	1,046.16
50	2.00	CS	2.00	DYNJP2708 107600 /GOWN,REINFORCED,POLY,AURORA,XLARGE,STRL	TE	853792610	90.22	180.44
60	6.00	CS	6.00	CDS981068D CDS981068D /EXTREMITY PROCEDURE	TE	853792610	74.24	445.44
70	3.00	CS	3.00	CDS981069C 107800 /LAP CHOLE PROCEDURE	TE	853792610	285.11	855.33
80	10.00	CS	10.00	CDS981070C 107900 /TOTAL JOINT PROCEDURE	TE	853792610	635.20	6,352.00
90	4.00	CS	4.00	NON27202XL 120400 /SHIRT,SCRUB,VNECK,BLUE,XLG,DISPOSABLE	TE	853792610	23.89	95.56
110	3.00	CS	3.00	DYNJAA4836A 130100 /CIRCUIT,ANESTHESIA,ADULT	TE	853792610	100.00	300.00
Subtotal								
		Freight:	0.00		Tax:	0.00		9460.30

GROSS	TAX AMOUNT	FREIGHT	TOTAL
9,858.25	0.00	0.00	$9,858.25

Eligible Gross Amount $9,858.25
Discount amount $197.17 if recd. by 06/22/13

*Code
TE - Tax Exempt
C - Customer Freight

MEDLINE

www.medline.com

INVOICE

Customer PO #	Invoice Date	Invoice #
NR177118	05/23/2013	1064084351

Sold To:
SOUND SHORE MEDICAL CTR/500
16 GUION PL
NEW ROCHELLE, NY 10801-5502

Ship To:
SOUND SHORE OR
16 GUION PL
NEW ROCHELLE, NY 10801-5502

SALES REP #	SALES ORDER #	CARRIER	FREIGHT TERMS	CUSTOMER #	CURRENCY	AMOUNT DUE
210	432379349	MEDTRANS	CUSTOMER	1084466	USD	$208.08

LINE NO	ORDER QTY	U/M	INVOICE QTY	ITEM NO / DESCRIPTION	CODE*	DELIVERY #	UNIT PRICE	AMOUNT
10	2.00	CS	2.00	DYNJWE402 DYNJWE402 /EVACUATOR,400CC,PVC,10FR,1/8"	TE	853794248	104.04	208.08

Subtotal

Freight: **0.00** **Tax:** **0.00** **208.08**

GROSS	TAX AMOUNT	FREIGHT	TOTAL
208.08	0.00	0.00	$208.08

Eligible Gross Amount $208.08
Discount amount $4.16 if recd. by 06/22/13

*Code
TE - Tax Exempt
C - Customer Freight

CUSTOMER SHALL PAY THE FREIGHT CHARGES INDICATED ON THIS INVOICE. ALL CLAIMS OF SHORT SHIPMENTS, MIS-SHIPMENTS AND OTHER ERRORS IN DELIVERY SHALL BE
COMMUNICATED TO MEDLINE IN WRITING WITHIN TWO BUSINESS DAYS OF THE INVOICE DATE, OR THEY ARE DEEMED WAIVED. ALL CLAIMS FOR PRICING AND BILLING ERRORS
SHALL BE COMMUNICATED TO MEDLINE IN WRITING WITHIN 180 DAYS OF INVOICE DATE, OR THEY ARE DEEMED WAIVED.

Billing Inquiries: 1-800-388-2147, A/R Svcs Rep: Lisa Serpico-Foreman x-4233

REMITTANCE

Bill To:
SOUND SHORE MEDICAL CTR/500
16 GUION PL
NEW ROCHELLE NY 10801-5502

Customer #	1084466
Invoice #	1064084351
Invoice Date	05/23/2013
Sales Rep #	210
Payment Terms	2% 30, 1% 60, Net 90
Amount Due	$208.08

Remit To:
Medline Industries, Inc.
Box 382075
Pittsburgh PA 15251-8075

AMOUNT PAID $_____

Detach and return this portion with your payment

MEDLINE

www.medline.com

INVOICE

Customer PO #	Invoice Date	Invoice #
NR177117	05/23/2013	1064084352

Sold To:
SOUND SHORE MEDICAL CTR/500
16 GUION PL
NEW ROCHELLE, NY 10801-5502

Ship To:
SOUND SHORE MISCELLANEOUS
16 GUION PL
NEW ROCHELLE, NY 10801-5502

SALES REP #	SALES ORDER #	CARRIER	FREIGHT TERMS	CUSTOMER #	CURRENCY	AMOUNT DUE
210	680772306	MEDTRANS	MEDLINE	1084466	USD	$5,292.23

LINE NO	ORDER QTY	U/M	INVOICE QTY	ITEM NO. / DESCRIPTION	CODE	DELIVERY #	UNIT PRICE	AMOUNT
10	5.00	CS	5.00	K-C62136	TE	853794824	93.95	469.77
				K-C62136 /WRAP,STERILIZATION,CSR,ONE-STEP,36"X36"				
20	8.00	CS	8.00	K-C62645	TE	853794824	98.90	791.23
				K-C62645 /WRAP,STERILIZATION,CSR,ONE-STEP,45"X45"				
30	2.00	CS	2.00	DYNJ05154LF	TE	853794824	28.28	56.56
				DYNJ05154LF /BANDAGE,ELASTIC,MATRIX,STERILE,4"X5YD,LF				
HCPCS Code #: A6449								
40	3.00	CS	3.00	DYNJ05156LF	TE	853794824	37.50	112.50
				DYNJ05156LF /BANDAGE,ELASTIC,MATRIX,STERILE,6"X5YD,LF				
HCPCS Code #: A6450								
50	2.00	CS	2.00	MMM5122	TE	853794824	157.96	315.92
				MMM5122 /THERMOMETER,TEMPADOT,ORAL/AXILLARY,(F)				
60	20.00	CS	20.00	MDS601M	TE	853794824	115.00	2,300.00
				MDS601M /GARMENT,MEDLINE,DVT,INTERMITTENT,CALF,MD				
HCPCS Code #: A9900 OR A4600								
70	6.00	CS	6.00	SWD775100	TE	853794824	127.21	763.27
				SWD775100 /SPIKE,SAFETY PLUS,1000 ML FLUSH,EPUMP				

CUSTOMER SHALL PAY THE FREIGHT CHARGES INDICATED ON THIS INVOICE. ALL CLAIMS OF SHORT SHIPMENTS, MIS-SHIPMENTS AND OTHER ERRORS IN DELIVERY SHALL BE
COMMUNICATED TO MEDLINE IN WRITING WITHIN TWO BUSINESS DAYS OF THE INVOICE DATE, OR THEY ARE DEEMED WAIVED. ALL CLAIMS FOR PRICING AND BILLING ERRORS
SHALL BE COMMUNICATED TO MEDLINE IN WRITING WITHIN 180 DAYS OF INVOICE DATE, OR THEY ARE DEEMED WAIVED.

Billing Inquiries: 1-800-388-2147, A/R Svcs Rep: Lisa Serpico-Foreman x-4233

REMITTANCE

Bill To:
SOUND SHORE MEDICAL CTR/500
16 GUION PL
NEW ROCHELLE NY 10801-5502

Customer #	1084466
Invoice #	1064084352
Invoice Date	05/23/2013
Sales Rep #	210
Payment Terms	2% 30, 1% 60, Net 90
Amount Due	$5,292.23

Remit To:
Medline Industries, Inc.
Box 382075
Pittsburgh PA 15251-8075

AMOUNT PAID $_____

Detach and return this portion with your payment

MEDLINE

www.medline.com

INVOICE

Customer PO #	Invoice Date	Invoice #
NR177117	05/23/2013	1064084352

Ship To:
SOUND SHORE MISCELLANEOUS
16 GUION PL
NEW ROCHELLE, NY 10801-5502

LINE NO.	ORDER QTY.	U/M	INVOICE QTY.	ITEM NO. / DESCRIPTION	CODE*	DELIVERY #	UNIT PRICE	AMOUNT
90	3.00	CS	3.00	MSC32410	TE	853794824	144.00	432.00
				MSC32410 /GAUZE,BORDER,4"X10",(2X8"PAD),STERILE				
HCPCS Code #: A6219								
100	1.00	CS	1.00	DYND50315	TE	853794824	50.98	50.98
				/BOWL,STERILE,MEDIUM,16 OZ				
Subtotal								
		Freight:	**0.00**		**Tax:**	**0.00**		5292.23

GROSS	TAX AMOUNT	FREIGHT	TOTAL
5,292.23	0.00	0.00	$5,292.23

Eligible Gross Amount $5,292.23
Discount amount $105.84 if recd. by 06/22/13

*Code
TE - Tax Exempt
C - Customer Freight

MEDLINE

www.medline.com

INVOICE

Customer PO #	Invoice Date	Invoice #
NR177095	05/23/2013	1064084353

Sold To:
SOUND SHORE MEDICAL CTR/500
16 GUION PL
NEW ROCHELLE, NY 10801-5502

Ship To:
SOUND SHORE MISCELLANEOUS
16 GUION PL
NEW ROCHELLE, NY 10801-5502

SALES REP #	SALES ORDER #	CARRIER	FREIGHT TERMS	CUSTOMER #	CURRENCY	AMOUNT DUE
210	680770312	FEDEX GROUND	CUSTOMER	1084466	USD	$169.65

LINE NO	ORDER QTY	U/M	INVOICE QTY	ITEM NO. / DESCRIPTION	CODE*	DELIVERY #	UNIT PRICE	AMOUNT
20	5.00	BX.	5.00	DYND300050 DYND300050 /MASK,LARYNGEAL,SZ 5,PVC,DISPOSABLE	TE	853807201	32.26	161.30
Subtotal								
		Freight:	**8.35**		**Tax:**	**0.00**		**161.30**

GROSS	TAX AMOUNT	FREIGHT	TOTAL
161.30	0.00	8.35	$169.65

Eligible Gross Amount $161.30
Discount amount $3.23 if recd. by 06/22/13

*Code
TE - Tax Exempt
C - Customer Freight

CUSTOMER SHALL PAY THE FREIGHT CHARGES INDICATED ON THIS INVOICE. ALL CLAIMS OF SHORT SHIPMENTS, MIS-SHIPMENTS AND OTHER ERRORS IN DELIVERY SHALL BE
COMMUNICATED TO MEDLINE IN WRITING WITHIN TWO BUSINESS DAYS OF THE INVOICE DATE, OR THEY ARE DEEMED WAIVED. ALL CLAIMS FOR PRICING AND BILLING ERRORS
SHALL BE COMMUNICATED TO MEDLINE IN WRITING WITHIN 180 DAYS OF INVOICE DATE, OR THEY ARE DEEMED WAIVED.

Billing Inquiries: 1-800-388-2147, A/R Svcs Rep: Lisa Serpico-Foreman x-4233

REMITTANCE

Bill To:
SOUND SHORE MEDICAL CTR/500
16 GUION PL
NEW ROCHELLE NY 10801-5502

Customer #	1084466
Invoice #	1064084353
Invoice Date	05/23/2013
Sales Rep #	210
Payment Terms	2% 30, 1% 60, Net 90
Amount Due	$169.65

Remit To:
Medline Industries, Inc.
Box 382075
Pittsburgh PA 15251-8075

AMOUNT PAID $_____

Detach and return this portion with your payment

MEDLINE

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INVOICE

Customer PO #	Invoice Date	Invoice #
NR176999	05/23/2013	1064084354

Sold To:
SOUND SHORE MEDICAL CTR/500
16 GUION PL
NEW ROCHELLE, NY 10801-5502

Ship To:
MOUNT VERNON INVENTORY
9 N 8TH AVE
MOUNT VERNON, NY 10550-1965

SALES REP #	SALES ORDER #	CARRIER	FREIGHT TERMS	CUSTOMER #	CURRENCY	AMOUNT DUE
210	680735539	MEDTRANS	MEDLINE	1084466	USD	$133.41

LINE NO	ORDER QTY	U/M	INVOICE QTY	ITEM NO / DESCRIPTION	CODE*	DELIVERY #	UNIT PRICE	AMOUNT
400	4.00	BX	4.00	USUSN5699G 403300 /SUTURE,MONOSOF,BLACK,4/0,18",P-13	TE	853820098	33.35	133.41

Subtotal

Freight: 0.00 **Tax:** 0.00 133.41

GROSS	TAX AMOUNT	FREIGHT	TOTAL
133.41	0.00	0.00	$133.41

Eligible Gross Amount $133.41
Discount amount $2.67 if recd. by 06/22/13

*Code
TE - Tax Exempt
C - Customer Freight

CUSTOMER SHALL PAY THE FREIGHT CHARGES INDICATED ON THIS INVOICE. ALL CLAIMS OF SHORT SHIPMENTS, MIS-SHIPMENTS AND OTHER ERRORS IN DELIVERY SHALL BE
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Billing Inquiries: 1-800-388-2147, A/R Svcs Rep: Lisa Serpico-Foreman x-4233

REMITTANCE

Bill To:
SOUND SHORE MEDICAL CTR/500
16 GUION PL
NEW ROCHELLE NY 10801-5502

Customer #	1084466
Invoice #	1064084354
Invoice Date	05/23/2013
Sales Rep #	210
Payment Terms	2% 30, 1% 60, Net 90
Amount Due	$133.41

Remit To:
Medline Industries, Inc.
Box 382075
Pittsburgh PA 15251-8075

AMOUNT PAID $_____

Detach and return this portion with your payment

MEDLINE

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INVOICE

Customer PO #	Invoice Date	Invoice #
NR177092	05/23/2013	1064084355

Sold To:
SOUND SHORE MEDICAL CTR/500
16 GUION PL
NEW ROCHELLE, NY 10801-5502

Ship To:
MOUNT VERNON INVENTORY
9 N 8TH AVE
MOUNT VERNON, NY 10550-1965

SALES REP #	SALES ORDER #	CARRIER	FREIGHT TERMS	CUSTOMER #	CURRENCY	AMOUNT DUE
210	680769925	MEDTRANS	MEDLINE	1084466	USD	$556.74

LINE NO	ORDER QTY	U/M	INVOICE QTY	ITEM NO / DESCRIPTION	CODE	DELIVERY #	UNIT PRICE	AMOUNT
120	4.00	CS	4.00	B-D364902	TE	853820099	139.19	556.74
				101300 /DEVICE,ACCESS,MALE LUER ADAPT,STRL BULK				
		101300						
Subtotal 999								
		Freight:	0.00		Tax:	0.00		556.74

GROSS	TAX AMOUNT	FREIGHT	TOTAL
556.74	0.00	0.00	$556.74

Eligible Gross Amount $556.74
Discount amount $11.13 if recd. by 06/22/13

*Code
TE - Tax Exempt
C - Customer Freight

CUSTOMER SHALL PAY THE FREIGHT CHARGES INDICATED ON THIS INVOICE. ALL CLAIMS OF SHORT SHIPMENTS, MIS-SHIPMENTS AND OTHER ERRORS IN DELIVERY SHALL BE
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Billing Inquiries: 1-800-388-2147, A/R Svcs Rep: Lisa Serpico-Foreman x-4233

REMITTANCE

Bill To:
SOUND SHORE MEDICAL CTR/500
16 GUION PL
NEW ROCHELLE NY 10801-5502

Customer #	1084466
Invoice #	1064084355
Invoice Date	05/23/2013
Sales Rep #	210
Payment Terms	2% 30, 1% 60, Net 90
Amount Due	$556.74

Remit To:
Medline Industries, Inc.
Box 382075
Pittsburgh PA 15251-8075

AMOUNT PAID $_____

Detach and return this portion with your payment

MEDLINE

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INVOICE

Customer PO #	Invoice Date	Invoice #
NR176887	05/23/2013	1064084356

Sold To:
SOUND SHORE MEDICAL CTR/500
16 GUION PL
NEW ROCHELLE, NY 10801-5502

Ship To:
MOUNT VERNON INVENTORY
9 N 8TH AVE
MOUNT VERNON, NY 10550-1965

SALES REP. #	SALES ORDER #	CARRIER	FREIGHT TERMS	CUSTOMER #	CURRENCY	AMOUNT DUE
210	680694454	MEDTRANS	MEDLINE	1084466	USD	$95.14

LINE NO.	ORDER QTY	U/M	INVOICE QTY	ITEM NO. / DESCRIPTION	CODE*	DELIVERY #	UNIT PRICE	AMOUNT
360	1.00	CS	1.00	MMM29500 MMM29500 /TAPE,CLOTH,SURGICAL,ADHESIVE,1/2"X10YD	TE	853820419	95.14	95.14

HCPCS Code #: A4450

Subtotal

Freight: 0.00 *Tax:* 0.00 95.14

GROSS	TAX AMOUNT	FREIGHT	TOTAL
95.14	0.00	0.00	$95.14

Eligible Gross Amount $95.14
Discount amount $1.90 if recd. by 06/22/13

*Code
TE - Tax Exempt
C - Customer Freight

CUSTOMER SHALL PAY THE FREIGHT CHARGES INDICATED ON THIS INVOICE. ALL CLAIMS OF SHORT SHIPMENTS, MIS-SHIPMENTS AND OTHER ERRORS IN DELIVERY SHALL BE
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Billing Inquiries: 1-800-388-2147, A/R Svcs Rep: Lisa Serpico-Foreman x-4233

REMITTANCE

Bill To:
SOUND SHORE MEDICAL CTR/500
16 GUION PL
NEW ROCHELLE NY 10801-5502

Customer #	1084466
Invoice #	1064084356
Invoice Date	05/23/2013
Sales Rep #	210
Payment Terms	2% 30, 1% 60, Net 90
Amount Due	$95.14

Remit To:
Medline Industries, Inc.
Box 382075
Pittsburgh PA 15251-8075

AMOUNT PAID $_____

Detach and return this portion with your payment

MEDLINE

www.medline.com

INVOICE

Customer PO #	Invoice Date	Invoice #
NR176873	05/23/2013	1064084357

Sold To:
SOUND SHORE MEDICAL CTR/500
16 GUION PL
NEW ROCHELLE, NY 10801-5502

Ship To:
MOUNT VERNON OR
9 N 8TH AVE
MOUNT VERNON, NY 10550-1965

SALES REP #	SALES ORDER #	CARRIER	FREIGHT TERMS	CUSTOMER #	CURRENCY	AMOUNT DUE
210	680687115	MEDTRANS	CUSTOMER	1084466	USD	$635.34

LINE NO	ORDER QTY	U/M	INVOICE QTY	ITEM NO / DESCRIPTION	CODE*	DELIVERY #	UNIT PRICE	AMOUNT
10	1.00	BX	1.00	USU030425 USU030425 /RELOAD,ENDO GIA UNIVERSAL,TITANUM,45-2.5	TE	853823072	552.69	552.69
Subtotal								
		Freight:	82.65		Tax:	0.00		552.69

GROSS	TAX AMOUNT	FREIGHT	TOTAL
552.69	0.00	82.65	$635.34

Eligible Gross Amount $552.69
Discount amount $11.05 if recd. by 06/22/13

*Code
TE - Tax Exempt
C - Customer Freight

CUSTOMER SHALL PAY THE FREIGHT CHARGES INDICATED ON THIS INVOICE. ALL CLAIMS OF SHORT SHIPMENTS, MIS-SHIPMENTS AND OTHER ERRORS IN DELIVERY SHALL BE
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Billing Inquiries: 1-800-388-2147, A/R Svcs Rep: Lisa Serpico-Foreman x-4233

REMITTANCE

Bill To:
SOUND SHORE MEDICAL CTR/500
16 GUION PL
NEW ROCHELLE NY 10801-5502

Customer #	1084466
Invoice #	1064084357
Invoice Date	05/23/2013
Sales Rep #	210
Payment Terms	2% 30, 1% 60, Net 90
Amount Due	$635.34

Remit To:
Medline Industries, Inc.
Box 382075
Pittsburgh PA 15251-8075

AMOUNT PAID $_____

Detach and return this portion with your payment

MEDLINE

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INVOICE

Customer PO #	Invoice Date	Invoice #
NR177133	05/23/2013	1064084358

Sold To:
SOUND SHORE MEDICAL CTR/500
16 GUION PL
NEW ROCHELLE, NY 10801-5502

Ship To:
MOUNT VERNON INVENTORY
9 N 8TH AVE
MOUNT VERNON, NY 10550-1965

SALES REP #	SALES ORDER #	CARRIER	FREIGHT TERMS	CUSTOMER #	CURRENCY	AMOUNT DUE
210	680780063	MEDTRANS	MEDLINE	1084466	USD	$8,478.06

LINE NO	ORDER QTY	U/M	INVOICE QTY	ITEM NO / DESCRIPTION	CODE*	DELIVERY #	UNIT PRICE	AMOUNT
210	4.00	BX	4.00	MLK86450	TE	853831550	15.82	63.28
				0142900 /TUBE,ENDOTRACH,INTERMED,HI-LO,7.0 MM				
		*0142900						
220	4.00	BX	4.00	MLK86451	TE	853831550	15.82	63.28
				0143000 /TUBE,ENDOTRACH,INTERMED,HI-LO,7.5 MM				
		*0143000						
Subtotal 999								
		Freight:	0.00		**Tax:**	0.00		**126.56**
20	1.00	CS	1.00	NON25408	TE	853831550	74.12	74.12
				600100 /GAUZE,SPONGE,4"X4",8PLY,WOVEN,NS,LF				
		600100						
HCPCS Code #: A6216								
Subtotal 400								
		Freight:	0.00		**Tax:**	0.00		**74.12**
110	8.00	CS	8.00	MSC281230	TE	853831550	27.94	223.52
				600900 /UNDERPAD,FLUFF,STD,PROTPLUS,17X24"				
		600900						

CUSTOMER SHALL PAY THE FREIGHT CHARGES INDICATED ON THIS INVOICE. ALL CLAIMS OF SHORT SHIPMENTS, MIS-SHIPMENTS AND OTHER ERRORS IN DELIVERY SHALL BE
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Billing Inquiries: 1-800-388-2147, A/R Svcs Rep: Lisa Serpico-Foreman x-4233

REMITTANCE

Bill To:
SOUND SHORE MEDICAL CTR/500
16 GUION PL
NEW ROCHELLE NY 10801-5502

Customer #	1084466
Invoice #	1064084358
Invoice Date	05/23/2013
Sales Rep #	210
Payment Terms	2% 30, 1% 60, Net 90
Amount Due	$8,478.06

Remit To:
Medline Industries, Inc.
Box 382075
Pittsburgh PA 15251-8075

AMOUNT PAID $_____

Detach and return this portion with your payment

MEDLINE

www.medline.com

INVOICE

Customer PO #	Invoice Date	Invoice #
NR177133	05/23/2013	1064084358

Ship To:
MOUNT VERNON INVENTORY
9 N 8TH AVE
MOUNT VERNON, NY 10550-1965

LINE NO	ORDER QTY	U/M	INVOICE QTY	ITEM NO / DESCRIPTION	CODE	DELIVERY #	UNIT PRICE	AMOUNT
Subtotal 100								
		Freight:	0.00	**Tax:**	0.00			223.52
10	4.00	CS	4.00	NON23324	TE	853831550	16.97	67.88
				606600 /PAPER,EXAM TABLE,STND,CREPE,18X125',12CS				
30	60.00	EA	60.00	MDT219684	TE	853831550	3.96	237.60
				208800 /PILLOW,MEDSOFT,18X24,20EA/CS				
40	3.00	CS	3.00	MSG1065	TE	853831550	157.71	473.13
				604400 /GLOVE,SURG,SENSICARE,ALOE,LF,PF,6.5				
50	2.00	CS	2.00	MSG1075	TE	853831550	157.71	315.42
				604600 /GLOVE,SURG,SENSICARE,ALOE,LF,PF,7.5				
60	4.00	CS	4.00	DYND80235S	TE	853831550	15.18	60.72
				702600 /URINAL,MALE,SUPREME				
70	2.00	CS	2.00	BMG333865	TE	853831550	198.09	396.17
				130500 /TRAY,SPINAL,PENCAN,SAFETY,25GX3.5"				
80	8.00	CS	8.00	AUG42268	TE	853831550	63.29	506.28
				130700 /BLANKET,WARM,UP BODY WH 74X24				
90	5.00	CS	5.00	AUG42568	TE	853831550	63.28	316.42
				130800 /BLANKET,WARM,LOW BODY WH				
100	3.00	CS	3.00	KDL5072	TE	853831550	67.08	201.24
				306800 /SPONGE,KERLIX,12PLY,STERILE,4"X4",2'S				
HCPCS Code #: A6402								
120	2.00	CS	2.00	NON241283	TE	853831550	31.74	63.48
				309000 /PAD,OB,NON STERILE,TAILS,11IN				
130	6.00	CS	6.00	DYND50252	TE	853831550	20.02	120.12
				104300 /SUCT CONN TUBE 1/4" X 12' ST				
HCPCS Code #: A7002								
140	6.00	CS	6.00	HUD1104	TE	853831550	17.19	103.14
				106700 /CANNULA,FLARED,7' TUBING				
150	3.00	CS	3.00	HUD1041	TE	853831550	27.12	81.36
				106800 /MASK,OXYGEN,UND CHIN,MED CONC ADULT				
160	2.00	CS	2.00	HUD1059	TE	853831550	50.51	101.02
				107400 /MASK,OXYGEN,NON-REBREATHER,ADULT				
170	4.00	CS	4.00	PTXG1675	TE	853831550	131.38	525.52
				406000 /ABG-PROVENT CUSTOM SOUND SHORE				
180	4.00	CS	4.00	MMM1624W	TE	853831550	96.60	386.38
				300400 /DRESSING,TEGADERM,TRNS,FILM,2.375X2.75"				
HCPCS Code #: A6257								
190	4.00	CS	4.00	DYND40982	TE	853831550	45.10	180.40
				306010 /KIT,CATHETER,SUCTION,14 FR,2 GLV,MINI				
HCPCS Code #: A4624 + A4930								
200	4.00	CS	4.00	CRI5001	TE	853831550	29.15	116.60
				CRI5001 /GOWN,ISO,THUMBLOOP,POLYETHYLENE,BLUE,XL				
230	3.00	CS	3.00	SWD81892910	TE	853831550	133.26	399.78
				406700 /SYRINGE, MAGELLAN, INS, 29X 1/2"				

MEDLINE

www.medline.com

INVOICE

Customer PO #	Invoice Date	Invoice #
NR177133	05/23/2013	1064084358

Ship To:
MOUNT VERNON INVENTORY
9 N 8TH AVE
MOUNT VERNON, NY 10550-1965

LINE NO	ORDER QTY	U/M	INVOICE QTY	ITEM NO. / DESCRIPTION	CODE*	DELIVERY #	UNIT PRICE	AMOUNT
240	3.00	CS	3.00	B-D367341	TE	853831550	270.03	810.09
				409700 /SET,BLOOD COLL,VACUTAINER,25G X .75"				
250	6.00	BX	6.00	USU054887	TE	853831550	36.62	219.74
				405600 /STAPLER,SKIN,ROYAL,35 WIDE,DISPOSABLE				
260	6.00	CS	6.00	NPBMAXA	TE	853831550	235.22	1,411.34
				702200 /SENSOR,ADULT,ADHESIVE,USE,W/D-25				
270	2.00	RL	2.00	MDT221204	TE	853831550	9.00	18.00
				706000 /STOCKINETTE,UNBLEACHED,4"X 25YDS				
HCPCS Code #: A6457								
280	1.00	CS	1.00	MDS096502	TE	853831550	36.21	36.21
				707900 /SWAB,ORAL,DENTIPS,TREATED,GREEN,500/CS				
290	6.00	CS	6.00	MDT211218XLI	TE	853831550	25.07	150.42
				801700 /SLIPPER,SINGLE TREAD,BEIGE,XL				
300	6.00	CS	6.00	MDT211218XXLI	TE	853831550	25.77	154.62
				801800 /SLIPPER,SINGLE TREAD,GRAY,XXL				
310	4.00	CS	4.00	MDS708550	TE	853831550	24.15	96.60
				802700 /TRAY,SUTURE REMOVAL,METAL FCP,LITT SCIS				
HCPCS Code #: A9270								
320	6.00	CS	6.00	LTP31013926	TE	853831550	57.66	345.97
				701600 /ELECTRODE,ECG,SNAP,TEARDROP,FOAM				
330	4.00	BX	4.00	MLK86490	TE	853831550	15.82	63.28
				803800 /TUBE,ENDOTRACH,INTRMD,PRECUT,HI-LO,7.0MM				
340	6.00	BX	6.00	MLK86491	TE	853831550	15.82	94.93
				803900 /TUBE,ENDOTRACH,INTRMD,PRECUT,HI-LO,7.5MM				
Subtotal								
	Freight:		0.00	**Tax:**		0.00		8053.86

GROSS	TAX AMOUNT	FREIGHT	TOTAL
8,478.06	0.00	0.00	$8,478.06

Eligible Gross Amount $8,478.06
Discount amount $169.56 if recd. by 06/22/13

*Code
TE - Tax Exempt
C - Customer Freight

MEDLINE

www.medline.com

INVOICE

Customer PO #	Invoice Date	Invoice #
NR177135	05/23/2013	1064084359

Sold To:
SOUND SHORE MEDICAL CTR/500
16 GUION PL
NEW ROCHELLE, NY 10801-5502

Ship To:
MOUNT VERNON MISCELLANEOUS
9 N 8TH AVE
MOUNT VERNON, NY 10550-1965

SALES REP #	SALES ORDER #	CARRIER	FREIGHT TERMS	CUSTOMER #	CURRENCY	AMOUNT DUE
210	680780236	MEDTRANS	CUSTOMER	1084466	USD	$165.29

LINE NO	ORDER QTY	U/M	INVOICE QTY	ITEM NO / DESCRIPTION	CODE*	DELIVERY #	UNIT PRICE	AMOUNT
10	1.00	CS	1.00	NON249005 NON249005 /POUCH,TELEMETRY,MULTI-LAYER,TIES,BLUE	TE	853831562	82.64	82.64
Subtotal								
		Freight:	82.65		**Tax:**	0.00		**82.64**

GROSS	TAX AMOUNT	FREIGHT	TOTAL
82.64	0.00	82.65	$165.29

Eligible Gross Amount $82.64
Discount amount $1.65 if recd. by 06/22/13

*Code
TE - Tax Exempt
C - Customer Freight

CUSTOMER SHALL PAY THE FREIGHT CHARGES INDICATED ON THIS INVOICE. ALL CLAIMS OF SHORT SHIPMENTS, MIS-SHIPMENTS AND OTHER ERRORS IN DELIVERY SHALL BE
COMMUNICATED TO MEDLINE IN WRITING WITHIN TWO BUSINESS DAYS OF THE INVOICE DATE, OR THEY ARE DEEMED WAIVED. ALL CLAIMS FOR PRICING AND BILLING ERRORS
SHALL BE COMMUNICATED TO MEDLINE IN WRITING WITHIN 180 DAYS OF INVOICE DATE, OR THEY ARE DEEMED WAIVED.

Billing Inquiries: 1-800-388-2147, A/R Svcs Rep: Lisa Serpico-Foreman x-4233

REMITTANCE

Bill To:
SOUND SHORE MEDICAL CTR/500
16 GUION PL
NEW ROCHELLE NY 10801-5502

Customer #	1084466
Invoice #	1064084359
Invoice Date	05/23/2013
Sales Rep #	210
Payment Terms	2% 30, 1% 60, Net 90
Amount Due	$165.29

Remit To:
Medline Industries, Inc.
Box 382075
Pittsburgh PA 15251-8075

AMOUNT PAID $_____

Detach and return this portion with your payment

MEDLINE

www.medline.com

INVOICE

Customer PO #	Invoice Date	Invoice #
NR177067	05/23/2013	1064085691

Sold To:
SOUND SHORE MEDICAL CTR/500
16 GUION PL
NEW ROCHELLE, NY 10801-5502

Ship To:
MOUNT VERNON OR
9 N 8TH AVE
MOUNT VERNON, NY 10550-1965

SALES REP #	SALES ORDER #	CARRIER	FREIGHT TERMS	CUSTOMER #	CURRENCY	AMOUNT DUE
210	680761881	UNITED PARCEL SERVICE	CUSTOMER	1084466	USD	$94.80

LINE NO	ORDER QTY	U/M	INVOICE QTY	ITEM NO / DESCRIPTION	CODE*	DELIVERY #	UNIT PRICE	AMOUNT
10	2.00	EA	2.00	MIL625323 /CLOCK,WALL,14"ALTON,BK	TE		47.40	94.80

Subtotal

Freight: 0.00 **Tax:** 0.00 **94.80**

GROSS	TAX AMOUNT	FREIGHT	TOTAL
94.80	0.00	0.00	$94.80

Eligible Gross Amount $94.80
Discount amount $1.90 if recd. by 06/22/13

*Code
TE - Tax Exempt
C - Customer Freight

CUSTOMER SHALL PAY THE FREIGHT CHARGES INDICATED ON THIS INVOICE. ALL CLAIMS OF SHORT SHIPMENTS, MIS-SHIPMENTS AND OTHER ERRORS IN DELIVERY SHALL BE
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Billing Inquiries: 1-800-388-2147, A/R Svcs Rep: Lisa Serpico-Foreman x-4233

REMITTANCE

Bill To:
SOUND SHORE MEDICAL CTR/500
16 GUION PL
NEW ROCHELLE NY 10801-5502

Customer #	1084466
Invoice #	1064085691
Invoice Date	05/23/2013
Sales Rep #	210
Payment Terms	2% 30, 1% 60, Net 90
Amount Due	$94.80

Remit To:
Medline Industries, Inc.
Box 382075
Pittsburgh PA 15251-8075

AMOUNT PAID $_____

Detach and return this portion with your payment

MEDLINE

www.medline.com

INVOICE

Customer PO #	Invoice Date	Invoice #
NR17130	05/23/2013	1064085692

Sold To:
SOUND SHORE MEDICAL CTR/500
16 GUION PL
NEW ROCHELLE, NY 10801-5502

Ship To:
SOUND SHORE MEDICAL CTR/500
16 GUION PL
NEW ROCHELLE, NY 10801-5502
GLN: 1100003520297

SALES REP #	SALES ORDER #	CARRIER	FREIGHT TERMS	CUSTOMER #	CURRENCY	AMOUNT DUE
210	432399126	UNITED PARCEL SERVICE	CUSTOMER	1084466	USD	$560.00

LINE NO	ORDER QTY	U/M	INVOICE QTY	ITEM NO / DESCRIPTION	CODE*	DELIVERY #	UNIT PRICE	AMOUNT
10	6.00	EA	6.00	REP114564 /3704-1-100 @CABLE SLEEVE (SM) 1.6MM HOLE	TE		90.00	540.00

Subtotal

Freight: 20.00 **Tax:** 0.00 540.00

GROSS	TAX AMOUNT	FREIGHT	TOTAL
540.00	0.00	20.00	$560.00

Eligible Gross Amount $540.00
Discount amount $10.80 if recd. by 06/22/13

*Code
TE - Tax Exempt
C - Customer Freight

CUSTOMER SHALL PAY THE FREIGHT CHARGES INDICATED ON THIS INVOICE. ALL CLAIMS OF SHORT SHIPMENTS, MIS-SHIPMENTS AND OTHER ERRORS IN DELIVERY SHALL BE
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Billing Inquiries: 1-800-388-2147, A/R Svcs Rep: Lisa Serpico-Foreman x-4233

REMITTANCE

Bill To:
SOUND SHORE MEDICAL CTR/500
16 GUION PL
NEW ROCHELLE NY 10801-5502

Customer #	1084466
Invoice #	1064085692
Invoice Date	05/23/2013
Sales Rep #	210
Payment Terms	2% 30, 1% 60, Net 90
Amount Due	$560.00

Remit To:
Medline Industries, Inc.
Box 382075
Pittsburgh PA 15251-8075

AMOUNT PAID $_____

Detach and return this portion with your payment

MEDLINE

www.medline.com

INVOICE

Customer PO #	Invoice Date	Invoice #
NR177117	05/24/2013	1064119857

Sold To:
SOUND SHORE MEDICAL CTR/500
16 GUION PL
NEW ROCHELLE, NY 10801-5502

Ship To:
SOUND SHORE MISCELLANEOUS
16 GUION PL
NEW ROCHELLE, NY 10801-5502

SALES REP #	SALES ORDER #	CARRIER	FREIGHT TERMS	CUSTOMER #	CURRENCY	AMOUNT DUE
210	680772306	MEDTRANS	MEDLINE	1084466	USD	$891.55

LINE NO	ORDER QTY	U/M	INVOICE QTY	ITEM NO / DESCRIPTION	CODE*	DELIVERY #	UNIT PRICE	AMOUNT
80	6.00	CS	6.00	SWD773662 SWD773662 /SET,FEEDING,E PUMP,FLUSH BAG,1000ML	TE	853803688	148.59	891.55

HCPCS Code #: B4035

Subtotal

Freight: 0.00 **Tax:** 0.00 **891.55**

GROSS	TAX AMOUNT	FREIGHT	TOTAL
891.55	0.00	0.00	$891.55

Eligible Gross Amount $891.55
Discount amount $17.83 if recd. by 06/23/13

*Code
TE - Tax Exempt
C - Customer Freight

CUSTOMER SHALL PAY THE FREIGHT CHARGES INDICATED ON THIS INVOICE. ALL CLAIMS OF SHORT SHIPMENTS, MIS-SHIPMENTS AND OTHER ERRORS IN DELIVERY SHALL BE
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Billing Inquiries: 1-800-388-2147, A/R Svcs Rep: Lisa Serpico-Foreman x-4233

REMITTANCE

Bill To:
SOUND SHORE MEDICAL CTR/500
16 GUION PL
NEW ROCHELLE NY 10801-5502

Customer #	1084466
Invoice #	1064119857
Invoice Date	05/24/2013
Sales Rep #	210
Payment Terms	2% 30, 1% 60, Net 90
Amount Due	$891.55

Remit To:
Medline Industries, Inc.
Box 382075
Pittsburgh PA 15251-8075

AMOUNT PAID $_____

Detach and return this portion with your payment

MEDLINE

www.medline.com

INVOICE

Customer PO #	Invoice Date	Invoice #
NR176948	05/24/2013	1064119858

Sold To:
SOUND SHORE MEDICAL CTR/500
16 GUION PL
NEW ROCHELLE, NY 10801-5502

Ship To:
SOUND SHORE MISCELLANEOUS
16 GUION PL
NEW ROCHELLE, NY 10801-5502

SALES REP #	SALES ORDER #	CARRIER	FREIGHT TERMS	CUSTOMER #	CURRENCY	AMOUNT DUE
210	680712663	MEDTRANS	MEDLINE	1084466	USD	$581.58

LINE NO	ORDER QTY	U/M	INVOICE QTY	ITEM NO. / DESCRIPTION	CODE*	DELIVERY #	UNIT PRICE	AMOUNT
10	4.00	CS	3.00	S-A5096030096 S-A5096030096 /GEO-MATT 30Ø WEDGE W/COVER	TE	853817228	193.86	581.58

Subtotal

Freight: **0.00** **Tax:** **0.00** **581.58**

GROSS	TAX AMOUNT	FREIGHT	TOTAL
581.58	0.00	0.00	$581.58

Eligible Gross Amount $581.58
Discount amount $11.63 if recd. by 06/23/13

*Code
TE - Tax Exempt
C - Customer Freight

CUSTOMER SHALL PAY THE FREIGHT CHARGES INDICATED ON THIS INVOICE. ALL CLAIMS OF SHORT SHIPMENTS, MIS-SHIPMENTS AND OTHER ERRORS IN DELIVERY SHALL BE
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Billing Inquiries: 1-800-388-2147, A/R Svcs Rep: Lisa Serpico-Foreman x-4233

REMITTANCE

Bill To:
SOUND SHORE MEDICAL CTR/500
16 GUION PL
NEW ROCHELLE NY 10801-5502

Customer #	1084466
Invoice #	1064119858
Invoice Date	05/24/2013
Sales Rep #	210
Payment Terms	2% 30, 1% 60, Net 90
Amount Due	$581.58

Remit To:
Medline Industries, Inc.
Box 382075
Pittsburgh PA 15251-8075

AMOUNT PAID $_____

Detach and return this portion with your payment

MEDLINE

www.medline.com

INVOICE

Customer PO #	Invoice Date	Invoice #
NR176775	05/24/2013	1064119859

Sold To:
SOUND SHORE MEDICAL CTR/500
16 GUION PL
NEW ROCHELLE, NY 10801-5502

Ship To:
SOUND SHORE MISCELLANEOUS
16 GUION PL
NEW ROCHELLE, NY 10801-5502

SALES REP #	SALES ORDER #	CARRIER	FREIGHT TERMS	CUSTOMER #	CURRENCY	AMOUNT DUE
210	680660819	MEDTRANS	MEDLINE	1084466	USD	$22.24

LINE NO	ORDER QTY	U/M	INVOICE QTY	ITEM NO. / DESCRIPTION	CODE*	DELIVERY #	UNIT PRICE	AMOUNT
10	8.00	CS	8.00	PTX100322100 PTX100322100 /AIRWAY, 10.0 CM, GUEDEL, DISP	TE	853820418	2.78	22.24

Subtotal

Freight: 0.00 **Tax:** 0.00 **22.24**

GROSS	TAX AMOUNT	FREIGHT	TOTAL
22.24	0.00	0.00	$22.24

Eligible Gross Amount $22.24
Discount amount $0.44 if recd. by 06/23/13

*Code
TE - Tax Exempt
C - Customer Freight

CUSTOMER SHALL PAY THE FREIGHT CHARGES INDICATED ON THIS INVOICE. ALL CLAIMS OF SHORT SHIPMENTS, MIS-SHIPMENTS AND OTHER ERRORS IN DELIVERY SHALL BE
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Billing Inquiries: 1-800-388-2147, A/R Svcs Rep: Lisa Serpico-Foreman x-4233

REMITTANCE

Bill To:
SOUND SHORE MEDICAL CTR/500
16 GUION PL
NEW ROCHELLE NY 10801-5502

Customer #	1084466
Invoice #	1064119859
Invoice Date	05/24/2013
Sales Rep #	210
Payment Terms	2% 30, 1% 60, Net 90
Amount Due	$22.24

Remit To:
Medline Industries, Inc.
Box 382075
Pittsburgh PA 15251-8075

AMOUNT PAID $_____

Detach and return this portion with your payment

MEDLINE

www.medline.com

INVOICE

Customer PO #	Invoice Date	Invoice #
NR177128	05/24/2013	1064119860

Sold To:
SOUND SHORE MEDICAL CTR/500
16 GUION PL
NEW ROCHELLE, NY 10801-5502

Ship To:
SOUND SHORE OR
16 GUION PL
NEW ROCHELLE, NY 10801-5502

SALES REP #	SALES ORDER #	CARRIER	FREIGHT TERMS	CUSTOMER #	CURRENCY	AMOUNT DUE
210	680779088	MEDTRANS	MEDLINE	1084466	USD	$8,231.79

LINE NO	ORDER QTY	U/M	INVOICE QTY	ITEM NO / DESCRIPTION	CODE	DELIVERY #	UNIT PRICE	AMOUNT
10	1.00	BX	1.00	USUEGIA45AVM /DEVICE,ENDO,GIA,ARTIC,45,VASC,MED,RELOAD	TE	853831546	1,076.01	1,076.01
20	1.00	BX	1.00	USUEGIA60AVM /DEVICE,ENDO,GIA,ARTIC,60,VASC,MED,RELOAD	TE	853831546	1,407.36	1,407.36
30	1.00	BX	1.00	USUEGIA45AMT /DEVICE,EGIA 45 AR MED THKSUL	TE	853831546	1,117.13	1,117.13
40	1.00	BX	1.00	USUEGIA60AMT /DEVICE,ENDO,GIA,ARTIC,60,MED,THK,RELOAD	TE	853831546	1,469.83	1,469.83
50	1.00	BX	1.00	USUEGIA45AXT /EGIA 45 ARTICULATING XTRA THICK-DIR ONLY	TE	853831546	1,312.43	1,312.43
60	1.00	BX	1.00	USUEGIA60AXT /EGIA60 ARTICULATING,EXTRA THICK,SULU,DIR	TE	853831546	1,849.03	1,849.03

Subtotal

Freight: **0.00** **Tax:** **0.00** **8231.79**

CUSTOMER SHALL PAY THE FREIGHT CHARGES INDICATED ON THIS INVOICE. ALL CLAIMS OF SHORT SHIPMENTS, MIS-SHIPMENTS AND OTHER ERRORS IN DELIVERY SHALL BE
COMMUNICATED TO MEDLINE IN WRITING WITHIN TWO BUSINESS DAYS OF THE INVOICE DATE, OR THEY ARE DEEMED WAIVED. ALL CLAIMS FOR PRICING AND BILLING ERRORS
SHALL BE COMMUNICATED TO MEDLINE IN WRITING WITHIN 180 DAYS OF INVOICE DATE, OR THEY ARE DEEMED WAIVED.

Billing Inquiries: 1-800-388-2147, A/R Svcs Rep: Lisa Serpico-Foreman x-4233

REMITTANCE

Bill To:
SOUND SHORE MEDICAL CTR/500
16 GUION PL
NEW ROCHELLE NY 10801-5502

Customer #	1084466
Invoice #	1064119860
Invoice Date	05/24/2013
Sales Rep #	210
Payment Terms	2% 30, 1% 60, Net 90
Amount Due	$8,231.79

Remit To:
Medline Industries, Inc.
Box 382075
Pittsburgh PA 15251-8075

AMOUNT PAID $_____

Detach and return this portion with your payment

MEDLINE

www.medline.com

INVOICE

Customer PO. #	Invoice Date	Invoice #
NR177128	05/24/2013	1064119860

Ship To:
SOUND SHORE OR
16 GUION PL
NEW ROCHELLE, NY 10801-5502

GROSS	TAX AMOUNT	FREIGHT	TOTAL
8,231.79	0.00	0.00	$8,231.79

Eligible Gross Amount $8,231.79
Discount amount $164.64 if recd. by 06/23/13

*Code
TE - Tax Exempt
C - Customer Freight

MEDLINE

www.medline.com

INVOICE

Customer PO #	Invoice Date	Invoice #
NR177134	05/24/2013	1064119861

Sold To:
SOUND SHORE MEDICAL CTR/500
16 GUION PL
NEW ROCHELLE, NY 10801-5502

Ship To:
SOUND SHORE OR
16 GUION PL
NEW ROCHELLE, NY 10801-5502

SALES REP #	SALES ORDER #	CARRIER	FREIGHT TERMS	CUSTOMER #	CURRENCY	AMOUNT DUE
210	680780227	MEDTRANS	MEDLINE	1084466	USD	$3,318.86

LINE NO	ORDER QTY	U/M	INVOICE QTY	ITEM NO / DESCRIPTION	CODE*	DELIVERY #	UNIT PRICE	AMOUNT
10	1.00	BX	1.00	USUEGIA60AXT /EGIA60 ARTICULATING,EXTRA THICK,SULU,DIR	TE	853831561	1,849.03	1,849.03
20	1.00	BX	1.00	USUEGIA60AMT /DEVICE,ENDO,GIA,ARTIC,60,MED,THK,RELOAD	TE	853831561	1,469.83	1,469.83

Subtotal

Freight: 0.00 **Tax:** 0.00 **3318.86**

GROSS	TAX AMOUNT	FREIGHT	TOTAL
3,318.86	0.00	0.00	$3,318.86

Eligible Gross Amount $3,318.86
Discount amount $66.38 if recd. by 06/23/13

*Code
TE - Tax Exempt
C - Customer Freight

CUSTOMER SHALL PAY THE FREIGHT CHARGES INDICATED ON THIS INVOICE. ALL CLAIMS OF SHORT SHIPMENTS, MIS-SHIPMENTS AND OTHER ERRORS IN DELIVERY SHALL BE
COMMUNICATED TO MEDLINE IN WRITING WITHIN TWO BUSINESS DAYS OF THE INVOICE DATE, OR THEY ARE DEEMED WAIVED. ALL CLAIMS FOR PRICING AND BILLING ERRORS
SHALL BE COMMUNICATED TO MEDLINE IN WRITING WITHIN 180 DAYS OF INVOICE DATE, OR THEY ARE DEEMED WAIVED.

Billing Inquiries: 1-800-388-2147, A/R Svcs Rep: Lisa Serpico-Foreman x-4233

REMITTANCE

Bill To:
SOUND SHORE MEDICAL CTR/500
16 GUION PL
NEW ROCHELLE NY 10801-5502

Customer #	1084466
Invoice #	1064119861
Invoice Date	05/24/2013
Sales Rep #	210
Payment Terms	2% 30, 1% 60, Net 90
Amount Due	$3,318.86

Remit To:
Medline Industries, Inc.
Box 382075
Pittsburgh PA 15251-8075

AMOUNT PAID $_____

Detach and return this portion with your payment

MEDLINE

www.medline.com

INVOICE

Customer PO #	Invoice Date	Invoice #
NR177137	05/24/2013	1064120163

Sold To:
SOUND SHORE MEDICAL CTR/500
16 GUION PL
NEW ROCHELLE, NY 10801-5502

Ship To:
MOUNT VERNON MISCELLANEOUS
9 N 8TH AVE
MOUNT VERNON, NY 10550-1965

SALES REP #	SALES ORDER #	CARRIER	FREIGHT TERMS	CUSTOMER #	CURRENCY	AMOUNT DUE
210	680781825	MEDTRANS	MEDLINE	1084466	USD	$1,527.61

LINE NO	ORDER QTY	U/M	INVOICE QTY	ITEM NO / DESCRIPTION	CODE	DELIVERY #	UNIT PRICE	AMOUNT
10	5.00	CS	5.00	SWD775100 SWD775100 /SPIKE,SAFETY PLUS,1000 ML FLUSH,EPUMP	TE	853843254	127.21	636.06
20	6.00	CS	6.00	SWD773662 SWD773662 /SET,FEEDING,E PUMP,FLUSH BAG,1000ML	TE	853843254	148.59	891.55

HCPCS Code #: B4035

Subtotal

Freight: **0.00** **Tax:** **0.00** **1527.61**

GROSS	TAX AMOUNT	FREIGHT	TOTAL
1,527.61	0.00	0.00	$1,527.61

Eligible Gross Amount $1,527.61
Discount amount $30.55 if recd. by 06/23/13

*Code
TE - Tax Exempt
C - Customer Freight

CUSTOMER SHALL PAY THE FREIGHT CHARGES INDICATED ON THIS INVOICE. ALL CLAIMS OF SHORT SHIPMENTS, MIS-SHIPMENTS AND OTHER ERRORS IN DELIVERY SHALL BE
COMMUNICATED TO MEDLINE IN WRITING WITHIN TWO BUSINESS DAYS OF THE INVOICE DATE, OR THEY ARE DEEMED WAIVED. ALL CLAIMS FOR PRICING AND BILLING ERRORS
SHALL BE COMMUNICATED TO MEDLINE IN WRITING WITHIN 180 DAYS OF INVOICE DATE, OR THEY ARE DEEMED WAIVED.

Billing Inquiries: 1-800-388-2147, A/R Svcs Rep: Lisa Serpico-Foreman x-4233

REMITTANCE

Bill To:
SOUND SHORE MEDICAL CTR/500
16 GUION PL
NEW ROCHELLE NY 10801-5502

Customer #	1084466
Invoice #	1064120163
Invoice Date	05/24/2013
Sales Rep #	210
Payment Terms	2% 30, 1% 60, Net 90
Amount Due	$1,527.61

Remit To:
Medline Industries, Inc.
Box 382075
Pittsburgh PA 15251-8075

AMOUNT PAID $_____

Detach and return this portion with your payment

MEDLINE

www.medline.com

INVOICE

Customer PO #	Invoice Date	Invoice #
NR176976	05/24/2013	1064120164

Sold To:
SOUND SHORE MEDICAL CTR/500
16 GUION PL
NEW ROCHELLE, NY 10801-5502

Ship To:
MOUNT VERNON OR
9 N 8TH AVE
MOUNT VERNON, NY 10550-1965

SALES REP #	SALES ORDER #	CARRIER	FREIGHT TERMS	CUSTOMER #	CURRENCY	AMOUNT DUE
210	680726242	MEDTRANS	CUSTOMER	1084466	USD	$131.04

LINE NO	ORDER QTY	U/M	INVOICE QTY	ITEM NO / DESCRIPTION	CODE*	DELIVERY #	UNIT PRICE	AMOUNT
10	3.00	CS	3.00	CND138102 CND138102 /ELECTRODE,NEEDLE,STD,40	TE	853854708	43.68	131.04

Subtotal

Freight: 0.00 **Tax:** 0.00 **131.04**

GROSS	TAX AMOUNT	FREIGHT	TOTAL
131.04	0.00	0.00	$131.04

Eligible Gross Amount $131.04
Discount amount $2.62 if recd. by 06/23/13

*Code
TE - Tax Exempt
C - Customer Freight

CUSTOMER SHALL PAY THE FREIGHT CHARGES INDICATED ON THIS INVOICE. ALL CLAIMS OF SHORT SHIPMENTS, MIS-SHIPMENTS AND OTHER ERRORS IN DELIVERY SHALL BE
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Billing Inquiries: 1-800-388-2147, A/R Svcs Rep: Lisa Serpico-Foreman x-4233

REMITTANCE

Bill To:
SOUND SHORE MEDICAL CTR/500
16 GUION PL
NEW ROCHELLE NY 10801-5502

Customer #	1084466
Invoice #	1064120164
Invoice Date	05/24/2013
Sales Rep #	210
Payment Terms	2% 30, 1% 60, Net 90
Amount Due	$131.04

Remit To:
Medline Industries, Inc.
Box 382075
Pittsburgh PA 15251-8075

AMOUNT PAID $_____

Detach and return this portion with your payment

MEDLINE

www.medline.com

INVOICE

Customer PO #	Invoice Date	Invoice #
NR176978	05/24/2013	1064120165

Sold To:
SOUND SHORE MEDICAL CTR/500
16 GUION PL
NEW ROCHELLE, NY 10801-5502

Ship To:
MOUNT VERNON OR
9 N 8TH AVE
MOUNT VERNON, NY 10550-1965

SALES REP #	SALES ORDER #	CARRIER	FREIGHT TERMS	CUSTOMER #	CURRENCY	AMOUNT DUE
210	680726544	MEDTRANS	MEDLINE	1084466	USD	$719.14

LINE NO	ORDER QTY	U/M	INVOICE QTY	ITEM NO / DESCRIPTION	CODE*	DELIVERY #	UNIT PRICE	AMOUNT
20	2.00	BX	1.00	USUPCO15X /PARIETEX COMPOSITE OPTIMIZED 15CM ROUND	TE	853854709	719.14	719.14

Subtotal

Freight: 0.00 **Tax:** 0.00 **719.14**

GROSS	TAX AMOUNT	FREIGHT	TOTAL
719.14	0.00	0.00	$719.14

Eligible Gross Amount $719.14
Discount amount $14.38 if recd. by 06/23/13

*Code
TE - Tax Exempt
C - Customer Freight

CUSTOMER SHALL PAY THE FREIGHT CHARGES INDICATED ON THIS INVOICE. ALL CLAIMS OF SHORT SHIPMENTS, MIS-SHIPMENTS AND OTHER ERRORS IN DELIVERY SHALL BE
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Billing Inquiries: 1-800-388-2147, A/R Svcs Rep: Lisa Serpico-Foreman x-4233

REMITTANCE

Bill To:
SOUND SHORE MEDICAL CTR/500
16 GUION PL
NEW ROCHELLE NY 10801-5502

Customer #	1084466
Invoice #	1064120165
Invoice Date	05/24/2013
Sales Rep #	210
Payment Terms	2% 30, 1% 60, Net 90
Amount Due	$719.14

Remit To:
Medline Industries, Inc.
Box 382075
Pittsburgh PA 15251-8075

AMOUNT PAID $_____

Detach and return this portion with your payment

MEDLINE

www.medline.com

INVOICE

Customer PO #	Invoice Date	Invoice #
NR176987	05/24/2013	1064120166

Sold To:
SOUND SHORE MEDICAL CTR/500
16 GUION PL
NEW ROCHELLE, NY 10801-5502

Ship To:
MOUNT VERNON MISCELLANEOUS
9 N 8TH AVE
MOUNT VERNON, NY 10550-1965

SALES REP #	SALES ORDER #	CARRIER	FREIGHT TERMS	CUSTOMER #	CURRENCY	AMOUNT DUE
210	680730158	MEDTRANS	MEDLINE	1084466	USD	$1,284.60

LINE NO	ORDER QTY	U/M	INVOICE QTY	ITEM NO / DESCRIPTION	CODE*	DELIVERY #	UNIT PRICE	AMOUNT
40	3.00	PK	3.00	HDT1018587 HDT1018587 /MASK,CPAP,IMAGE 3,W/HEADGEAR,LARGE	TE	853854711	428.20	1,284.60
Subtotal								
		Freight:	0.00		**Tax:**	0.00		**1284.60**

GROSS	TAX AMOUNT	FREIGHT	TOTAL
1,284.60	0.00	0.00	$1,284.60

Eligible Gross Amount $1,284.60
Discount amount $25.69 if recd. by 06/23/13

*Code
TE - Tax Exempt
C - Customer Freight

CUSTOMER SHALL PAY THE FREIGHT CHARGES INDICATED ON THIS INVOICE. ALL CLAIMS OF SHORT SHIPMENTS, MIS-SHIPMENTS AND OTHER ERRORS IN DELIVERY SHALL BE
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Billing Inquiries: 1-800-388-2147, A/R Svcs Rep: Lisa Serpico-Foreman x-4233

REMITTANCE

Bill To:
SOUND SHORE MEDICAL CTR/500
16 GUION PL
NEW ROCHELLE NY 10801-5502

Customer #	1084466
Invoice #	1064120166
Invoice Date	05/24/2013
Sales Rep #	210
Payment Terms	2% 30, 1% 60, Net 90
Amount Due	$1,284.60

Remit To:
Medline Industries, Inc.
Box 382075
Pittsburgh PA 15251-8075

AMOUNT PAID $_____

Detach and return this portion with your payment

MEDLINE

www.medline.com

INVOICE

Customer PO #	Invoice Date	Invoice #
NR176897	05/24/2013	1064120167

Sold To:
SOUND SHORE MEDICAL CTR/500
16 GUION PL
NEW ROCHELLE, NY 10801-5502

Ship To:
SOUND SHORE MISCELLANEOUS
16 GUION PL
NEW ROCHELLE, NY 10801-5502

SALES REP #	SALES ORDER #	CARRIER	FREIGHT TERMS	CUSTOMER #	CURRENCY	AMOUNT DUE
210	680696413	MEDTRANS	MEDLINE	1084466	USD	$826.98

LINE NO	ORDER QTY	U/M	INVOICE QTY	ITEM NO / DESCRIPTION	CODE*	DELIVERY #	UNIT PRICE	AMOUNT
10	4.00	CS	4.00	BXTCA1420 BXTCA1420 /NEEDLE,ACHIEVE,SFT,TIS,BIOP,14GAX20CM	TE	853858101	206.75	826.98
Subtotal								
		Freight:	**0.00**		**Tax:**	**0.00**		**826.98**

GROSS	TAX AMOUNT	FREIGHT	TOTAL
826.98	0.00	0.00	$826.98

Eligible Gross Amount $826.98
Discount amount $16.54 if recd. by 06/23/13

*Code
TE - Tax Exempt
C - Customer Freight

CUSTOMER SHALL PAY THE FREIGHT CHARGES INDICATED ON THIS INVOICE. ALL CLAIMS OF SHORT SHIPMENTS, MIS-SHIPMENTS AND OTHER ERRORS IN DELIVERY SHALL BE
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SHALL BE COMMUNICATED TO MEDLINE IN WRITING WITHIN 180 DAYS OF INVOICE DATE, OR THEY ARE DEEMED WAIVED.

Billing Inquiries: 1-800-388-2147, A/R Svcs Rep: Lisa Serpico-Foreman x-4233

REMITTANCE

Bill To:
SOUND SHORE MEDICAL CTR/500
16 GUION PL
NEW ROCHELLE NY 10801-5502

Customer #	1084466
Invoice #	1064120167
Invoice Date	05/24/2013
Sales Rep #	210
Payment Terms	2% 30, 1% 60, Net 90
Amount Due	$826.98

Remit To:
Medline Industries, Inc.
Box 382075
Pittsburgh PA 15251-8075

AMOUNT PAID $_____

Detach and return this portion with your payment

MEDLINE

www.medline.com

INVOICE

Customer PO #	Invoice Date	Invoice #
NR177146	05/24/2013	1064120168

Sold To:
SOUND SHORE MEDICAL CTR/500
16 GUION PL
NEW ROCHELLE, NY 10801-5502

Ship To:
MOUNT VERNON MISCELLANEOUS
9 N 8TH AVE
MOUNT VERNON, NY 10550-1965

SALES REP. #	SALES ORDER #	CARRIER	FREIGHT TERMS	CUSTOMER #	CURRENCY	AMOUNT DUE
210	680786135	MEDTRANS	CUSTOMER	1084466	USD	$181.28

LINE NO	ORDER QTY	U/M	INVOICE QTY	ITEM NO / DESCRIPTION	CODE*	DELIVERY #	UNIT PRICE	AMOUNT
10	2.00	CS	2.00	J-J20392 J-J20392 /STRIP,TEST,SOLUTION,CIDEX OPA,60/BT	TE	853858103	90.64	181.28

Subtotal

Freight: 0.00 **Tax:** 0.00 181.28

GROSS	TAX AMOUNT	FREIGHT	TOTAL
181.28	0.00	0.00	$181.28

Eligible Gross Amount $181.28
Discount amount $3.63 if recd. by 06/23/13

*Code
TE - Tax Exempt
C - Customer Freight

CUSTOMER SHALL PAY THE FREIGHT CHARGES INDICATED ON THIS INVOICE. ALL CLAIMS OF SHORT SHIPMENTS, MIS-SHIPMENTS AND OTHER ERRORS IN DELIVERY SHALL BE
COMMUNICATED TO MEDLINE IN WRITING WITHIN TWO BUSINESS DAYS OF THE INVOICE DATE, OR THEY ARE DEEMED WAIVED. ALL CLAIMS FOR PRICING AND BILLING ERRORS
SHALL BE COMMUNICATED TO MEDLINE IN WRITING WITHIN 180 DAYS OF INVOICE DATE, OR THEY ARE DEEMED WAIVED.

Billing Inquiries: 1-800-388-2147, A/R Svcs Rep: Lisa Serpico-Foreman x-4233

REMITTANCE

Bill To:
SOUND SHORE MEDICAL CTR/500
16 GUION PL
NEW ROCHELLE NY 10801-5502

Customer #	1084466
Invoice #	1064120168
Invoice Date	05/24/2013
Sales Rep #	210
Payment Terms	2% 30, 1% 60, Net 90
Amount Due	$181.28

Remit To:
Medline Industries, Inc.
Box 382075
Pittsburgh PA 15251-8075

AMOUNT PAID $_____

Detach and return this portion with your payment

MEDLINE

www.medline.com

INVOICE

Customer PO #	Invoice Date	Invoice #
NR177106	05/24/2013	1064120169

Sold To:
SOUND SHORE MEDICAL CTR/500
16 GUION PL
NEW ROCHELLE, NY 10801-5502

Ship To:
SOUND SHORE MISCELLANEOUS
16 GUION PL
NEW ROCHELLE, NY 10801-5502

SALES REP #	SALES ORDER #	CARRIER	FREIGHT TERMS	CUSTOMER #	CURRENCY	AMOUNT DUE
210	432408313	FEDEX GROUND	CUSTOMER	1084466	USD	$389.13

LINE NO	ORDER QTY	U/M	INVOICE QTY	ITEM NO. / DESCRIPTION	CODE	DELIVERY #	UNIT PRICE	AMOUNT
10	10.00	EA	10.00	BAA010016LVCS BAA010016LVCS /TUBE,FEEDING,GASTRO,16FR,SILICONE,MIC	TE	853858175	37.95	379.50

Subtotal

Freight: 9.63 **Tax:** 0.00 379.50

GROSS	TAX AMOUNT	FREIGHT	TOTAL
379.50	0.00	9.63	$389.13

Eligible Gross Amount $379.50
Discount amount $7.59 if recd. by 06/23/13

*Code
TE - Tax Exempt
C - Customer Freight

CUSTOMER SHALL PAY THE FREIGHT CHARGES INDICATED ON THIS INVOICE. ALL CLAIMS OF SHORT SHIPMENTS, MIS-SHIPMENTS AND OTHER ERRORS IN DELIVERY SHALL BE
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Billing Inquiries: 1-800-388-2147, A/R Svcs Rep: Lisa Serpico-Foreman x-4233

REMITTANCE

Bill To:
SOUND SHORE MEDICAL CTR/500
16 GUION PL
NEW ROCHELLE NY 10801-5502

Customer #	1084466
Invoice #	1064120169
Invoice Date	05/24/2013
Sales Rep #	210
Payment Terms	2% 30, 1% 60, Net 90
Amount Due	$389.13

Remit To:
Medline Industries, Inc.
Box 382075
Pittsburgh PA 15251-8075

AMOUNT PAID $_____

Detach and return this portion with your payment

MEDLINE

www.medline.com

INVOICE

Customer PO #	Invoice Date	Invoice #
NR176978	05/24/2013	1064120170

Sold To:
SOUND SHORE MEDICAL CTR/500
16 GUION PL
NEW ROCHELLE, NY 10801-5502

Ship To:
MOUNT VERNON OR
9 N 8TH AVE
MOUNT VERNON, NY 10550-1965

SALES REP #	SALES ORDER #	CARRIER	FREIGHT TERMS	CUSTOMER #	CURRENCY	AMOUNT DUE
210	680726544	FEDEX GROUND	MEDLINE	1084466	USD	$2,963.88

LINE NO	ORDER QTY	U/M	INVOICE QTY	ITEM NO / DESCRIPTION	CODE*	DELIVERY #	UNIT PRICE	AMOUNT
10	2.00	CS	2.00	DVL0010303 DVL0010303 /PATCH,HERNIA,VENTRALEX,CIRCLE,LG,STRAP	TE,C	853858614	1,477.36	2,954.72
Subtotal								
		Freight:	9.16		Tax:	0.00		2954.72

GROSS	TAX AMOUNT	FREIGHT	TOTAL
2,954.72	0.00	9.16	$2,963.88

Eligible Gross Amount $2,954.72
Discount emount $59.09 if recd. by 06/23/13

*Code
TE - Tax Exempt
C - Customer Freight

CUSTOMER SHALL PAY THE FREIGHT CHARGES INDICATED ON THIS INVOICE. ALL CLAIMS OF SHORT SHIPMENTS, MIS-SHIPMENTS AND OTHER ERRORS IN DELIVERY SHALL BE
COMMUNICATED TO MEDLINE IN WRITING WITHIN TWO BUSINESS DAYS OF THE INVOICE DATE, OR THEY ARE DEEMED WAIVED. ALL CLAIMS FOR PRICING AND BILLING ERRORS
SHALL BE COMMUNICATED TO MEDLINE IN WRITING WITHIN 180 DAYS OF INVOICE DATE, OR THEY ARE DEEMED WAIVED.

Billing Inquiries: 1-800-388-2147, A/R Svcs Rep: Lisa Serpico-Foreman x-4233

REMITTANCE

Bill To:
SOUND SHORE MEDICAL CTR/500
16 GUION PL
NEW ROCHELLE NY 10801-5502

Customer #	1084466
Invoice #	1064120170
Invoice Date	05/24/2013
Sales Rep #	210
Payment Terms	2% 30, 1% 60, Net 90
Amount Due	$2,963.88

Remit To:
Medline Industries, Inc.
Box 382075
Pittsburgh PA 15251-8075

AMOUNT PAID $_____

Detach and return this portion with your payment

MEDLINE

www.medline.com

INVOICE

Customer PO #	Invoice Date	Invoice #
NR177038	05/24/2013	1064120171

Sold To:
SOUND SHORE MEDICAL CTR/500
16 GUION PL
NEW ROCHELLE, NY 10801-5502

Ship To:
SOUND SHORE MISCELLANEOUS
16 GUION PL
NEW ROCHELLE, NY 10801-5502

SALES REP #	SALES ORDER #	CARRIER	FREIGHT TERMS	CUSTOMER #	CURRENCY	AMOUNT DUE
210	680753407	FEDEX GROUND	CUSTOMER	1084466	USD	$24.84

LINE NO	ORDER QTY	U/M	INVOICE QTY	ITEM NO / DESCRIPTION	CODE*	DELIVERY #	UNIT PRICE	AMOUNT
20	4.00	EA	4.00	600NTHXS-CM 600NTHXS-CM /PANT,SCRUB,REV,A-STAT,CEIL,MDL-CC,XS	TE	853859129	4.50	18.00
Subtotal								
		Freight:	**6.84**		**Tax:**	**0.00**		**18.00**

GROSS	TAX AMOUNT	FREIGHT	TOTAL
18.00	0.00	6.84	$24.84

Eligible Gross Amount $18.00
Discount amount $0.36 if recd. by 06/23/13

*Code
TE - Tax Exempt
C - Customer Freight

CUSTOMER SHALL PAY THE FREIGHT CHARGES INDICATED ON THIS INVOICE. ALL CLAIMS OF SHORT SHIPMENTS, MIS-SHIPMENTS AND OTHER ERRORS IN DELIVERY SHALL BE
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SHALL BE COMMUNICATED TO MEDLINE IN WRITING WITHIN 160 DAYS OF INVOICE DATE, OR THEY ARE DEEMED WAIVED.

Billing Inquiries: 1-800-388-2147, A/R Svcs Rep: Lisa Serpico-Foreman x-4233

REMITTANCE

Bill To:
SOUND SHORE MEDICAL CTR/500
16 GUION PL
NEW ROCHELLE NY 10801-5502

Customer #	1084466
Invoice #	1064120171
Invoice Date	05/24/2013
Sales Rep #	210
Payment Terms	2% 30, 1% 60, Net 90
Amount Due	$24.84

Remit To:
Medline Industries, Inc.
Box 382075
Pittsburgh PA 15251-8075

AMOUNT PAID $_____

Detach and return this portion with your payment

MEDLINE

www.medline.com

INVOICE

Customer PO #	Invoice Date	Invoice #
NR177150	05/24/2013	1064120172

Sold To:
SOUND SHORE MEDICAL CTR/500
16 GUION PL
NEW ROCHELLE, NY 10801-5502

Ship To:
MOUNT VERNON INVENTORY
9 N 8TH AVE
MOUNT VERNON, NY 10550-1965

SALES REP #	SALES ORDER #	CARRIER	FREIGHT TERMS	CUSTOMER #	CURRENCY	AMOUNT DUE
210	680786990	MEDTRANS	MEDLINE	1084466	USD	$5,536.01

LINE NO	ORDER QTY	U/M	INVOICE QTY	ITEM NO / DESCRIPTION	CODE	DELIVERY #	UNIT PRICE	AMOUNT
10	2.00	CS	2.00	NON25312	TE	853868608	62.00	124.00
				600200 /GAUZE,SPONGE,3"X3",12PLY,NS,LF,200/PK				
		600200						
HCPCS Code #: A6216								
Subtotal 400								
		Freight:	**0.00**		**Tax:**	**0.00**		**124.00**
60	6.00	CS	6.00	NON260509	TE	853868608	39.89	239.34
				600500 /WASHCLOTH,DISPOSABLE,12.5X13"				
		600500						
260	5.00	CS	5.00	MSC281230	TE	853868608	27.94	139.70
				600900 /UNDERPAD,FLUFF,STD,PROTPLUS,17X24"				
		600900						
Subtotal 100								
		Freight:	**0.00**		**Tax:**	**0.00**		**379.04**
20	3.00	CS	3.00	PRG30374	TE	853868608	15.75	47.24
				605700 /DIAPER,NEWBORN,SWADLERS,UP TO 10 LBS				

CUSTOMER SHALL PAY THE FREIGHT CHARGES INDICATED ON THIS INVOICE. ALL CLAIMS OF SHORT SHIPMENTS, MIS-SHIPMENTS AND OTHER ERRORS IN DELIVERY SHALL BE
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Billing Inquiries: 1-800-388-2147, A/R Svcs Rep: Lisa Serpico-Foreman x-4233

REMITTANCE

Bill To:
SOUND SHORE MEDICAL CTR/500
16 GUION PL
NEW ROCHELLE NY 10801-5502

Customer #	1084466
Invoice #	1064120172
Invoice Date	05/24/2013
Sales Rep #	210
Payment Terms	2% 30, 1% 60, Net 90
Amount Due	$5,536.01

Remit To:
Medline Industries, Inc.
Box 382075
Pittsburgh PA 15251-8075

AMOUNT PAID $_____

Detach and return this portion with your payment

MEDLINE

www.medline.com

INVOICE

Customer PO #	Invoice Date	Invoice #
NR177150	05/24/2013	1064120172

Ship To:
MOUNT VERNON INVENTORY
9 N 8TH AVE
MOUNT VERNON, NY 10550-1965

LINE NO.	ORDER QTY	U/M	INVOICE QTY	ITEM NO. / DESCRIPTION	CODE	DELIVERY #	UNIT PRICE	AMOUNT
30	2.00	CS	2.00	MMM1860S 604200 /MASK,RESPIRATOR,N95,NIOSH APPROVED,SM	TE	853868608	64.46	128.92
40	5.00	CS	5.00	DYND80217 707100 /BEDPAN,PONTOON/STACK,GRAPHITE	TE	853868608	16.32	81.60
50	3.00	CS	3.00	NON03007 205000 /CUP,PLASTIC,7 OZ,TRANSLUCENT	TE	853868608	51.75	155.25
70	3.00	CS	3.00	HUD1734 107420 /NEBULIZER,T UPDRAFTII,MOUTHPC,6" RES,TUB	TE	853868608	40.16	120.49
80	2.00	CS	2.00	B-D363083 409100 /TUBE,CITRATE,LT BLU,ADDITV,13X75MM,2.7ML	TE	853868608	87.66	175.32
100	2.00	BX	2.00	RCH33301 509500 /CATHETER,EXTERNAL,MALE,ULTRAFLEX,SM,25MM	TE	853868608	25.48	50.95
HCPCS Code #: A4349								
110	2.00	BX	2.00	RCH33302 509600 /CATHETER,EXTERNAL,MALE,ULTRAFLX,MD,29MM	TE	853868608	25.48	50.95
HCPCS Code #: A4349								
120	1.00	CS	1.00	NON024215 205200 /CUP,PAPER,SOUFFLE,.75 OZ	TE	853868608	30.29	30.29
130	1.00	CS	1.00	DYND80000 205800 /CUP,MEDICINE,GRAD,PLASTIC,1OZ	TE	853868608	26.94	26.94
140	5.00	CS	5.00	NON026320 206900 /BAG,PATIENT BELONGING,RGD HDL,WHT,PRNT	TE	853868608	43.90	219.50
150	5.00	CS	5.00	CTR000413 606100 /MOUTHWASH,ALCOHOL FREE,4 OZ	TE	853868608	19.59	97.95
160	2.00	CS	2.00	DYND10500 306300 /TRAY,URETHRAL,CATHETER,VINYL,14FR	TE	853868608	33.91	67.82
HCPCS Code #: A4353								
170	1.00	CS	1.00	NON24272 104900 /APRON,PULLOVER,LGHTWT,WHT,24X42	TE	853868608	77.85	77.85
180	8.00	CS	8.00	B-D367342 409600 /SET,BLOOD COLL,VACUTAINER,23G X .75"	TE	853868608	267.25	2,138.00
190	1.00	CS	1.00	NON70500 307300 /PACK,SHROUD,ADULT,54"X108"	TE	853868608	48.44	48.44
200	24.00	CS	24.00	DYND75020 307000 /TOURNIQUET,1"X18",BLUE,LF,ROLLED	TE	853868608	28.85	692.40
210	3.00	GR	3.00	MDS136000 602500 /TOOTHBRUSH,INDIVDUALLY WRAPPED,30 TUFT	TE	853868608	8.83	26.49
220	2.00	CS	2.00	MMM15272 606200 /TAPE,SURGICAL,TRANSPORE,2"X10YD	TE	853868608	74.83	149.66
HCPCS Code #: A4452								
230	2.00	CS	2.00	BDF0231 702800 /BANDAGE,ADHES STRIP,WOVEN,COVERLET,1 X 3	TE	853868608	33.19	66.38
240	5.00	CS	5.00	LTP31013926 701600 /ELECTRODE,ECG,SNAP,TEARDROP,FOAM	TE	853868608	57.66	288.31

MEDLINE

www.medline.com

INVOICE

Customer PO #	Invoice Date	Invoice #
NR177150	05/24/2013	1064120172

Ship To:
MOUNT VERNON INVENTORY
9 N 8TH AVE
MOUNT VERNON, NY 10550-1965

LINE NO.	ORDER QTY.	U/M	INVOICE QTY.	ITEM NO. / DESCRIPTION	CODE*	DELIVERY #	UNIT PRICE	AMOUNT
250	2.00	CS	2.00	MMM1296	TE	853868608	146.11	292.22
				807400 /PACK,TEST,INDICAT,ATTEST,STEAM,BRN CAP				
Subtotal								
		Freight:	**0.00**		**Tax:**	**0.00**		**5032.97**

GROSS	TAX AMOUNT	FREIGHT	TOTAL
5,536.01	0.00	0.00	$5,536.01

Eligibla Gross Amount $5,536.01
Discount amount $110.72 if recd. by 06/23/13

*Code
TE - Tax Exempt
C - Customer Freight

MEDLINE

www.medline.com

INVOICE

Customer PO #	Invoice Date	Invoice #
NR177154	05/24/2013	1064120173

Sold To:
SOUND SHORE MEDICAL CTR/500
16 GUION PL
NEW ROCHELLE, NY 10801-5502

Ship To:
SOUND SHORE INVENTORY
16 GUION PL
NEW ROCHELLE, NY 10801-5502

SALES REP #	SALES ORDER #	CARRIER	FREIGHT TERMS	CUSTOMER #	CURRENCY	AMOUNT DUE
210	680787499	MEDTRANS	MEDLINE	1084466	USD	$8,198.44

LINE NO.	ORDER QTY.	U/M	INVOICE QTY.	ITEM NO. / DESCRIPTION	CODE	DELIVERY #	UNIT PRICE	AMOUNT
30	2.00	CS	2.00	DYNJP2309 102300 /COVER,TABLE,44X76,STERILE	TE	853868612	28.97	57.94
		102300						
100	3.00	CS	3.00	DYKD2002M 601000 /KIT,MATERNITY,DELUXE	TE	853868612	50.78	152.34
		601000						
Subtotal 200								
		Freight:	0.00		**Tax:**	0.00		210.28
10	8.00	CS	8.00	DYNJ21512A 121000 /ARTHRO PACK-SOUND SHORE	TE	853868612	253.09	2,024.72
20	1.00	CS	1.00	CRI1002 101900 /CAP,BOUFFANT,SPUNBOND,WHT,21"	TE	853868612	26.69	26.69
40	2.00	CS	2.00	DYNJP2410 102600 /SHEET,DRAPE,40X58,STERILE	TE	853868612	21.07	42.14
50	2.00	CS	2.00	DYNJP3003 102700 /SHEET, T, LAPAROTOMY, STERILE	TE	853868612	64.38	128.76

CUSTOMER SHALL PAY THE FREIGHT CHARGES INDICATED ON THIS INVOICE. ALL CLAIMS OF SHORT SHIPMENTS, MIS-SHIPMENTS AND OTHER ERRORS IN DELIVERY SHALL BE
COMMUNICATED TO MEDLINE IN WRITING WITHIN TWO BUSINESS DAYS OF THE INVOICE DATE, OR THEY ARE DEEMED WAIVED. ALL CLAIMS FOR PRICING AND BILLING ERRORS
SHALL BE COMMUNICATED TO MEDLINE IN WRITING WITHIN 180 DAYS OF INVOICE DATE, OR THEY ARE DEEMED WAIVED.

Billing Inquiries: 1-800-388-2147, A/R Svcs Rep: Lisa Serpico-Foreman x-4233

REMITTANCE

Bill To:
SOUND SHORE MEDICAL CTR/500
16 GUION PL
NEW ROCHELLE NY 10801-5502

Customer #	1084466
Invoice #	1064120173
Invoice Date	05/24/2013
Sales Rep #	210
Payment Terms	2% 30, 1% 60, Net 90
Amount Due	$8,198.44

Remit To:
Medline Industries, Inc.
Box 382075
Pittsburgh PA 15251-8075

AMOUNT PAID $_____

Detach and return this portion with your payment

MEDLINE

www.medline.com

INVOICE

Customer PO. #	Invoice Date	Invoice #
NR177154	05/24/2013	1064120173

Ship To:
SOUND SHORE INVENTORY
16 GUION PL
NEW ROCHELLE, NY 10801-5502

LINE NO	ORDER QTY	U/M	INVOICE QTY	ITEM NO / DESCRIPTION	CODE*	DELIVERY #	UNIT PRICE	AMOUNT
60	2.00	CS	2.00	DYNJP3009	TE	853868612	64.38	128.76
				102900 /DRAPE,LAPAROTOMY,T,PEDI,STERILE				
70	1.00	CS	1.00	DYNJP2725	TE	853868612	101.43	101.43
				104200 /GOWN,REINF,POLY,AURORA,XLNG/XL,STRL				
80	1.00	CS	1.00	MDS251518RNG	TE	853868612	64.99	64.99
				104600 /SPONGE,LAP,18"X18",RING,XR,ST,5/PK,40PK				
90	8.00	CS	8.00	CDS981069C	TE	853868612	285.11	2,280.88
				107800 /LAP CHOLE PROCEDURE				
110	20.00	CS	20.00	CRI4001	TE	853868612	17.28	345.60
				0141900 /GOWN,COVER,SPNBND,WST-NECK TIE,YEL,XLG				
120	20.00	CS	20.00	CUR9225	TE	853868612	47.52	950.40
				313100 /GLOVE,EXAM,STRETCH VINYL,M				
130	20.00	CS	20.00	CUR9226	TE	853868612	47.52	950.40
				CUR9226 /GLOVE,EXAM,STRETCH VINYL,L				
140	5.00	CS	5.00	SGE9707CS	TE	853868612	188.68	943.39
				200000 /CLOTH,SKIN PREP,PREOP,2%CHG,2 PK/32 SETS				
Subtotal								
		Freight:	**0.00**		**Tax:**	**0.00**		**7988.16**

GROSS	TAX AMOUNT	FREIGHT	TOTAL
8,198.44	0.00	0.00	$8,198.44

Eligible Gross Amount $8,198.44
Discount amount $163.97 if recd. by 06/23/13

*Code
TE - Tax Exempt
C - Customer Freight

MEDLINE

www.medline.com

INVOICE

Customer PO #	Invoice Date	Invoice #
NR177006	05/24/2013	1064121543

Sold To:
SOUND SHORE MEDICAL CTR/500
16 GUION PL
NEW ROCHELLE, NY 10801-5502

Ship To:
SOUND SHORE OR
16 GUION PL
NEW ROCHELLE, NY 10801-5502

SALES REP #	SALES ORDER #	CARRIER	FREIGHT TERMS	CUSTOMER #	CURRENCY	AMOUNT DUE
210	432309446	VENDOR	MEDLINE	1084466	USD	$1,244.90

LINE NO	ORDER QTY	U/M	INVOICE QTY	ITEM NO / DESCRIPTION	CODE*	DELIVERY #	UNIT PRICE	AMOUNT
10	25.00	EA	25.00	SKR6000006000 /BATTERY,INSTRUMENT	TE,C		43.04	1,076.00

Subtotal 1076.00

Freight: 168.90 **Tax:** 0.00

GROSS	TAX AMOUNT	FREIGHT	TOTAL
1,076.00	0.00	168.90	$1,244.90

Eligible Gross Amount $1,076.00
Discount amount $21.52 if recd. by 06/23/13

*Code
TE - Tax Exempt
C - Customer Freight

CUSTOMER SHALL PAY THE FREIGHT CHARGES INDICATED ON THIS INVOICE. ALL CLAIMS OF SHORT SHIPMENTS, MIS-SHIPMENTS AND OTHER ERRORS IN DELIVERY SHALL BE
COMMUNICATED TO MEDLINE IN WRITING WITHIN TWO BUSINESS DAYS OF THE INVOICE DATE, OR THEY ARE DEEMED WAIVED. ALL CLAIMS FOR PRICING AND BILLING ERRORS
SHALL BE COMMUNICATED TO MEDLINE IN WRITING WITHIN 180 DAYS OF INVOICE DATE, OR THEY ARE DEEMED WAIVED.

Billing Inquiries: 1-800-388-2147, A/R Svcs Rep: Lisa Serpico-Foreman x-4233

REMITTANCE

Bill To:
SOUND SHORE MEDICAL CTR/500
16 GUION PL
NEW ROCHELLE NY 10801-5502

Customer #	1084466
Invoice #	1064121543
Invoice Date	05/24/2013
Sales Rep #	210
Payment Terms	2% 30, 1% 60, Net 90
Amount Due	$1,244.90

Remit To:
Medline Industries, Inc.
Box 382075
Pittsburgh PA 15251-8075

AMOUNT PAID $_____

Detach and return this portion with your payment

MEDLINE

www.medline.com

INVOICE

Customer PO #	Invoice Date	Invoice #
NR177122	05/24/2013	1064121544

Sold To:
SOUND SHORE MEDICAL CTR/500
16 GUION PL
NEW ROCHELLE, NY 10801-5502

Ship To:
SOUND SHORE OR
16 GUION PL
NEW ROCHELLE, NY 10801-5502

SALES REP #	SALES ORDER #	CARRIER	FREIGHT TERMS	CUSTOMER #	CURRENCY	AMOUNT DUE
210	432384388	VENDOR	CUSTOMER	1084466	USD	$565.49

LINE NO	ORDER QTY	U/M	INVOICE QTY	ITEM NO / DESCRIPTION	CODE*	DELIVERY #	UNIT PRICE	AMOUNT
10	12.00	EA	12.00	SKR6000006000 $KR6000006000 /BATTERY,INSTRUMENT	TE		43.04	516.48

Subtotal

Freight: 49.01 **Tax:** 0.00 **516.48**

GROSS	TAX AMOUNT	FREIGHT	TOTAL
516.48	0.00	49.01	$565.49

Eligible Gross Amount $516.48
Discount amount $10.33 if recd. by 06/23/13

*Code
TE - Tax Exempt
C - Customer Freight

CUSTOMER SHALL PAY THE FREIGHT CHARGES INDICATED ON THIS INVOICE. ALL CLAIMS OF SHORT SHIPMENTS, MIS-SHIPMENTS AND OTHER ERRORS IN DELIVERY SHALL BE
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Billing Inquiries: 1-800-388-2147, A/R Svcs Rep: Lisa Serpico-Foreman x-4233

REMITTANCE

Bill To:
SOUND SHORE MEDICAL CTR/500
16 GUION PL
NEW ROCHELLE NY 10801-5502

Customer #	1084466
Invoice #	1064121544
Invoice Date	05/24/2013
Sales Rep #	210
Payment Terms	2% 30, 1% 60, Net 90
Amount Due	$565.49

Remit To:
Medline Industries, Inc.
Box 382075
Pittsburgh PA 15251-8075

AMOUNT PAID $_____

Detach and return this portion with your payment

MEDLINE

www.medline.com

INVOICE

Customer PO #	Invoice Date	Invoice #
NR177147	05/25/2013	1064155328

Sold To:
SOUND SHORE MEDICAL CTR/500
16 GUION PL
NEW ROCHELLE, NY 10801-5502

Ship To:
MOUNT VERNON MISCELLANEOUS
9 N 8TH AVE
MOUNT VERNON, NY 10550-1965

SALES REP #	SALES ORDER #	CARRIER	FREIGHT TERMS	CUSTOMER #	CURRENCY	AMOUNT DUE
210	680786518	FEDEX GROUND	CUSTOMER	1084466	USD	$246.72

LINE NO	ORDER QTY	U/M	INVOICE QTY	ITEM NO / DESCRIPTION	CODE*	DELIVERY #	UNIT PRICE	AMOUNT
10	1.00	CS	1.00	JMISF450 JMISF450 /ELECTRODE,STRESS FOAM,ADULT,BLUE	TE	853880912	227.70	227.70
Subtotal								
		Freight:	19.02		Tax:	0.00		227.70

GROSS	TAX AMOUNT	FREIGHT	TOTAL
227.70	0.00	19.02	$246.72

Eligible Gross Amount $227.70
Discount amount $4.55 if recd. by 06/24/13

*Code
TE - Tax Exempt
C - Customer Freight

CUSTOMER SHALL PAY THE FREIGHT CHARGES INDICATED ON THIS INVOICE. ALL CLAIMS OF SHORT SHIPMENTS, MIS-SHIPMENTS AND OTHER ERRORS IN DELIVERY SHALL BE
COMMUNICATED TO MEDLINE IN WRITING WITHIN TWO BUSINESS DAYS OF THE INVOICE DATE, OR THEY ARE DEEMED WAIVED. ALL CLAIMS FOR PRICING AND BILLING ERRORS
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Billing Inquiries: 1-800-388-2147, A/R Svcs Rep: Lisa Serpico-Foreman x-4233

REMITTANCE

Bill To:
SOUND SHORE MEDICAL CTR/500
16 GUION PL
NEW ROCHELLE NY 10801-5502

Customer #	1084466
Invoice #	1064155328
Invoice Date	05/25/2013
Sales Rep #	210
Payment Terms	2% 30, 1% 60, Net 90
Amount Due	$246.72

Remit To:
Medline Industries, Inc.
Box 382075
Pittsburgh PA 15251-8075

AMOUNT PAID $_____

Detach and return this portion with your payment

MEDLINE

www.medline.com

INVOICE

Customer PO #	Invoice Date	Invoice #
NR176992	05/25/2013	1064155329

Sold To:
SOUND SHORE MEDICAL CTR/500
16 GUION PL
NEW ROCHELLE, NY 10801-5502

Ship To:
SOUND SHORE MISCELLANEOUS
16 GUION PL
NEW ROCHELLE, NY 10801-5502

SALES REP #	SALES ORDER #	CARRIER	FREIGHT TERMS	CUSTOMER #	CURRENCY	AMOUNT DUE
210	680766318	FEDEX GROUND	MEDLINE	1084466	USD	$817.24

LINE NO	ORDER QTY	U/M	INVOICE QTY	ITEM NO DESCRIPTION	CODE*	DELIVERY #	UNIT PRICE	AMOUNT
10	4.00	CS	4.00	UTD66800795	TE,C	853893341	201.40	805.60
				UTD66800795 /KIT,SOFT PORT,FOAM,MEDIUM,RENASYS				

Subtotal

Freight: 11.64 **Tax:** 0.00 **805.60**

GROSS	TAX AMOUNT	FREIGHT	TOTAL
805.60	0.00	11.64	$817.24

Eligible Gross Amount $805.60
Discount amount $16.11 if recd. by 06/24/13

*Code
TE - Tax Exempt
C - Customer Freight

CUSTOMER SHALL PAY THE FREIGHT CHARGES INDICATED ON THIS INVOICE. ALL CLAIMS OF SHORT SHIPMENTS, MIS-SHIPMENTS AND OTHER ERRORS IN DELIVERY SHALL BE
COMMUNICATED TO MEDLINE IN WRITING WITHIN TWO BUSINESS DAYS OF THE INVOICE DATE, OR THEY ARE DEEMED WAIVED. ALL CLAIMS FOR PRICING AND BILLING ERRORS
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Billing Inquiries: 1-800-388-2147, A/R Svcs Rep: Lisa Serpico-Foreman x-4233

REMITTANCE

Bill To:
SOUND SHORE MEDICAL CTR/500
16 GUION PL
NEW ROCHELLE NY 10801-5502

Customer #	1084466
Invoice #	1064155329
Invoice Date	05/25/2013
Sales Rep #	210
Payment Terms	2% 30, 1% 60, Net 90
Amount Due	$817.24

Remit To:
Medline Industries, Inc.
Box 382075
Pittsburgh PA 15251-8075

AMOUNT PAID $_____

Detach and return this portion with your payment

MEDLINE

www.medline.com

INVOICE

Customer PO #	Invoice Date	Invoice #
NR176992	05/25/2013	1064155330

Sold To:
SOUND SHORE MEDICAL CTR/500
16 GUION PL
NEW ROCHELLE, NY 10801-5502

Ship To:
SOUND SHORE MISCELLANEOUS
16 GUION PL
NEW ROCHELLE, NY 10801-5502

SALES REP #	SALES ORDER #	CARRIER	FREIGHT TERMS	CUSTOMER #	CURRENCY	AMOUNT DUE
210	680766318	FEDEX GROUND	MEDLINE	1084466	USD	$529.89

LINE NO	ORDER QTY	U/M	INVOICE QTY	ITEM NO / DESCRIPTION	CODE*	DELIVERY #	UNIT PRICE	AMOUNT
20	2.00	CS	2.00	UTD66800912 UTD66800912 /CANISTER,EZPLUS,800CC,SOFT PORT,RENASYS	TE,C	853893353	259.34	518.68

Subtotal

Freight: 11.21 **Tax:** 0.00 **518.68**

GROSS	TAX AMOUNT	FREIGHT	TOTAL
518.68	0.00	11.21	$529.89

Eligible Gross Amount $518.68
Discount amount $10.37 if recd. by 06/24/13

*Code
TE - Tax Exempt
C - Customer Freight

CUSTOMER SHALL PAY THE FREIGHT CHARGES INDICATED ON THIS INVOICE. ALL CLAIMS OF SHORT SHIPMENTS, MIS-SHIPMENTS AND OTHER ERRORS IN DELIVERY SHALL BE
COMMUNICATED TO MEDLINE IN WRITING WITHIN TWO BUSINESS DAYS OF THE INVOICE DATE, OR THEY ARE DEEMED WAIVED. ALL CLAIMS FOR PRICING AND BILLING ERRORS.
SHALL BE COMMUNICATED TO MEDLINE IN WRITING WITHIN 180 DAYS OF INVDICE DATE, OR THEY ARE DEEMED WAIVED.

Billing Inquiries: 1-800-388-2147, A/R Svcs Rep: Lisa Serpico-Foreman x-4233

REMITTANCE

Bill To:
SOUND SHORE MEDICAL CTR/500
16 GUION PL
NEW ROCHELLE NY 10801-5502

Customer #	1084466
Invoice #	1064155330
Invoice Date	05/25/2013
Sales Rep #	210
Payment Terms	2% 30, 1% 60, Net 90
Amount Due	$529.89

Remit To:
Medline Industries, Inc.
Box 382075
Pittsburgh PA 15251-8075

AMOUNT PAID $_____

Detach and return this portion with your payment

MEDLINE

www.medline.com

INVOICE

Customer PO #	Invoice Date	Invoice #
NR176951	05/25/2013	1064155331

Sold To:
SOUND SHORE MEDICAL CTR/500
16 GUION PL
NEW ROCHELLE, NY 10801-5502

Ship To:
SOUND SHORE MISCELLANEOUS
16 GUION PL
NEW ROCHELLE, NY 10801-5502

SALES REP #	SALES ORDER #	CARRIER	FREIGHT TERMS	CUSTOMER #	CURRENCY	AMOUNT DUE
210	680713431	FEDEX GROUND	MEDLINE	1084466	USD	$326.37

LINE NO	ORDER QTY	U/M	INVOICE QTY	ITEM NO. / DESCRIPTION	CODE*	DELIVERY #	UNIT PRICE	AMOUNT
50	1.00	CS	1.00	PRD20687275 PRD20687275 /GLOVE, DERMAPRENE SIZE 7.5	TE,C	853893369	315.36	315.36

Subtotal

Freight: 11.01 **Tax:** 0.00 **315.36**

GROSS	TAX AMOUNT	FREIGHT	TOTAL
315.36	0.00	11.01	$326.37

Eligible Gross Amount $315.36
Discount amount $6.31 if recd. by 06/24/13

*Code
TE - Tax Exempt
C - Customer Freight

CUSTOMER SHALL PAY THE FREIGHT CHARGES INDICATED ON THIS INVOICE. ALL CLAIMS OF SHORT SHIPMENTS, MIS-SHIPMENTS AND OTHER ERRORS IN DELIVERY SHALL BE
COMMUNICATED TO MEDLINE IN WRITING WITHIN TWO BUSINESS DAYS OF THE INVOICE DATE, OR THEY ARE DEEMED WAIVED. ALL CLAIMS FOR PRICING AND BILLING ERRORS
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Billing Inquiries: 1-800-388-2147, A/R Svcs Rep: Lisa Serpico-Foreman x-4233

REMITTANCE

Bill To:
SOUND SHORE MEDICAL CTR/500
16 GUION PL
NEW ROCHELLE NY 10801-5502

Customer #	1084466
Invoice #	1064155331
Invoice Date	05/25/2013
Sales Rep #	210
Payment Terms	2% 30, 1% 60, Net 90
Amount Due	$326.37

Remit To:
Medline Industries, Inc.
Box 382075
Pittsburgh PA 15251-8075

AMOUNT PAID $_____

Detach and return this portion with your payment

MEDLINE

www.medline.com

INVOICE

Customer PO #	Invoice Date	Invoice #
NR177169	05/25/2013	1064155332

Sold To:
SOUND SHORE MEDICAL CTR/500
16 GUION PL
NEW ROCHELLE, NY 10801-5502

Ship To:
MOUNT VERNON OR
9 N 8TH AVE
MOUNT VERNON, NY 10550-1965

SALES REP #	SALES ORDER #	CARRIER	FREIGHT TERMS	CUSTOMER #	CURRENCY	AMOUNT DUE
210	432431263	FEDEX GROUND	CUSTOMER	1084466	USD	$360.75

LINE NO	ORDER QTY	U/M	INVOICE QTY	ITEM NO / DESCRIPTION	CODE	DELIVERY #	UNIT PRICE	AMOUNT
10	3.00	CS	3.00	VSYM3720HKI /KIT,CATHETER,CVC,TRIPLE LUMEN,16CM,7FR	TE	853898792	117.59	352.77
Subtotal								
		Freight:	7.98		Tax:	0.00		352.77

GROSS	TAX AMOUNT	FREIGHT	TOTAL
352.77	0.00	7.98	$360.75

Eligible Gross Amount $352.77
Discount amount $7.06 if recd. by 06/24/13

*Code
TE - Tax Exempt
C - Customer Freight

CUSTOMER SHALL PAY THE FREIGHT CHARGES INDICATED ON THIS INVOICE. ALL CLAIMS OF SHORT SHIPMENTS, MIS-SHIPMENTS AND OTHER ERRORS IN DELIVERY SHALL BE
COMMUNICATED TO MEDLINE IN WRITING WITHIN TWO BUSINESS DAYS OF THE INVOICE DATE, OR THEY ARE DEEMED WAIVED. ALL CLAIMS FOR PRICING AND BILLING ERRORS
SHALL BE COMMUNICATED TO MEDLINE IN WRITING WITHIN 180 DAYS OF INVOICE DATE, OR THEY ARE DEEMED WAIVED.

Billing Inquiries: 1-800-388-2147, A/R Svcs Rep: Lisa Serpico-Foreman x-4233

REMITTANCE

Bill To:
SOUND SHORE MEDICAL CTR/500
16 GUION PL
NEW ROCHELLE NY 10801-5502

Customer #	1084466
Invoice #	1064155332
Invoice Date	05/25/2013
Sales Rep #	210
Payment Terms	2% 30, 1% 60, Net 90
Amount Due	$360.75

Remit To:
Medline Industries, Inc.
Box 382075
Pittsburgh PA 15251-8075

AMOUNT PAID $_____

Detach and return this portion with your payment

MEDLINE

www.medline.com

INVOICE

Customer PO #	Invoice Date	Invoice #
ALLEN	05/25/2013	1064155333

Sold To:
SOUND SHORE MEDICAL CTR/500
16 GUION PL
NEW ROCHELLE, NY 10801-5502

Ship To:
SOUND SHORE MED CTR STOREROOM
9 N 8TH AVE
MOUNT VERNON, NY 10550-1965

SALES REP #	SALES ORDER #	CARRIER	FREIGHT TERMS	CUSTOMER #	CURRENCY	AMOUNT DUE
210	432437388	FEDEX GROUND	MEDLINE	1084466	USD	$105.38

LINE NO	ORDER QTY	U/M	INVOICE QTY	ITEM NO / DESCRIPTION	CODE*	DELIVERY #	UNIT PRICE	AMOUNT
40	3.00	CS	3.00	R-L50906 R-L50906 /GLUCERNA 1.2 CAL,1000ML BOTTLE, RTH	TE	853907507	35.13	105.38

HCPCS Code #: B4154

Subtotal

Freight: 0.00 **Tax:** 0.00 **105.38**

GROSS	TAX AMOUNT	FREIGHT	TOTAL
105.38	0.00	0.00	$105.38

Eligible Gross Amount $105.38
Discount amount $2.11 if recd. by 06/24/13

*Code
TE - Tax Exempt
C - Customer Freight

CUSTOMER SHALL PAY THE FREIGHT CHARGES INDICATED ON THIS INVOICE. ALL CLAIMS OF SHORT SHIPMENTS, MIS-SHIPMENTS AND OTHER ERRORS IN DELIVERY SHALL BE COMMUNICATED TO MEDLINE IN WRITING WITHIN TWO BUSINESS DAYS OF THE INVOICE DATE, OR THEY ARE DEEMED WAIVED. ALL CLAIMS FOR PRICING AND BILLING ERRORS SHALL BE COMMUNICATED TO MEDLINE IN WRITING WITHIN 180 DAYS OF INVOICE DATE, OR THEY ARE DEEMED WAIVED.

Billing Inquiries: 1-800-388-2147, A/R Svcs Rep: Lisa Serpico-Foreman x-4233

REMITTANCE

Bill To:
SOUND SHORE MEDICAL CTR/500
16 GUION PL
NEW ROCHELLE NY 10801-5502

Customer #	1084466
Invoice #	1064155333
Invoice Date	05/25/2013
Sales Rep #	210
Payment Terms	2% 30, 1% 60, Net 90
Amount Due	$105.38

Remit To:
Medline Industries, Inc.
Box 382075
Pittsburgh PA 15251-8075

AMOUNT PAID $_____

Detach and return this portion with your payment

MEDLINE

www.medline.com

INVOICE

Customer PO #	Invoice Date	Invoice #
NR177186	05/25/2013	1064155334

Sold To:
SOUND SHORE MEDICAL CTR/500
16 GUION PL
NEW ROCHELLE, NY 10801-5502

Ship To:
SOUND SHORE OR**
16 GUION PL
NEW ROCHELLE, NY 10801-5502

SALES REP #	SALES ORDER #	CARRIER	FREIGHT TERMS	CUSTOMER #	CURRENCY	AMOUNT DUE
210	432439853	FEDERAL EXPRESS CORP.	CUSTOMER	1084466	USD	$960.76

LINE NO	ORDER QTY	U/M	INVOICE QTY	ITEM NO. / DESCRIPTION	CODE*	DELIVERY #	UNIT PRICE	AMOUNT
10	6.00	EA	6.00	SKR4118127100	TE	853910428	146.62	879.72
				SKR4118127100 /BLADE, SAGITTAL, DUAL CUT, HEAVY DUTY				

Subtotal 879.72 **Freight:** 81.04 **Tax:** 0.00 **879.72**

GROSS	TAX AMOUNT	FREIGHT	TOTAL
879.72	0.00	81.04	$960.76

Eligible Gross Amount $879.72
Discount emount $17.59 if recd. by 06/24/13
**** Special Ship-To**

*Code
TE - Tax Exempt
C - Customer Freight

CUSTOMER SHALL PAY THE FREIGHT CHARGES INDICATED ON THIS INVOICE. ALL CLAIMS OF SHORT SHIPMENTS, MIS-SHIPMENTS AND OTHER ERRORS IN DELIVERY SHALL BE
COMMUNICATED TO MEDLINE IN WRITING WITHIN TWO BUSINESS DAYS OF THE INVOICE DATE, OR THEY ARE DEEMED WAIVED. ALL CLAIMS FOR PRICING AND BILLING ERRORS
SHALL BE COMMUNICATED TO MEDLINE IN WRITING WITHIN 180 DAYS OF INVOICE DATE, OR THEY ARE DEEMED WAIVED.

Billing Inquiries: 1-800-388-2147, A/R Svcs Rep: Lisa Serpico-Foreman x-4233

REMITTANCE

Bill To:
SOUND SHORE MEDICAL CTR/500
16 GUION PL
NEW ROCHELLE NY 10801-5502

Customer #	1084466
Invoice #	1064155334
Invoice Date	05/25/2013
Sales Rep #	210
Payment Terms	2% 30, 1% 60, Net 90
Amount Due	$960.76

Remit To:
Medline Industries, Inc.
Box 382075
Pittsburgh PA 15251-8075

AMOUNT PAID $_____

Detach and return this portion with your payment

MEDLINE

www.medline.com

INVOICE

Customer PO. #	Invoice Date	Invoice #
NR177186	05/25/2013	1064155335

Sold To:
SOUND SHORE MEDICAL CTR/500
16 GUION PL
NEW ROCHELLE, NY 10801-5502

Ship To:
SOUND SHORE OR**
16 GUION PL
NEW ROCHELLE, NY 10801-5502

SALES REP #	SALES ORDER #	CARRIER	FREIGHT TERMS	CUSTOMER #	CURRENCY	AMOUNT DUE
210	432439854	FEDERAL EXPRESS CORP.	CUSTOMER	1084466	USD	$603.11

LINE NO	ORDER QTY	U/M	INVOICE QTY	ITEM NO. / DESCRIPTION	CODE*	DELIVERY #	UNIT PRICE	AMOUNT
10	8.00	EA	8.00	SKR6000006000 SKR6000006000 /BATTERY,INSTRUMENT	TE	853910509	43.04	344.32

Subtotal

Freight: 258.79 **Tax:** 0.00 344.32

GROSS	TAX AMOUNT	FREIGHT	TOTAL
344.32	0.00	258.79	$603.11

Eligible Gross Amount $344.32
Discount amount $6.89 if recd. by 06/24/13
**** Special Ship-To**

*Code
TE - Tax Exempt
C - Customer Freight

CUSTOMER SHALL PAY THE FREIGHT CHARGES INDICATED ON THIS INVOICE. ALL CLAIMS OF SHORT SHIPMENTS, MIS-SHIPMENTS AND OTHER ERRORS IN DELIVERY SHALL BE
COMMUNICATED TO MEDLINE IN WRITING WITHIN TWO BUSINESS DAYS OF THE INVOICE DATE, OR THEY ARE DEEMED WAIVED. ALL CLAIMS FOR PRICING AND BILLING ERRORS
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Billing Inquiries: 1-800-388-2147, A/R Svcs Rep: Lisa Serpico-Foreman x-4233

REMITTANCE

Bill To:
SOUND SHORE MEDICAL CTR/500
16 GUION PL
NEW ROCHELLE NY 10801-5502

Customer #	1084466
Invoice #	1064155335
Invoice Date	05/25/2013
Sales Rep #	210
Payment Terms	2% 30, 1% 60, Net 90
Amount Due	$603.11

Remit To:
Medline Industries, Inc.
Box 382075
Pittsburgh PA 15251-8075

AMOUNT PAID $_____

Detach and return this portion with your payment

MEDLINE

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INVOICE

Customer PO #	Invoice Date	Invoice #
NR176651	05/25/2013	1064159640

Sold To:
SOUND SHORE MEDICAL CTR/500
16 GUION PL
NEW ROCHELLE, NY 10801-5502

Ship To:
MOUNT VERNON INVENTORY
9 N 8TH AVE
MOUNT VERNON, NY 10550-1965

SALES REP #	SALES ORDER #	CARRIER	FREIGHT TERMS	CUSTOMER #	CURRENCY	AMOUNT DUE
210	680627869	MEDTRANS	MEDLINE	1084466	USD	$7,151.63

LINE NO.	ORDER QTY	U/M	INVOICE QTY	ITEM NO. / DESCRIPTION	CODE	DELIVERY #	UNIT PRICE	AMOUNT
140	2.00	CS	2.00	B-D367814	TE	853149403	73.98	147.95
				100500 /TUBE,SERUM,PLSTC,RED,CLOT,13X100MM,5ML				
		100500						
160	8.00	CS	8.00	B-D364902	TE	853149403	139.18	1,113.47
				101300 /DEVICE,ACCESS,MALE LUER ADAPT,STRL BULK				
		101300						
150	3.00	CS	3.00	B-D367861	TE	853149403	65.00	194.99
				101600 /TUBE,WHOLE BLOOD,LVNDR,ADD,13X75MM,4ML				
		101600						
120	2.00	CS	2.00	B-D364815	TE	853149403	29.93	59.86
				101700 /HOLDER,TUBE,VACUTAINER,1-USE,NONSTKBLE				
		101700						
Subtotal 999								
		Freight:	**0.00**		**Tax:**	**0.00**		**1516.27**
80	6.00	CS	6.00	NON260509	TE	853149403	39.89	239.34
				600500 /WASHCLOTH,DISPOSABLE,12.5X13"				
		600500						

CUSTOMER SHALL PAY THE FREIGHT CHARGES INDICATED ON THIS INVOICE. ALL CLAIMS OF SHORT SHIPMENTS, MIS-SHIPMENTS AND OTHER ERRORS IN DELIVERY SHALL BE
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Billing Inquiries: 1-800-388-2147, A/R Svcs Rep: Lisa Serpico-Foreman x-4233

REMITTANCE

Bill To:
SOUND SHORE MEDICAL CTR/500
16 GUION PL
NEW ROCHELLE NY 10801-5502

Customer #	1084466
Invoice #	1064159640
Invoice Date	05/25/2013
Sales Rep #	210
Payment Terms	2% 30, 1% 60, Net 90
Amount Due	$7,151.63

Remit To:
Medline Industries, Inc.
Box 382075
Pittsburgh PA 15251-8075

AMOUNT PAID $_____

Detach and return this portion with your payment

MEDLINE

www.medline.com

INVOICE

Customer PO. #	Invoice Date	Invoice #
NR176651	05/25/2013	1064159640

Ship To:
MOUNT VERNON INVENTORY
9 N 8TH AVE
MOUNT VERNON, NY 10550-1965

LINE NO	ORDER QTY	U/M	INVOICE QTY	ITEM NO. / DESCRIPTION	CODE	DELIVERY #	UNIT PRICE	AMOUNT
Subtotal 100								
		Freight:	**0.00**	**Tax:**	**0.00**			239.34
10	8.00	CS	8.00	MSC68841	TE	853149403	111.81	894.48
				MSC68841 /SANITIZER,FOAM,SKINTEGRITY,1000ML				
20	2.00	CS	2.00	NON24357W	TE	853149403	17.00	34.00
				805300 /PAPER,PRO TOWEL,TISSUE,3PLY,WHITE,13X18"				
30	40.00	EA	40.00	MDT219684	TE	853149403	3.96	158.40
				208800 /PILLOW,MEDSOFT,18X24,20EA/CS				
40	2.00	CS	2.00	NON243275	TE	853149403	38.63	77.26
				603100 /PAPER,TISSUE,FACE,STND,5.7X7,40SHT/200BX				
50	1.00	CS	1.00	NON256000	TE	853149403	36.69	36.69
				304300 /GAUZE,SPONGE,DRAIN,4"X4",6PLY,STRL,2'S				
HCPCS Code #: A6402								
60	6.00	CS	6.00	NON21420	TE	853149403	33.51	201.06
				308900 /GAUZE,SPONGE,2"X2",8PLY,STERILE,LF,2'S				
HCPCS Code #: A6402								
70	2.00	CS	2.00	NON241283	TE	853149403	31.74	63.48
				309000 /PAD,OB,NON STERILE,TAILS,11IN				
90	6.00	CS	6.00	DYND50252	TE	853149403	20.02	120.12
				104300 /SUCT CONN TUBE 1/4" X 12' ST				
HCPCS Code #: A7002								
100	3.00	CS	3.00	HUD1104	TE	853149403	17.19	51.57
				106700 /CANNULA,FLARED,7' TUBING				
110	3.00	CS	3.00	HUD1059	TE	853149403	50.51	151.53
				107400 /MASK;OXYGEN,NON-REBREATHER,ADULT				
130	2.00	CS	2.00	B-D363083	TE	853149403	87.66	175.32
				409100 /TUBE,CITRATE,LT BLU,ADDITV,13X75MM,2.7ML				
170	2.00	CS	2.00	TRIDT10290S10	TE	853149403	354.40	708.79
				105700 /CENTRAL LINE PREPARATION PK,STRL,10/CS				
190	5.00	CS	5.00	SWD850815	TE	853149403	85.03	425.14
				406100 /NEEDLE,SAFETY,18G X 1-1/2",MAGELLAN				
HCPCS Code #: A4215								
200	2.00	CS	2.00	SWD850310	TE	853149403	85.03	170.06
				407100 /NEEDLE,SAFETY,23G X 1",MAGELLAN				
HCPCS Code #: A4215								
210	1.00	CS	1.00	SWD850215	TE	853149403	86.93	86.93
				406500 /NEEDLE,SAFETY,22G X 1-1/2",MAGELLAN				
HCPCS Code #: A4215								
220	3.00	CS	3.00	B-D381433	TE	853149403	338.87	1,016.62
				407700 /CATHETER,IV,20GX1",RETRACTABLE,STERILE				
230	6.00	EA	6.00	ORT21310LXL	TE	853149403	14.00	84.00
				303700 /BINDER,ABDOMINAL12",4-PANEL,PREM,LG/XL				
HCPCS Code #: L0625								

MEDLINE

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INVOICE

Customer PO #	Invoice Date	Invoice #
NR176651	05/25/2013	1064159640

Ship To:
MOUNT VERNON INVENTORY
9 N 8TH AVE
MOUNT VERNON, NY 10550-1965

LINE NO	ORDER QTY	U/M	INVOICE QTY	ITEM NO. / DESCRIPTION	CODE*	DELIVERY #	UNIT PRICE	AMOUNT
240	1.00	CS	1.00	NON70500 307300 /PACK,SHROUD,ADULT,54"X108"	TE	853149403	48.44	48.44
250	1.00	CS	1.00	BRN1313 305700 /RAZOR,TWIN BLADE,BLUE	TE	853149403	53.78	53.78
260	1.00	CS	1.00	MDS032280 309800 /JELLY,LUBE,STRL,FOIL PACK,5 GRAM	TE	853149403	51.00	51.00
270	2.00	BX	2.00	MDS098001Z 309900 /HYDROGEN PEROXIDE,USP 3%,16OZ	TE	853149403	8.50	17.00
280	3.00	CS	3.00	BDF0231 702800 /BANDAGE,ADHES STRIP,WOVEN,COVERLET,1 X 3	TE	853149403	33.19	99.58
290	5.00	CS	5.00	MDT211218XLI 801700 /SLIPPER,SINGLE TREAD,BEIGE,XL	TE	853149403	25.07	125.35
300	8.00	CS	8.00	MDT211218XXLI 801800 /SLIPPER,SINGLE TREAD,GRAY,XXL	TE	853149403	25.77	206.16
310	5.00	CS	5.00	LTP31013926 701600 /ELECTRODE,ECG,SNAP,TEARDROP,FOAM	TE	853149403	57.66	288.31
320	2.00	BX	2.00	RCH33301 509500 /CATHETER,EXTERNAL,MALE,ULTRAFLEX,SM,25MM	TE	853149403	25.48	50.95

HCPCS Code #: A4349

Subtotal 5396.02

Freight: 0.00 **Tax:** 0.00

GROSS	TAX AMOUNT	FREIGHT	TOTAL
7,151.63	0.00	0.00	$7,151.63

Eligible Gross Amount $7,151.63
Discount amount $143.03 if recd. by 06/24/13

*Code
TE - Tax Exempt
C - Customer Freight

MEDLINE

www.medline.com

INVOICE

Customer PO #	Invoice Date	Invoice #
NR176766	05/25/2013	1064159641

Sold To:
SOUND SHORE MEDICAL CTR/500
16 GUION PL
NEW ROCHELLE, NY 10801-5502

Ship To:
MOUNT VERNON INVENTORY
9 N 8TH AVE
MOUNT VERNON, NY 10550-1965

SALES REP #	SALES ORDER #	CARRIER	FREIGHT TERMS	CUSTOMER #	CURRENCY	AMOUNT DUE
210	680659932	MEDTRANS TRUCK # 3	MEDLINE	1084466	USD	$4,271.67

LINE NO	ORDER QTY	U/M	INVOICE QTY	ITEM NO. / DESCRIPTION	CODE	DELIVERY #	UNIT PRICE	AMOUNT
40	2.00	CS	2.00	NON25312	TE	853306388	62.00	124.00
				600200 /GAUZE,SPONGE,3"X3",12PLY,NS,LF,200/PK				
		600200						
HCPCS Code #: A6216								
Subtotal 400								
		Freight:	**0.00**		**Tax:**	**0.00**		**124.00**
10	2.00	CS	2.00	MDS251518RNG	TE	853306388	64.99	129.98
				104600 /SPONGE,LAP,18"X18",RING,XR,ST,5/PK,40PK				
20	2.00	CS	2.00	MDSV80535	TE	853306388	103.72	207.44
				805100 /CRUTCH,ALUMINUM,ADULT,MED,LF,300 LB				
HCPCS Code #: E0114								
30	6.00	CS	6.00	NON23324	TE	853306388	16.97	101.82
				606600 /PAPER,EXAM TABLE,STND,CREPE,18X125',12CS				
50	2.00	CS	2.00	8XT65651930C	TE	853306388	93.56	187.12
				120100 /LINER,SUCTION,FLEX ADV,3000 CC				
60	3.00	CS	3.00	NON243275	TE	853306388	38.63	115.89
				603100 /PAPER,TISSUE,FACE,STND,5.7X7,40SHT/200BX				

CUSTOMER SHALL PAY THE FREIGHT CHARGES INDICATED ON THIS INVOICE. ALL CLAIMS OF SHORT SHIPMENTS, MIS-SHIPMENTS AND OTHER ERRORS IN DELIVERY SHALL BE
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SHALL BE COMMUNICATED TO MEDLINE IN WRITING WITHIN 180 DAYS OF INVOICE DATE, OR THEY ARE DEEMED WAIVED.

Billing Inquiries: 1-800-388-2147, A/R Svcs Rep: Lisa Serpico-Foreman x-4233

REMITTANCE

Bill To:
SOUND SHORE MEDICAL CTR/500
16 GUION PL
NEW ROCHELLE NY 10801-5502

Customer #	1084466
Invoice #	1064159641
Invoice Date	05/25/2013
Sales Rep #	210
Payment Terms	2% 30, 1% 60, Net 90
Amount Due	$4,271.67

Remit To:
Medline Industries, Inc.
Box 382075
Pittsburgh PA 15251-8075

AMOUNT PAID $_____

Detach and return this portion with your payment

MEDLINE

www.medline.com

INVOICE

Customer PO #	Invoice Date	Invoice #
NR176766	05/25/2013	1064159641

Ship To:
MOUNT VERNON INVENTORY
9 N 8TH AVE
MOUNT VERNON, NY 10550-1965

LINE NO	ORDER QTY	U/M	INVOICE QTY	ITEM NO / DESCRIPTION	CODE	DELIVERY #	UNIT PRICE	AMOUNT
70	2.00	CS	2.00	KDL5072 306800 /SPONGE,KERLIX,12PLY,STERILE,4"X4",2'S	TE	853306388	67.08	134.16
HCPCS Code #: A6402								
80	1.00	CS	1.00	NON25853 306900 /GAUZE,SPONGE,FLUFF,6"X6.75",STRL,5/TRAY	TE	853306388	68.68	68.68
HCPCS Code #: A6403								
90	4.00	CS	4.00	NON21420 308900 /GAUZE,SPONGE,2"X2",8PLY,STERILE,LF,2'S	TE	853306388	33.51	134.04
HCPCS Code #: A6402								
100	8.00	CS	8.00	CRI2003 103900 /COVER,SHOE,SPUNBOND,NONSKID,BLUE,XLG	TE	853306388	19.44	155.52
110	2.00	CS	2.00	NON27143XL 103910 /COVER,BOOT,MULTI-LYR,NONSKID,BLUE,XLG	TE	853306388	62.41	124.82
120	2.00	CS	2.00	BXT002620 107100 /HUMIDIFIER,PREFILLED,STERILE WATER,500ML	TE	853306388	18.03	36.05
130	3.00	CS	3.00	HUD719025 106500 /SPIROMETER,INCENTIVE,VOLDYNE,2500ML	TE	853306388	32.16	96.47
150	8.00	CS	8.00	MMM1624W 300400 /DRESSING,TEGADERM,TRNS,FILM,2.375X2.75"	TE	853306388	96.60	772.76
HCPCS Code #: A6257								
160	2.00	CS	2.00	DYND10500 306300 /TRAY,URETHRAL,CATHETER,VINYL,14FR	TE	853306388	33.91	67.82
HCPCS Code #: A4353								
170	2.00	CS	2.00	DYND50216 601800 /TUBING,SUCTION,CONNECTING,3/16"X6',STRL	TE	853306388	22.54	45.08
HCPCS Code #: A7002								
180	4.00	CS	4.00	SWD81892910 406700 /SYRINGE,INSULIN,MAGELLAN,100-UNIT 29X1/2	TE	853306388	133.26	533.05
190	12.00	CS	12.00	DYND75020 307000 /TOURNIQUET,1"X18",BLUE,LF,ROLLED	TE	853306388	28.85	346.20
200	3.00	CS	3.00	PEG006019600 702000 /PAPER,ECG,Z-FOLD,SPACELABS,50 X 90	TE	853306388	185.99	557.97
210	3.00	CS	3.00	MDT211218LI 801600 /SLIPPER,SINGLE TREAD,LARGE,BLUE	TE	853306388	24.61	73.83
220	3.00	CS	3.00	MDT211218XLI 801700 /SLIPPER,SINGLE TREAD,BEIGE,XL	TE	853306388	25.07	75.21
230	3.00	CS	3.00	MDT211218XXLI 801800 /SLIPPER,SINGLE TREAD,GRAY,XXL	TE	853306388	25.77	77.31
240	3.00	CS	3.00	MDS708550 802700 /TRAY,SUTURE REMOVAL,METAL FCP,LITT SCIS	TE	853306388	24.15	72.45
HCPCS Code #: A9270								
250	2.00	BX	2.00	MPP100520GSZ 807600 /POUCH,STERILIZATION,SELF-SEAL,3.5" X 9"	TE	853306388	17.00	34.00

MEDLINE

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INVOICE

Customer PO #	Invoice Date	Invoice #
NR176766	05/25/2013	1064159641

Ship To:
MOUNT VERNON INVENTORY
9 N 8TH AVE
MOUNT VERNON, NY 10550-1965

LINE NO	ORDER QTY	U/M	INVOICE QTY	ITEM NO / DESCRIPTION	CODE*	DELIVERY #	UNIT PRICE	AMOUNT

Subtotal **4147.67**

Freight: 0.00 **Tax:** 0.00

GROSS	TAX AMOUNT	FREIGHT	TOTAL
4,271.67	0.00	0.00	$4,271.67

Eligible Gross Amount $4,271.67
Discount amount $85.43 if recd. by 06/24/13

*Code
TE - Tax Exempt
C - Customer Freight

MEDLINE

www.medline.com

INVOICE

Customer PO #	Invoice Date	Invoice #
NR176766	05/25/2013	1064159642

Sold To:
SOUND SHORE MEDICAL CTR/500
16 GUION PL
NEW ROCHELLE, NY 10801-5502

Ship To:
MOUNT VERNON INVENTORY
9 N 8TH AVE
MOUNT VERNON, NY 10550-1965

SALES REP #	SALES ORDER #	CARRIER	FREIGHT TERMS	CUSTOMER #	CURRENCY	AMOUNT DUE
210	680659932	MEDTRANS TRUCK # 3	MEDLINE	1084466	USD	$66.00

LINE NO	ORDER QTY	U/M	INVOICE QTY	ITEM NO / DESCRIPTION	CODE*	DELIVERY #	UNIT PRICE	AMOUNT
140	4.00	CS	4.00	DYND80347 707300 /WASHBASIN,RECTANGULAR,GRAPHITE,6 QT	TE	853326880	16.50	66.00

Subtotal

Freight: 0.00 **Tax:** 0.00 **66.00**

GROSS	TAX AMOUNT	FREIGHT	TOTAL
66.00	0.00	0.00	$66.00

Eligible Gross Amount $66.00
Discount amount $1.32 if recd. by 06/24/13

*Code
TE - Tax Exempt
C - Customer Freight

CUSTOMER SHALL PAY THE FREIGHT CHARGES INDICATED ON THIS INVOICE. ALL CLAIMS OF SHORT SHIPMENTS, MIS-SHIPMENTS AND OTHER ERRORS IN DELIVERY SHALL BE
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Billing Inquiries: 1-800-388-2147, A/R Svcs Rep: Lisa Serpico-Foreman x-4233

REMITTANCE

Bill To:
SOUND SHORE MEDICAL CTR/500
16 GUION PL
NEW ROCHELLE NY 10801-5502

Customer #	1084466
Invoice #	1064159642
Invoice Date	05/25/2013
Sales Rep #	210
Payment Terms	2% 30, 1% 60, Net 90
Amount Due	$66.00

Remit To:
Medline Industries, Inc.
Box 382075
Pittsburgh PA 15251-8075

AMOUNT PAID $_____

Detach and return this portion with your payment

MEDLINE

www.medline.com

INVOICE

Customer PO #	Invoice Date	Invoice #
NR176841	05/25/2013	1064159643

Sold To:
SOUND SHORE MEDICAL CTR/500
16 GUION PL
NEW ROCHELLE, NY 10801-5502

Ship To:
MOUNT VERNON INVENTORY
9 N 8TH AVE
MOUNT VERNON, NY 10550-1965

SALES REP #	SALES ORDER #	CARRIER	FREIGHT TERMS	CUSTOMER #	CURRENCY	AMOUNT DUE
210	680677208	MEDTRANS	MEDLINE	1084466	USD	$8,295.96

LINE NO	ORDER QTY	U/M	INVOICE QTY	ITEM NO / DESCRIPTION	CODE	DELIVERY #	UNIT PRICE	AMOUNT
120	3.00	CS	3.00	B-D367986 100400 /TUBE,SERUM,GOLD,CLOT ACTIVE,13X100MM,5M	TE	853378763	159.39	478.16
		100400						
110	2.00	CS	2.00	B-D364815 101700 /HOLDER,TUBE,VACUTAINER,1-USE,NONSTKBLE	TE	853378763	29.93	59.86
		101700						
Subtotal 999								
		Freight:	**0.00**		**Tax:**	**0.00**		**538.02**
280	8.00	BX	8.00	OMMAT0704Z 521400 /LANCET,21G,SAFETY,UNISTIK 2,200/BX	TE	853378763	28.00	224.00
		521400						
HCPCS Code #: A4259								
290	6.00	BX	6.00	OMMAT0714Z 521500 /LANCET,UNISTIK 2 EXTRA,21G,AUTO RETRC	TE	853378763	27.60	165.60
		521500						
HCPCS Code #: A4259								

CUSTOMER SHALL PAY THE FREIGHT CHARGES INDICATED ON THIS INVOICE. ALL CLAIMS OF SHORT SHIPMENTS, MIS-SHIPMENTS AND OTHER ERRORS IN DELIVERY SHALL BE
COMMUNICATED TO MEDLINE IN WRITING WITHIN TWO BUSINESS DAYS OF THE INVOICE DATE, OR THEY ARE DEEMED WAIVED. ALL CLAIMS FOR PRICING AND BILLING ERRORS
SHALL BE COMMUNICATED TO MEDLINE IN WRITING WITHIN 180 DAYS OF INVOICE DATE, OR THEY ARE DEEMED WAIVED.

Billing Inquiries: 1-800-388-2147, A/R Svcs Rep: Lisa Serpico-Foreman x-4233

REMITTANCE

Bill To:
SOUND SHORE MEDICAL CTR/500
16 GUION PL
NEW ROCHELLE NY 10801-5502

Customer #	1084466
Invoice #	1064159643
Invoice Date	05/25/2013
Sales Rep #	210
Payment Terms	2% 30, 1% 60, Net 90
Amount Due	$8,295.96

Remit To:
Medline Industries, Inc.
Box 382075
Pittsburgh PA 15251-8075

AMOUNT PAID $_____

Detach and return this portion with your payment

MEDLINE

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INVOICE

Customer PO #	Invoice Date	Invoice #
NR176841	05/25/2013	1064159643

Ship To:
MOUNT VERNON INVENTORY
9 N 8TH AVE
MOUNT VERNON, NY 10550-1965

LINE NO	ORDER QTY	U/M	INVOICE QTY	ITEM NO. / DESCRIPTION	CODE	DELIVERY #	UNIT PRICE	AMOUNT
Subtotal 500								
		Freight:	**0.00**		**Tax:**	**0.00**		**389.60**
10	2.00	CS	2.00	NON25408	TE	853378763	74.12	148.24
				600100 /GAUZE,SPONGE,4"X4",8PLY,WOVEN,NS,LF				
		600100						
HCPCS Code #: A6216								
Subtotal 400								
		Freight:	**0.00**		**Tax:**	**0.00**		**148.24**
270	6.00	CS	6.00	NON27381	TE	853378763	22.03	132.18
				601200 /MASK,FACE,BLUE,CONE STYLE,1 BAND,LF				
		601200						
Subtotal 300								
		Freight:	**0.00**		**Tax:**	**0.00**		**132.18**
90	8.00	CS	8.00	NON260509	TE	853378763	39.89	319.12
				600500 /WASHCLOTH,DISPOSABLE,12.5X13"				
		600500						
80	8.00	CS	8.00	MSC281230	TE	853378763	27.94	223.52
				600900 /UNDERPAD,FLUFF,STD,PROTPLUS,17X24"				
		600900						
Subtotal 100								
		Freight:	**0.00**		**Tax:**	**0.00**		**542.64**
20	3.00	CS	3.00	PRG30374	TE	853378763	15.75	47.24
				605700 /DIAPER,NEWBORN,SWADLERS,UP TO 10 LBS				
30	3.00	CS	3.00	MSG1065	TE	853378763	157.71	473.13
				604400 /GLOVE,SURG,SENSICARE,ALOE,LF,PF,6.5				
40	3.00	CS	3.00	NON03007	TE	853378763	51.75	155.25
				205000 /CUP,PLASTIC,7 OZ,TRANSLUCENT				
50	3.00	CS	3.00	DTM8J8	TE	853378763	27.77	83.31
				205100 /CUP,STYROFOAM,8 OZ				
60	2.00	CS	2.00	NON25853	TE	853378763	68.68	137.36
				306900 /GAUZE,SPONGE,FLUFF,6"X6.75",STRL,5/TRAY				
HCPCS Code #: A6403								
70	4.00	CS	4.00	NON21420	TE	853378763	33.51	134.04
				308900 /GAUZE,SPONGE,2"X2",8PLY,STERILE,LF,2'S				
HCPCS Code #: A6402								
100	2.00	CS	2.00	DYNC8522	TE	853378763	14.26	28.52
				300600 /BEDPAN,FRACTURE,GRAPHITE,24 EA				
130	8.00	CS	8.00	DYND80347	TE	853378763	16.50	132.00
				707300 /WASHBASIN,RECTANGULAR,GRAPHITE,6 QT				
140	1.00	CS	1.00	ABB425840505	TE	853378763	148.80	148.80
				ABB425840505 /TUBE TRANSDUCER W MONITOR				
150	3.00	CS	3.00	DYND80535	TE	853378763	25.51	76.53
				204800 /PITCHER,HANDLE,W/LID,GRAPHITE				

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Customer PO. #	Invoice Date	Invoice #
NR176841	05/25/2013	1064159643

Ship To:
MOUNT VERNON INVENTORY
9 N 8TH AVE
MOUNT VERNON, NY 10550-1965

LINE NO	ORDER QTY	U/M	INVOICE QTY	ITEM NO. / DESCRIPTION	CODE	DELIVERY #	UNIT PRICE	AMOUNT
160	1.00	CS	1.00	DYND80528	TE	853378763	44.29	44.29
				204900 /LINERS,PLASTIC INSIDE,F/D805,35,21				
170	4.00	CS	4.00	DYND30261	TE	853378763	43.66	174.64
				203300 /BAG,SPECIMEN,BIOHAZARD,ZIPLOK,6X9,POCKT				
180	1.00	CS	1.00	DYND80000	TE	853378763	26.94	26.94
				205800 /CUP,MEDICINE,GRAD,PLASTIC,1OZ				
190	1.00	CS	1.00	KDL7000LL	TE	853378763	70.13	70.13
				305500 /METER,URINE,PRECISION,400 ML,LUER LOCK				
200	5.00	CS	5.00	KDL6146LL	TE	853378763	68.26	341.28
				310000 /TRAY,FOLEY CATHETER,16FR,5CC,ANTI-REFLUX				
210	1.00	CS	1.00	NONTP85DS	TE	853378763	230.43	230.43
				419100 /TOOTHPASTE,SPARKLE FRESH,FLUORIDE,.85OZ				
220	6.00	CS	6.00	SWD850815	TE	853378763	85.03	510.17
				406100 /NEEDLE,SAFETY,18G X 1-1/2",MAGELLAN				
HCPCS Code #: A4215								
230	3.00	CS	3.00	B-D367344	TE	853378763	267.25	801.75
				409500 /SET,BLOOD COLLECT,21G X.75",12" TUBING				
240	8.00	CS	8.00	B-D367342	TE	853378763	267.25	2,138.00
				409600 /SET,BLOOD COLL,VACUTAINER,23G X .75"				
250	3.00	CS	3.00	SWD300777CS	TE	853378763	29.53	88.58
				408700 /SYRINGE,3 CC,LL,SOFT PACK				
HCPCS Code #: A4210								
260	2.00	CS	2.00	SWD200777	TE	853378763	34.66	69.31
				408900 /SYRINGE,12CC,LL,SOFT PACK,STRL				
HCPCS Code #: A4210								
300	1.00	CS	1.00	DYND70125	TE	853378763	11.50	11.50
				602900 /BOTTLE,PERI,LAVETTE,8 OZ,LID				
310	2.00	GR	2.00	MDS137007	TE	853378763	6.67	13.34
				602600 /COMB,BLACK,7"				
320	2.00	BX	2.00	MMM15302Z	TE	853378763	3.92	7.83
				607100 /TAPE,PAPER,SURGICAL,MICROPORE,2"X10YD				
HCPCS Code #: A4450								
330	20.00	BX	20.00	MMM15382Z	TE	853378763	6.90	137.90
				607700 /TAPE,SURGICAL,DURAPORE,2"X10YD				
HCPCS Code #: A4452								
340	3.00	CS	3.00	BDF0231	TE	853378763	33.19	99.58
				702800 /BANDAGE,ADHES STRIP,WOVEN,COVERLET,1 X 3				
350	5.00	CS	5.00	LTP31013926	TE	853378763	57.66	288.31
				701600 /ELECTRODE,ECG,SNAP,TEARDROP,FOAM				
360	2.00	CS	2.00	JIP003268	TE	853378763	37.56	75.12
				805600 /WASH,BABY,HEAD-TO-TOE,1OZ -ORDR QTY 3				

Subtotal

Freight: 0.00 **Tax:** 0.00 6545.28

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INVOICE

Customer PO #	Invoice Date	Invoice #
NR176841	05/25/2013	1064159643

Ship To:
MOUNT VERNON INVENTORY
9 N 8TH AVE
MOUNT VERNON, NY 10550-1965

GROSS	TAX AMOUNT	FREIGHT	TOTAL
8,295.96	0.00	0.00	$8,295.96

Eligible Gross Amount $8,295.96
Discount amount $165.92 If recd. by 06/24/13

*Code
TE - Tax Exempt
C - Customer Freight

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INVOICE

Customer PO #	Invoice Date	Invoice #
NR176651	05/25/2013	1064159644

Sold To:
SOUND SHORE MEDICAL CTR/500
16 GUION PL
NEW ROCHELLE, NY 10801-5502

Ship To:
MOUNT VERNON INVENTORY
9 N 8TH AVE
MOUNT VERNON, NY 10550-1965

SALES REP #	SALES ORDER #	CARRIER	FREIGHT TERMS	CUSTOMER #	CURRENCY	AMOUNT DUE
210	680627869	MEDTRANS TRUCK # 3	MEDLINE	1084466	USD	$179.72

LINE NO	ORDER QTY	U/M	INVOICE QTY	ITEM NO / DESCRIPTION	CODE*	DELIVERY #	UNIT PRICE	AMOUNT
180	4.00	CS	4.00	SWD272005 602000 /CONNECTOR,Y,SUCTION,LG 1/4-1/2" N/S	TE	853482415	44.93	179.72
Subtotal								
		Freight:	**0.00**		**Tax:**	**0.00**		**179.72**

GROSS	TAX AMOUNT	FREIGHT	TOTAL
179.72	0.00	0.00	$179.72

Eligible Gross Amount $179.72
Discount amount $3.59 if recd. by 06/24/13

*Code
TE - Tax Exempt
C - Customer Freight

CUSTOMER SHALL PAY THE FREIGHT CHARGES INDICATED ON THIS INVOICE. ALL CLAIMS OF SHORT SHIPMENTS, MIS-SHIPMENTS AND OTHER ERRORS IN DELIVERY SHALL BE
COMMUNICATED TO MEDLINE IN WRITING WITHIN TWO BUSINESS DAYS OF THE INVOICE DATE, OR THEY ARE DEEMED WAIVED. ALL CLAIMS FOR PRICING AND BILLING ERRORS
SHALL BE COMMUNICATED TO MEDLINE IN WRITING WITHIN 180 DAYS OF INVOICE DATE, OR THEY ARE DEEMED WAIVED.

Billing Inquiries: 1-800-388-2147, A/R Svcs Rep: Lisa Serpico-Foreman x-4233

REMITTANCE

Bill To:
SOUND SHORE MEDICAL CTR/500
16 GUION PL
NEW ROCHELLE NY 10801-5502

Customer #	1084466
Invoice #	1064159644
Invoice Date	05/25/2013
Sales Rep #	210
Payment Terms	2% 30, 1% 60, Net 90
Amount Due	$179.72

Remit To:
Medline Industries, Inc.
Box 382075
Pittsburgh PA 15251-8075

AMOUNT PAID $_____

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INVOICE

Customer PO #	Invoice Date	Invoice #.
NR176841	05/25/2013	1064159645

Sold To:
SOUND SHORE MEDICAL CTR/500
16 GUION PL
NEW ROCHELLE, NY 10801-5502

Ship To:
MOUNT VERNON INVENTORY
9 N 8TH AVE
MOUNT VERNON, NY 10550-1965

SALES REP #	SALES ORDER #	CARRIER	FREIGHT TERMS	CUSTOMER #	CURRENCY	AMOUNT DUE
210	680677208	MEDTRANS	MEDLINE	1084466	USD	$101.90

LINE NO	ORDER QTY	U/M	INVOICE QTY	ITEM NO / DESCRIPTION	CODE*	DELIVERY #	UNIT PRICE	AMOUNT
370	4.00	BX	4.00	RCH33304 509800 /CATHETER,EXTERNAL,MALE,ULTRAFLX,LG,36MM	TE	853507246	25.48	101.90

HCPCS Code #: A4349

Subtotal

Freight: 0.00 **Tax:** 0.00 **101.90**

GROSS	TAX AMOUNT	FREIGHT	TOTAL
101.90	0.00	0.00	$101.90

Eligible Gross Amount $101.90
Discount amount $2.04 if recd. by 06/24/13

*Code
TE - Tax Exempt
C - Customer Freight

CUSTOMER SHALL PAY THE FREIGHT CHARGES INDICATED ON THIS INVOICE. ALL CLAIMS OF SHORT SHIPMENTS, MIS-SHIPMENTS AND OTHER ERRORS IN DELIVERY SHALL BE
COMMUNICATED TO MEDLINE IN WRITING WITHIN TWO BUSINESS DAYS OF THE INVOICE DATE, OR THEY ARE DEEMED WAIVED. ALL CLAIMS FOR PRICING AND BILLING ERRORS
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Billing Inquiries: 1-800-388-2147, A/R Svcs Rep: Lisa Serpico-Foreman x-4233

REMITTANCE

Bill To:
SOUND SHORE MEDICAL CTR/500
16 GUION PL
NEW ROCHELLE NY 10801-5502

Customer #	1084466
Invoice #	1064159645
Invoice Date	05/25/2013
Sales Rep #	210
Payment Terms	2% 30, 1% 60, Net 90
Amount Due	$101.90

Remit To:
Medline Industries, Inc.
Box 382075
Pittsburgh PA 15251-8075

AMOUNT PAID $_____

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INVOICE

Customer PO #	Invoice Date	Invoice #
NR176964	05/25/2013	1064159646

Sold To:
SOUND SHORE MEDICAL CTR/500
16 GUION PL
NEW ROCHELLE, NY 10801-5502

Ship To:
MOUNT VERNON INVENTORY
9 N 8TH AVE
MOUNT VERNON, NY 10550-1965

SALES REP #	SALES ORDER #	CARRIER	FREIGHT TERMS	CUSTOMER #	CURRENCY	AMOUNT DUE
210	680717530	FEDEX GROUND	MEDLINE	1084466	USD	$70.15

LINE NO	ORDER QTY	U/M	INVOICE QTY	ITEM NO / DESCRIPTION	CODE*	DELIVERY #	UNIT PRICE	AMOUNT
300	2.00	CS	2.00	MDS202000ML MDS202000ML /APPLICATOR,COTTON-TIP,WOOD,6",STERILE	TE,C	853567253	29.60	59.20

Subtotal

Freight: 10.95 **Tax:** 0.00 59.20

GROSS	TAX AMOUNT	FREIGHT	TOTAL
59.20	0.00	10.95	$70.15

Eligible Gross Amount $59.20
Discount amount $1.18 if recd. by 06/24/13

*Code
TE - Tax Exempt
C - Customer Freight

CUSTOMER SHALL PAY THE FREIGHT CHARGES INDICATED ON THIS INVOICE. ALL CLAIMS OF SHORT SHIPMENTS, MIS-SHIPMENTS AND OTHER ERRORS IN DELIVERY SHALL BE
COMMUNICATED TO MEDLINE IN WRITING WITHIN TWO BUSINESS DAYS OF THE INVOICE DATE, OR THEY ARE DEEMED WAIVED. ALL CLAIMS FOR PRICING AND BILLING ERRORS
SHALL BE COMMUNICATED TO MEDLINE IN WRITING WITHIN 180 DAYS OF INVOICE DATE, OR THEY ARE DEEMED WAIVED.

Billing Inquiries: 1-800-388-2147, A/R Svcs Rep: Lisa Serpico-Foreman x-4233

REMITTANCE

Bill To:
SOUND SHORE MEDICAL CTR/500
16 GUION PL
NEW ROCHELLE NY 10801-5502

Customer #	1084466
Invoice #	1064159646
Invoice Date	05/25/2013
Sales Rep #	210
Payment Terms	2% 30, 1% 60, Net 90
Amount Due	$70.15

Remit To:
Medline Industries, Inc.
Box 382075
Pittsburgh PA 15251-8075

AMOUNT PAID $_____

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INVOICE

Customer PO #	Invoice Date	Invoice #
NR176964	05/25/2013	1064159647

Sold To:
SOUND SHORE MEDICAL CTR/500
16 GUION PL
NEW ROCHELLE, NY 10801-5502

Ship To:
MOUNT VERNON INVENTORY
9 N 8TH AVE
MOUNT VERNON, NY 10550-1965

SALES REP #	SALES ORDER #	CARRIER	FREIGHT TERMS	CUSTOMER #	CURRENCY	AMOUNT DUE
210	680717530	MEDTRANS	MEDLINE	1084466	USD	$8,101.01

LINE NO.	ORDER QTY	U/M	INVOICE QTY	ITEM NO. / DESCRIPTION	CODE	DELIVERY #	UNIT PRICE	AMOUNT
190	1.00	CS	1.00	B-D367814	TE	853568179	73.97	73.97
		100500		100500 /TUBE,SERUM,PLSTC,RED,CLOT,13X100MM,5ML				
310	6.00	CS	6.00	LFSSSM10797	TE	853568179	378.43	2,270.56
		521000		521000 /STRIP,TEST,GLUCOSE,SOUND SHORE LIFESCAN				
Subtotal 999								
		Freight:	**0.00**		**Tax:**	**0.00**		**2344.53**
150	8.00	CS	8.00	NON260509	TE	853568179	39.89	319.12
		600500		600500 /WASHCLOTH,DISPOSABLE,12.5X13"				
130	6.00	CS	6.00	MSC281230	TE	853568179	27.94	167.64
		600900		600900 /UNDERPAD,FLUFF,STD,PROTPLUS,17X24"				
Subtotal 100								
		Freight:	**0.00**		**Tax:**	**0.00**		**486.76**

CUSTOMER SHALL PAY THE FREIGHT CHARGES INDICATED ON THIS INVOICE. ALL CLAIMS OF SHORT SHIPMENTS, MIS-SHIPMENTS AND OTHER ERRORS IN DELIVERY SHALL BE
COMMUNICATED TO MEDLINE IN WRITING WITHIN TWO BUSINESS DAYS OF THE INVOICE DATE, OR THEY ARE DEEMED WAIVED. ALL CLAIMS FOR PRICING AND BILLING ERRORS
SHALL BE COMMUNICATED TO MEDLINE IN WRITING WITHIN 180 DAYS OF INVOICE DATE, OR THEY ARE DEEMED WAIVED.

Billing Inquiries: 1-800-388-2147, A/R Svcs Rep: Lisa Serpico-Foreman x-4233

REMITTANCE

Bill To:
SOUND SHORE MEDICAL CTR/500
16 GUION PL
NEW ROCHELLE NY 10801-5502

Customer #	1084466
Invoice #	1064159647
Invoice Date	05/25/2013
Sales Rep #	210
Payment Terms	2% 30, 1% 60, Net 90
Amount Due	$8,101.01

Remit To:
Medline Industries, Inc.
Box 382075
Pittsburgh PA 15251-8075

AMOUNT PAID $_____

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INVOICE

Customer PO #	Invoice Date	Invoice #
NR176964	05/25/2013	1064159647

Ship To:
MOUNT VERNON INVENTORY
9 N 8TH AVE
MOUNT VERNON, NY 10550-1965

LINE NO	ORDER QTY	U/M	INVOICE QTY	ITEM NO / DESCRIPTION	CODE	DELIVERY #	UNIT PRICE	AMOUNT
10	3.00	CS	3.00	NON243275	TE	853568179	38.63	115.89
				603100 /PAPER,TISSUE,FACE,STND,5.7X7,40SHT/200BX				
20	3.00	CS	3.00	PRG30374	TE	853568179	15.75	47.24
				605700 /DIAPER,NEWBORN,SWADLERS,UP TO 10 LBS				
30	6.00	CS	6.00	NON03007	TE	853568179	51.75	310.50
				205000 /CUP,PLASTIC,7 OZ,TRANSLUCENT				
40	5.00	CS	5.00	DTM8J8	TE	853568179	27.77	138.85
				205100 /CUP,STYROFOAM,8 OZ				
50	5.00	CS	5.00	DYND80217	TE	853568179	16.32	81.60
				707100 /BEDPAN,PONTOON/STACK,GRAPHITE				
70	2.00	CS	2.00	NON256000	TE	853568179	36.69	73.38
				304300 /GAUZE,SPONGE,DRAIN,4"X4",6PLY,STRL,2'S				
HCPCS Code #: A6402								
80	3.00	CS	3.00	NON25865	TE	853568179	66.92	200.76
				304700 /BANDAGE,GAUZE,BULKEE II,4.5"X4.1YD,STRL				
HCPCS Code #: A6446								
90	5.00	CS	5.00	KDL5072	TE	853568179	67.08	335.40
				306800 /SPONGE,KERLIX,12PLY,STERILE,4"X4",2'S				
HCPCS Code #: A6402								
100	2.00	CS	2.00	NON25853	TE	853568179	68.68	137.36
				306900 /GAUZE,SPONGE,FLUFF,6"X6.75",STRL,5/TRAY				
HCPCS Code #: A6403								
110	2.00	CS	2.00	NON21453	TE	853568179	22.72	45.44
				307200 /PAD,ABDOMINAL,8"X7.5",STERILE,LF,1/PK				
HCPCS Code #: A6253								
120	5.00	CS	5.00	NON21420	TE	853568179	33.51	167.55
				308900 /GAUZE,SPONGE,2"X2",8PLY,STERILE,LF,2'S				
HCPCS Code #: A6402								
140	3.00	CS	3.00	NON25497	TE	853568179	16.28	48.84
				307100 /BANDAGE,GAUZE,SOF-FORM,3"X75",STRL,LF				
HCPCS Code #: A6446								
160	3.00	CS	3.00	DYNC8522	TE	853568179	14.26	42.78
				300600 /BEDPAN,FRACTURE,GRAPHITE,24 EA				
170	3.00	CS	3.00	HUD1104	TE	853568179	17.19	51.57
				106700 /CANNULA,FLARED,7' TUBING				
180	1.00	CS	1.00	HUD1518	TE	853568179	40.85	40.85
				106600 /TUBING,CORRUGATED,CORR-A-FLEX,72"				
200	4.00	CS	4.00	DYND80535	TE	853568179	25.51	102.04
				204800 /PITCHER,HANDLE,W/LID,GRAPHITE				
210	1.00	CS	1.00	DYND80528	TE	853568179	44.29	44.29
				204900 /LINERS,PLASTIC INSIDE,F/D805,35,21				
220	1.00	CS	1.00	NON024215	TE	853568179	30.29	30.29
				205200 /CUP,PAPER,SOUFFLE,.75 OZ				

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INVOICE

Customer PO #	Invoice Date	Invoice #
NR176964	05/25/2013	1064159647

Ship To:
MOUNT VERNON INVENTORY
9 N 8TH AVE
MOUNT VERNON, NY 10550-1965

LINE NO	ORDER QTY	U/M	INVOICE QTY	ITEM NO / DESCRIPTION	CODE*	DELIVERY #	UNIT PRICE	AMOUNT
230	2.00	CS	2.00	NPKB10800	TE	853568179	106.90	213.80
				606800 /PAD,PREP,CHLORASCRUB,1ML				
240	1.00	CS	1.00	DYND50211	TE	853568179	15.41	15.41
				601900 /TUBING,SUCTION,CONNECTING,3/16"X20",STR				
HCPCS Code #: A7002								
250	4.00	CS	4.00	8-D381433	TE	853568179	338.87	1,355.49
				407700 /CATHETER,IV,20GX1",RETRACTABLE,STERILE				
260	2.00	CS	2.00	MDS090780	TE	853568179	25.94	51.88
				301100 /PAD,REMOVER,NAIL POLISH				
270	2.00	CS	2.00	MDS057003	TE	853568179	21.09	42.18
				301500 /BANDAGE,ELASTIC,SURE-WRAP,3"X5YD,WHITE				
HCPCS Code #: A6451								
280	2.00	CS	2.00	MDS057004	TE	853568179	26.00	52.00
				301600 /BANDAGE,ELASTIC,SURE-WRAP,4"X5YD,WHITE				
HCPCS Code #: A6451								
290	2.00	CS	2.00	MDS057006	TE	853568179	34.00	68.00
				301700 /BANDAGE,ELASTIC,SURE-WRAP,6"X5YD,WHITE				
HCPCS Code #: A4649								
320	2.00	CS	2.00	MDS092005	TE	853568179	17.98	35.96
				701400 /GEL,ULTRASOUND,8.5 OZ,SQUEEZE BOTTLE				
330	4.00	BX	4.00	J-J5175Z	TE	853568179	20.63	82.52
				703200 /TAPE,ELASTIC,3"X 5YD,ELASTIKON				
340	5.00	CS	5.00	MDT211218LI	TE	853568179	24.61	123.05
				801600 /SLIPPER,SINGLE TREAD,LARGE,BLUE				
350	5.00	CS	5.00	MDT211218XLI	TE	853568179	25.07	125.35
				801700 /SLIPPER,SINGLE TREAD,BEIGE,XL				
360	5.00	CS	5.00	MDT211218XXLI	TE	853568179	25.77	128.85
				801800 /SLIPPER,SINGLE TREAD,GRAY,XXL				
370	4.00	CS	4.00	MDS708550	TE	853568179	24.15	96.60
				802700 /TRAY,SUTURE REMOVAL,METAL FCP,LITT SCIS				
HCPCS Code #: A9270								
380	50.00	CS	50.00	CRI4001	TE	853568179	17.28	864.00
				0141900 /GOWN,COVER,SPNBND,WST-NECK TIE,YEL,XLG				
Subtotal								5269.72

Freight: 0.00 **Tax:** 0.00

GROSS	TAX AMOUNT	FREIGHT	TOTAL
8,101.01	0.00	0.00	$8,101.01

Eligible Gross Amount $8,101.01
Discount amount $162.02 if recd. by 06/24/13

*Code
TE - Tax Exempt
C - Customer Freight

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INVOICE

Customer PO #	Invoice Date	Invoice #
NR177066	05/25/2013	1064159648

Sold To:
SOUND SHORE MEDICAL CTR/500
16 GUION PL
NEW ROCHELLE, NY 10801-5502

Ship To:
MOUNT VERNON INVENTORY
9 N 8TH AVE
MOUNT VERNON, NY 10550-1965

SALES REP #	SALES ORDER #	CARRIER	FREIGHT TERMS	CUSTOMER #	CURRENCY	AMOUNT DUE
210	680761636	MEDTRANS	MEDLINE	1084466	USD	$7,302.82

LINE NO	ORDER QTY	U/M	INVOICE QTY	ITEM NO / DESCRIPTION	CODE*	DELIVERY #	UNIT PRICE	AMOUNT
120	8.00	CS	8.00	NON260509	TE	853752916	39.89	319.12
				600500 /WASHCLOTH,DISPOSABLE,12.5X13"				
		600500						
Subtotal 100								
		Freight:	**0.00**	**Tax:**		**0.00**		**319.12**
10	2.00	CS	2.00	BXT65651920C	TE	853752916	81.46	162.92
				607400 /LINER,SUCTION,FLEX ADV,1500 CC				
20	2.00	CS	2.00	NON243275	TE	853752916	38.63	77.26
				603100 /PAPER,TISSUE,FACE,STND,5.7X7,40SHT/200BX				
30	4.00	CS	4.00	PRG30374	TE	853752916	15.75	62.99
				605700 /DIAPER,NEWBORN,SWADLERS,UP TO 10 LBS				
40	1.00	CS	1.00	PRG06729	TE	853752916	14.45	14.45
				605600 /DIAPER,SWADLERS,SIZE 1,8-14 LBS,LF				
50	3.00	CS	3.00	MMM1860	TE	853752916	64.46	193.38
				604100 /MASK,RESPIRATOR,N95,NIOSH APPROVED				
60	5.00	CS	5.00	DYND80235S	TE	853752916	15.18	75.90
				702600 /URINAL,MALE,SUPREME				

CUSTOMER SHALL PAY THE FREIGHT CHARGES INDICATED ON THIS INVOICE. ALL CLAIMS OF SHORT SHIPMENTS, MIS-SHIPMENTS AND OTHER ERRORS IN DELIVERY SHALL BE
COMMUNICATED TO MEDLINE IN WRITING WITHIN TWO BUSINESS DAYS OF THE INVOICE DATE, OR THEY ARE DEEMED WAIVED. ALL CLAIMS FOR PRICING AND BILLING ERRORS
SHALL BE COMMUNICATED TO MEDLINE IN WRITING WITHIN 180 DAYS OF INVOICE DATE, OR THEY ARE DEEMED WAIVED.

Billing Inquiries: 1-800-388-2147, A/R Svcs Rep: Lisa Serpico-Foreman x-4233

REMITTANCE

Bill To:
SOUND SHORE MEDICAL CTR/500
16 GUION PL
NEW ROCHELLE NY 10801-5502

Customer #	1084466
Invoice #	1064159648
Invoice Date	05/25/2013
Sales Rep #	210
Payment Terms	2% 30, 1% 60, Net 90
Amount Due	$7,302.82

Remit To:
Medline Industries, Inc.
Box 382075
Pittsburgh PA 15251-8075

AMOUNT PAID $_____

Detach and return this portion with your payment

MEDLINE

www.medline.com

INVOICE

Customer PO #	Invoice Date	Invoice #
NR177066	05/25/2013	1064159648

Ship To:
MOUNT VERNON INVENTORY
9 N 8TH AVE
MOUNT VERNON, NY 10550-1965

LINE NO.	ORDER QTY.	U/M	INVOICE QTY.	ITEM NO. / DESCRIPTION	CODE	DELIVERY #	UNIT PRICE	AMOUNT
70	8.00	CS	8.00	DYND80217 707100 /BEDPAN,PONTOON/STACK,GRAPHITE	TE	853752916	16.32	130.56
80	2.00	CS	2.00	NON25865 304700 /BANDAGE,GAUZE,BULKEE II,4.5"X4.1YD,STRL	TE	853752916	66.92	133.84
HCPCS Code #: A6446								
90	3.00	CS	3.00	NON25853 306900 /GAUZE,SPONGE,FLUFF,6"X6.75",STRL,5/TRAY	TE	853752916	68.68	206.04
HCPCS Code #: A6403								
100	4.00	CS	4.00	NON21420 308900 /GAUZE,SPONGE,2"X2",8PLY,STERILE,LF,2'S	TE	853752916	33.51	134.04
HCPCS Code #: A6402								
110	2.00	CS	2.00	NON241283 309000 /PAD,OB,NON STERILE,TAILS,11IN	TE	853752916	31.74	63.48
130	2.00	CS	2.00	DYNC8522 300600 /BEDPAN,FRACTURE,GRAPHITE,24 EA	TE	853752916	14.26	28.52
140	2.00	CS	2.00	PTX002610 107410 /MASK,VENTURI,ADULT,7' TUBE,W/OXY DILUTER	TE	853752916	92.47	184.94
150	2.00	CS	2.00	NON27143XL 103910 /COVER,BOOT,MULTI-LYR,NONSKID,BLUE,XLG	TE	853752916	62.41	124.82
160	2.00	CS	2.00	HUD719025 106500 /SPIROMETER,INCENTIVE,VOLDYNE,2500ML	TE	853752916	32.16	64.31
170	6.00	CS	6.00	CRI2003 103900 /COVER,SHOE,SPUNBOND,NONSKID,BLUE,XLG	TE	853752916	19.44	116.64
180	4.00	CS	4.00	HUD1104 106700 /CANNULA,FLARED,7' TUBING	TE	853752916	17.19	68.76
190	6.00	BX	6.00	DRCPC2400Z DRCPC2400Z /BATTERY, ALKALINE, DURACELL, 1.5V, AAA	TE	853752916	4.51	27.03
200	6.00	BX	6.00	DRCPC1400Z 209500 /BATTERY, ALKALINE, DURACELL, 1.5V, C	TE	853752916	5.39	32.33
210	1.00	CS	1.00	NON24777ACS NON24777ACS /GLASSES,SAFETY,VISITOR,CLEAR,LARGE	TE	853752916	168.89	168.89
220	1.00	CS	1.00	DYND80416 805500 /CONTAINER,GRADUATED,TRIANG,IN/OUT,CLR	TE	853752916	42.39	42.39
230	5.00	CS	5.00	DYND80347 707300 /WASHBASIN,RECTANGULAR,GRAPHITE,6 QT	TE	853752916	16.50	82.50
240	2.00	CS	2.00	DYND80535 204800 /PITCHER,HANDLE,W/LID,GRAPHITE	TE	853752916	25.51	51.02
250	1.00	CS	1.00	DYND80528 204900 /LINERS,PLASTIC INSIDE,F/D805,35,21	TE	853752916	44.29	44.29
260	5.00	CS	5.00	NON042001 201600 /TEASPOON,PLASTIC,WHITE,BULK	TE	853752916	8.99	44.95
270	1.00	CS	1.00	DYND80000 205800 /CUP,MEDICINE,GRAD,PLASTIC,1OZ	TE	853752916	26.94	26.94

MEDLINE

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INVOICE

Customer PO #	Invoice Date	Invoice #
NR177066	05/25/2013	1064159648

Ship To:
MOUNT VERNON INVENTORY
9 N 8TH AVE
MOUNT VERNON, NY 10550-1965

LINE NO	ORDER QTY	U/M	INVOICE QTY	ITEM NO / DESCRIPTION	CODE*	DELIVERY #	UNIT PRICE	AMOUNT
280	5.00	CS	5.00	MMM1624W 300400 /DRESSING,TEGADERM,TRNS,FILM,2.375X2.75"	TE	853752916	96.59	482.97
HCPCS Code #: A6257								
290	4.00	CS	4.00	MSC095001 602200 /LOTION,HAND AND BODY,2 OZ	TE	853752916	26.38	105.52
300	2.00	CS	2.00	KDL7006LL 310200 /TRAY,URINE METER,FOLEY,16FR,DRN BAG,LL	TE	853752916	113.21	226.41
310	6.00	CS	6.00	MDS090735 MDS090735 /PAD,PREP,ALCOHOL,STERILE,MEDIUM,2-PLY	TE	853752916	26.00	156.00
HCPCS Code #: A4245								
320	3.00	CS	3.00	SWD81892910 406700 /SYRINGE, MAGELLAN, INS, 29X 1/2"	TE	853752916	133.26	399.78
330	3.00	CS	3.00	B-D381433 407700 /CATHETER,IV,20GX1",RETRACTABLE,STERILE	TE	853752916	338.87	1,016.62
340	3.00	CS	3.00	SWD600777 408800 /SYRINGE, LL, 6mL	TE	853752916	24.59	73.76
HCPCS Code #: A4210								
350	3.00	CS	3.00	SWD300777CS 408700 /SYRINGE, LL, 3mL	TE	853752916	29.53	88.58
HCPCS Code #: A4210								
370	1.00	CS	1.00	MDS202075 304100 /BLADE,TONGUE,6",STERILE	TE	853752916	23.52	23.52
380	3.00	CS	3.00	MDS032280 309800 /JELLY,LUBE,STRL,FOIL PACK,5 GRAM	TE	853752916	51.00	153.00
390	10.00	BX	10.00	MMM15302Z 607100 /TAPE,PAPER,SURGICAL,MICROPORE,2"X10YD	TE	853752916	3.91	39.13
HCPCS Code #: A4450								
400	3.00	BX	3.00	DYND70850 700800 /BLADE,CLIPPER,UNIVERSAL,MEDICLIP	TE	853752916	103.16	309.48
410	6.00	CS	6.00	NPBMAXA 702200 /SENSOR,ADULT,ADHESIVE,USE,W/D-25	TE	853752916	235.22	1,411.34
420	2.00	CS	2.00	MDS092005 701400 /GEL,ULTRASOUND,8.5 OZ,SQUEEZE BOTTLE	TE	853752916	17.98	35.96
430	4.00	CS	4.00	MDT211218LI 801600 /SLIPPER,SINGLE TREAD,LARGE,BLUE	TE	853752916	24.61	98.44

Subtotal

Freight: 0.00 **Tax:** 0.00 **6983.70**

GROSS	TAX AMOUNT	FREIGHT	TOTAL
7,302.82	0.00	0.00	$7,302.82

Eligible Gross Amount $7,302.82
Discount amount $146.06 if recd. by 06/24/13

*Code
TE - Tax Exempt
C - Customer Freight

MEDLINE

www.medline.com

INVOICE

Customer PO #	Invoice Date	Invoice #
NR177170	05/25/2013	1064159650

Sold To:
SOUND SHORE MEDICAL CTR/500
16 GUION PL
NEW ROCHELLE, NY 10801-5502

Ship To:
MOUNT VERNON INVENTORY
9 N 8TH AVE
MOUNT VERNON, NY 10550-1965

SALES REP #	SALES ORDER #	CARRIER	FREIGHT TERMS	CUSTOMER #	CURRENCY	AMOUNT DUE
210	680794558	MEDTRANS	MEDLINE	1084466	USD	$7,163.58

LINE NO	ORDER QTY	U/M	INVOICE QTY	ITEM NO / DESCRIPTION	CODE	DELIVERY #	UNIT PRICE	AMOUNT
310	6.00	BX	6.00	OMMAT0704Z 521400 /LANCET,21G,SAFETY,UNISTIK 2,200/BX	TE	853899430	28.00	168.00
		521400						
HCPCS Code #: A4259								
Subtotal 500								
		Freight:	**0.00**		**Tax:**	**0.00**		**168.00**
210	3.00	CS	3.00	DYND50130 503700 /YANKAUER,BULB TIP,STERILE	TE	853899430	25.00	75.00
		503700						
HCPCS Code #: A4628								
Subtotal 200								
		Freight:	**0.00**		**Tax:**	**0.00**		**75.00**
10	2.00	CS	2.00	MPH18107 206100 /SOAP,COMPLEXION,BAR,MEDLINE,#.75,.64OZ	TE	853899430	52.92	105.84
20	3.00	CS	3.00	BXT65651920C 607400 /LINER,SUCTION,FLEX ADV,1500 CC	TE	853899430	81.46	244.37

CUSTOMER SHALL PAY THE FREIGHT CHARGES INDICATED ON THIS INVOICE. ALL CLAIMS OF SHORT SHIPMENTS, MIS-SHIPMENTS AND OTHER ERRORS IN DELIVERY SHALL BE
COMMUNICATED TO MEDLINE IN WRITING WITHIN TWO BUSINESS DAYS OF THE INVOICE DATE, OR THEY ARE DEEMED WAIVED. ALL CLAIMS FOR PRICING AND BILLING ERRORS
SHALL BE COMMUNICATED TO MEDLINE IN WRITING WITHIN 180 DAYS OF INVOICE DATE, OR THEY ARE DEEMED WAIVED.

Billing Inquiries: 1-800-388-2147, A/R Svcs Rep: Lisa Serpico-Foremen x-4233

REMITTANCE

Bill To:
SOUND SHORE MEDICAL CTR/500
16 GUION PL
NEW ROCHELLE NY 10801-5502

Customer #	1084466
Invoice #	1064159650
Invoice Date	05/25/2013
Sales Rep #	210
Payment Terms	2% 30, 1% 60, Net 90
Amount Due	$7,163.58

Remit To:
Medline Industries, Inc.
Box 382075
Pittsburgh PA 15251-8075

AMOUNT PAID $_____

Detach and return this portion with your payment

MEDLINE

www.medline.com

INVOICE

Customer PO #	Invoice Date	Invoice #
NR177170	05/25/2013	1064159650

Ship To:
MOUNT VERNON INVENTORY
9 N 8TH AVE
MOUNT VERNON, NY 10550-1965

LINE NO.	ORDER QTY.	U/M	INVOICE QTY.	ITEM NO. / DESCRIPTION	CODE	DELIVERY #	UNIT PRICE	AMOUNT
30	2.00	CS	2.00	NON243275 603100 /PAPER,TISSUE,FACE,STND,5.7X7,40SHT/200BX	TE	853899430	38.63	77.26
40	3.00	CS	3.00	MSG1065 604400 /GLOVE,SURG,SENSICARE,ALOE,LF,PF,6.5	TE	853899430	156.13	468.39
50	2.00	CS	2.00	MSG1070 604500 /GLOVE,SURG,SENSICARE,ALOE,LF,PF,7	TE	853899430	156.13	312.26
60	3.00	CS	3.00	MSG1080 604700 /GLOVE,SURG,SENSICARE,ALOE,LF,PF,8	TE	853899430	156.13	468.39
70	3.00	CS	3.00	NON25853 306900 /GAUZE,SPONGE,FLUFF,6"X6.75",STRL,5/TRAY	TE	853899430	68.68	206.04
HCPCS Code #: A6403								
90	2.00	CS	2.00	HUD04128 107200 /NEBULIZER,LG VOL,STERILE H2O,1070ML	TE	853899430	33.03	66.06
100	11.00	CS	11.00	DYND50252 104300 /SUCT CONN TUBE 1/4" X 12' ST	TE	853899430	20.02	220.22
HCPCS Code #: A7002								
110	3.00	CS	3.00	NON27710 105200 /MASK,FACE,MAXFLUIDPROTECT,SHIELD/TIES	TE	853899430	48.17	144.51
120	2.00	CS	2.00	NON21444 309600 /GAUZE,SPONGE,AVANT,4"X4",4PLY,STRL,LF	TE	853899430	26.52	53.04
HCPCS Code #: A6402								
130	12.00	BX	12.00	DRCPC1500Z 209400 /BATTERY, ALKALINE, DURACELL, 1.5V, AA	TE	853899430	4.50	54.05
140	3.00	CS	3.00	DYND80535 204800 /PITCHER,HANDLE,W/LID,GRAPHITE	TE	853899430	25.51	76.53
150	1.00	CS	1.00	DYND80528 204900 /LINERS,PLASTIC INSIDE,F/D805,35,21	TE	853899430	44.29	44.29
160	3.00	CS	3.00	MMM1624W 300400 /DRESSING,TEGADERM,TRNS,FILM,2.375X2.75"	TE	853899430	96.59	289.78
HCPCS Code #: A6257								
170	3.00	CS	3.00	MSC095020 419000 /SHAMPOO,BABY/ADULT,4 OZ	TE	853899430	34.53	103.59
180	1.00	CS	1.00	MSC095014 301200 /CREAM,SHAVE,MEDLINE,1.5 OZ	TE	853899430	94.60	94.60
190	5.00	CS	5.00	MDS090735 605300 /PAD,PREP,ALCOHOL,STERILE,MEDIUM,2-PLY	TE	853899430	26.00	130.00
HCPCS Code #: A4245								
200	3.00	CS	3.00	CRI5001 CRI5001 /GOWN,ISO,THUMBLOOP,POLYETHYLENE,BLUE,XL	TE	853899430	29.15	87.45
220	3.00	CS	3.00	SWD850815 406100 /NEEDLE,SAFETY,18G X 1-1/2",MAGELLAN	TE	853899430	85.03	255.08
HCPCS Code #: A4215								

MEDLINE

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INVOICE

Customer PO #	Invoice Date	Invoice #
NR177170	05/25/2013	1064159650

Ship To:
MOUNT VERNON INVENTORY
9 N 8TH AVE
MOUNT VERNON, NY 10550-1965

LINE NO	ORDER QTY	U/M	INVOICE QTY	ITEM NO / DESCRIPTION	CODE*	DELIVERY #	UNIT PRICE	AMOUNT
230	1.00	CS	1.00	SWD850558	TE	853899430	86.93	86.93
				406600 /NEEDLE,SAFETY,25G X 5/8",MAGELLAN				
HCPCS Code #: A4215								
240	2.00	CS	2.00	SWD81892950	TE	853899430	133.26	266.52
				408600 /SYRINGE, MAGELLAN, INS, 29X1/2"				
250	2.00	CS	2.00	SWD560125	TE	853899430	32.75	65.49
				407500 /SYRINGE,60CC,LUER LOCK TIP				
HCPCS Code #: A4213								
260	2.00	CS	2.00	SWD600777	TE	853899430	24.59	49.17
				408800 /SYRINGE, LL, 6mL				
HCPCS Code #: A4210								
270	1.00	CS	1.00	BRN1313	TE	853899430	53.78	53.78
				305700 /RAZOR,TWIN BLADE,BLUE				
280	1.00	CS	1.00	SWD264960	TE	853899430	58.40	58.40
				304900 /TUBE,SALEM SUMP,ARGYLE,16FR,48"				
290	1.00	CS	1.00	NON256125	TE	853899430	24.79	24.79
				308500 /GAUZE,PACKING STRIP,IODOFORM,1/2"X5YD,ST				
HCPCS Code #: A6266								
300	2.00	CS	2.00	MDS032280	TE	853899430	51.00	102.00
				309800 /JELLY,LUBE,STRL,FOIL PACK,5 GRAM				
320	10.00	CS	10.00	NPBMAXA	TE	853899430	235.22	2,352.23
				702200 /SENSOR,ADULT,ADHESIVE,USE,W/D-25				
330	3.00	CS	3.00	NON25600	TE	853899430	22.00	66.00
				702900 /BANDAGE,ADHESIVE,PLASTIC,1"X3",STRL,LF				
HCPCS Code #: A6413								
340	2.00	CS	2.00	BMG456020	TE	853899430	47.35	94.69
				801900 /STOPCOCK, 4-WAY, PORT COVERS, LUER LOCK				
350	2.00	BX	2.00	BAK270	TE	853899430	73.76	147.52
				806700 /HOLDER,TUBE,ENDOTRACH,STABILOCK				
360	2.00	BX	2.00	BAK240CA	TE	853899430	25.66	51.31
				BAK240CA /HOLDER,TRACH TUBE,ONE SIZE FITS MOST				

Subtotal

Freight: 0.00 **Tax:** 0.00 **6920.58**

GROSS	TAX AMOUNT	FREIGHT	TOTAL
7,163.58	0.00	0.00	$7,163.58

Eligible Gross Amount $7,163.58
Discount amount $143.27 if recd. by 06/24/13

*Code
TE - Tax Exempt
C - Customer Freight

MEDLINE

www.medline.com

INVOICE

Customer PO #	Invoice Date	Invoice #
NR177171	05/25/2013	1064159651

Sold To:
SOUND SHORE MEDICAL CTR/500
16 GUION PL
NEW ROCHELLE, NY 10801-5502

Ship To:
MOUNT VERNON OR
9 N 8TH AVE
MOUNT VERNON, NY 10550-1965

SALES REP #	SALES ORDER #	CARRIER	FREIGHT TERMS	CUSTOMER #	CURRENCY	AMOUNT DUE
210	680794584	MEDTRANS	CUSTOMER	1084466	USD	$262.46

LINE NO	ORDER QTY	U/M	INVOICE QTY	ITEM NO / DESCRIPTION	CODE*	DELIVERY #	UNIT PRICE	AMOUNT
20	4.00	CS	4.00	J-J6824A 0145400 /TAPE,CAST,DELTA LITE,4"X 4 YDS	TE	853899431	44.95	179.81

Subtotal

Freight: 82.65 **Tax:** 0.00 **179.81**

GROSS	TAX AMOUNT	FREIGHT	TOTAL
179.81	0.00	82.65	$262.46

Eligible Gross Amount $179.81
Discount amount $3.60 if recd. by 06/24/13

*Code
TE - Tax Exempt
C - Customer Freight

CUSTOMER SHALL PAY THE FREIGHT CHARGES INDICATED ON THIS INVOICE. ALL CLAIMS OF SHORT SHIPMENTS, MIS-SHIPMENTS AND OTHER ERRORS IN DELIVERY SHALL BE
COMMUNICATED TO MEDLINE IN WRITING WITHIN TWO BUSINESS DAYS OF THE INVOICE DATE, OR THEY ARE DEEMED WAIVED. ALL CLAIMS FOR PRICING AND BILLING ERRORS
SHALL BE COMMUNICATED TO MEDLINE IN WRITING WITHIN 180 DAYS OF INVOICE DATE, OR THEY ARE DEEMED WAIVED.

Billing Inquiries: 1-800-388-2147, A/R Svcs Rep: Lisa Serpico-Foreman x-4233

REMITTANCE

Bill To:
SOUND SHORE MEDICAL CTR/500
16 GUION PL
NEW ROCHELLE NY 10801-5502

Customer #	1084466
Invoice #	1064159651
Invoice Date	05/25/2013
Sales Rep #	210
Payment Terms	2% 30, 1% 60, Net 90
Amount Due	$262.46

Remit To:
Medline Industries, Inc.
Box 382075
Pittsburgh PA 15251-8075

AMOUNT PAID $_____

Detach and return this portion with your payment

MEDLINE

www.medline.com

INVOICE

Customer PO #	Invoice Date	Invoice #
NR177173	05/25/2013	1064159652

Sold To:
SOUND SHORE MEDICAL CTR/500
16 GUION PL
NEW ROCHELLE, NY 10801-5502

Ship To:
SOUND SHORE INVENTORY
16 GUION PL
NEW ROCHELLE, NY 10801-5502

SALES REP #	SALES ORDER #	CARRIER	FREIGHT TERMS	CUSTOMER #	CURRENCY	AMOUNT DUE
210	680794845	MEDTRANS	MEDLINE	1084466	USD	$7,150.13

LINE NO.	ORDER QTY.	U/M	INVOICE QTY.	ITEM NO. / DESCRIPTION	CODE	DELIVERY #	UNIT PRICE	AMOUNT
90	1.00	CS	1.00	CRI1004	TE	853899432	16.20	16.20
				CRI1004 /CAP,BOUFFANT,SPUNBOND,BLUE,24"				
		601300						
Subtotal 300								
		Freight:	**0.00**		**Tax:**	**0.00**		**16.20**
10	4.00	CS	4.00	DYNJP8003	TE	853899432	61.79	247.16
				102800 /T-DRAPE,EXTREMITY,STERILE				
20	4.00	CS	4.00	DYNJ24994C	TE	853899432	348.72	1,394.88
				104400 /BASIC PACK-LF				
30	1.00	CS	1.00	DYNJP2416	TE	853899432	50.09	50.09
				102500 /DRAPE,REIN 53X77,STERILE				
40	2.00	CS	2.00	DYNJP2707	TE	853899432	84.86	169.72
				107500 /GOWN,REINFORCED,POLY,AURORA,LARGE,STRL				
50	2.00	CS	2.00	DYNJP2708	TE	853899432	90.22	180.44
				107600 /GOWN,REINFORCED,POLY,AURORA,XLARGE,STRL				
60	4.00	CS	4.00	CDS981069C	TE	853899432	285.11	1,140.44
				107800 /LAP CHOLE PROCEDURE				

CUSTOMER SHALL PAY THE FREIGHT CHARGES INDICATED ON THIS INVOICE. ALL CLAIMS OF SHORT SHIPMENTS, MIS-SHIPMENTS AND OTHER ERRORS IN DELIVERY SHALL BE
COMMUNICATED TO MEDLINE IN WRITING WITHIN TWO BUSINESS DAYS OF THE INVOICE DATE, OR THEY ARE DEEMED WAIVED. ALL CLAIMS FOR PRICING AND BILLING ERRORS
SHALL BE COMMUNICATED TO MEDLINE IN WRITING WITHIN 180 DAYS OF INVOICE DATE, OR THEY ARE DEEMED WAIVED.

Billing Inquiries: 1-800-388-2147, A/R Svcs Rep: Lisa Serpico-Foreman x-4233

REMITTANCE

Bill To:
SOUND SHORE MEDICAL CTR/500
16 GUION PL
NEW ROCHELLE NY 10801-5502

Customer #	1084466
Invoice #	1064159652
Invoice Date	05/25/2013
Sales Rep #	210
Payment Terms	2% 30, 1% 60, Net 90
Amount Due	$7,150.13

Remit To:
Medline Industries, Inc.
Box 382075
Pittsburgh PA 15251-8075

AMOUNT PAID $_____

Detach and return this portion with your payment

MEDLINE

www.medline.com

INVOICE

Customer PO #	Invoice Date	Invoice #
NR177173	05/25/2013	1064159652

Ship To:
SOUND SHORE INVENTORY
16 GUION PL
NEW ROCHELLE, NY 10801-5502

LINE NO	ORDER QTY	U/M	INVOICE QTY	ITEM NO / DESCRIPTION	CODE	DELIVERY #	UNIT PRICE	AMOUNT
70	6.00	CS	6.00	CDS981070C 107900 /TOTAL JOINT PROCEDURE	TE	853899432	635.20	3,811.20
80	1.00	CS	1.00	DYNJP10040 104000 /DRAPE,T,CRANIOTOMY,STERILE	TE	853899432	140.00	140.00

Subtotal

Freight: 0.00 **Tax:** 0.00 7133.93

GROSS	TAX AMOUNT	FREIGHT	TOTAL
7,150.13	0.00	0.00	$7,150.13

Eligible Gross Amount $7,150.13
Discount amount $143.00 if recd. by 06/24/13

Code
TE - Tax Exempt
C - Customer Freight

MEDLINE

www.medline.com

INVOICE

Customer PO #	Invoice Date	Invoice #
ALLEN	05/29/2013	1064195518

Sold To:
SOUND SHORE MEDICAL CTR/500
16 GUION PL
NEW ROCHELLE, NY 10801-5502

Ship To:
SOUND SHORE MED CTR STOREROOM
9 N 8TH AVE
MOUNT VERNON, NY 10550-1965

SALES REP #	SALES ORDER #	CARRIER	FREIGHT TERMS	CUSTOMER #	CURRENCY	AMOUNT DUE
210	432437388	FEDEX GROUND	MEDLINE	1084466	USD	$345.65

LINE NO	ORDER QTY	U/M	INVOICE QTY	ITEM NO / DESCRIPTION	CODE	DELIVERY #	UNIT PRICE	AMOUNT
10	4.00	CS	4.00	R-L62010 R-L62010 /ENSURE,COMPLETE,BTL,STRAWB,8OZ	TE	853907409	5.03	20.10
HCPCS Code #: B4152								
20	1.00	CT	1.00	R-L58012 R-L58012 /JUVEN POWDER,ORANGE,30 PKTS/CT	TE	853907409	73.63	73.63
HCPCS Code #: B4155								
30	2.00	CS	2.00	R-L62685 R-L62685 /JEVITY 1.0 CAL,1000 ML,RTH	TE	853907409	14.80	29.59
50	3.00	CS	3.00	R-L62675 R-L62675 /GLUCERNA 1.2CAL,1500ML BOTTLE, RTH	TE	853907409	39.51	118.53
60	5.00	CS	5.00	R-L50904 R-L50904 /GLUCERNA,1.2 CAL,8OZ CAN	TE	853907409	20.76	103.80
HCPCS Code #: B4154								
Subtotal								
		Freight:	0.00		**Tax:**	0.00		**345.65**

CUSTOMER SHALL PAY THE FREIGHT CHARGES INDICATED ON THIS INVOICE. ALL CLAIMS OF SHORT SHIPMENTS, MIS-SHIPMENTS AND OTHER ERRORS IN DELIVERY SHALL BE
COMMUNICATED TO MEDLINE IN WRITING WITHIN TWO BUSINESS DAYS OF THE INVOICE DATE, OR THEY ARE DEEMED WAIVED. ALL CLAIMS FOR PRICING AND BILLING ERRORS
SHALL BE COMMUNICATED TO MEDLINE IN WRITING WITHIN 180 DAYS OF INVOICE DATE, OR THEY ARE DEEMED WAIVED.

Billing Inquiries: 1-800-388-2147, A/R Svcs Rep: Lisa Serpico-Foreman x-4233

REMITTANCE

Bill To:
SOUND SHORE MEDICAL CTR/500
16 GUION PL
NEW ROCHELLE NY 10801-5502

Customer #	1084466
Invoice #	1064195518
Invoice Date	05/29/2013
Sales Rep #	210
Payment Terms	2% 30, 1% 60, Net 90
Amount Due	$345.65

Remit To:
Medline Industries, Inc.
Box 382075
Pittsburgh PA 15251-8075

AMOUNT PAID $_____

Detach and return this portion with your payment

MEDLINE

www.medline.com

INVOICE

Customer PO #	Invoice Date	Invoice #
ALLEN	05/29/2013	1064195518

Ship To:
SOUND SHORE MED CTR STOREROOM
9 N 8TH AVE
MOUNT VERNON, NY 10550-1965

GROSS	TAX AMOUNT	FREIGHT	TOTAL
345.65	0.00	0.00	$345.65

Eligible Gross Amount $345.65
Discount amount $6.91 if recd. by 06/28/13

*Code
TE - Tax Exempt
C - Customer Freight

MEDLINE

www.medline.com

INVOICE

Customer PO #	Invoice Date	Invoice #
NR176791	05/29/2013	1064199953

Sold To:
SOUND SHORE MEDICAL CTR/500
16 GUION PL
NEW ROCHELLE, NY 10801-5502

Ship To:
MOUNT VERNON OR
9 N 8TH AVE
MOUNT VERNON, NY 10550-1965

SALES REP #	SALES ORDER #	CARRIER	FREIGHT TERMS	CUSTOMER #	CURRENCY	AMOUNT DUE
210	432154594	VENDOR	MEDLINE	1084466	USD	$1,605.12

LINE NO	ORDER QTY	U/M	INVOICE QTY	ITEM NO / DESCRIPTION	CODE*	DELIVERY #	UNIT PRICE	AMOUNT
10	6.00	CS	6.00	RUH345APA RUH345APA /CLEANER,INST,ENZYMATIC,APA,ENDOZYME,4GAL	TE,C		267.52	1,605.12
Subtotal								
		Freight:	0.00		Tax:	0.00		1605.12

GROSS	TAX AMOUNT	FREIGHT	TOTAL
1,605.12	0.00	0.00	$1,605.12

Eligible Gross Amount $1,605.12
Discount amount $32.10 if recd. by 06/28/13

*Code
TE - Tax Exempt
C - Customer Freight

CUSTOMER SHALL PAY THE FREIGHT CHARGES INDICATED ON THIS INVOICE. ALL CLAIMS OF SHORT SHIPMENTS, MIS-SHIPMENTS AND OTHER ERRORS IN DELIVERY SHALL BE
COMMUNICATED TO MEDLINE IN WRITING WITHIN TWO BUSINESS DAYS OF THE INVOICE DATE, OR THEY ARE DEEMED WAIVED. ALL CLAIMS FOR PRICING AND BILLING ERRORS
SHALL BE COMMUNICATED TO MEDLINE IN WRITING WITHIN 180 DAYS OF INVOICE DATE, OR THEY ARE DEEMED WAIVED.

Billing Inquiries: 1-800-388-2147, A/R Svcs Rep: Lisa Serpico-Foreman x-4233

REMITTANCE

Bill To:
SOUND SHORE MEDICAL CTR/500
16 GUION PL
NEW ROCHELLE NY 10801-5502

Customer #	1084466
Invoice #	1064199953
Invoice Date	05/29/2013
Sales Rep #	210
Payment Terms	2% 30, 1% 60, Net 90
Amount Due	$1,605.12

Remit To:
Medline Industries, Inc.
Box 382075
Pittsburgh PA 15251-8075

AMOUNT PAID $_____

Detach and return this portion with your payment

UNITED STATES BANKRUPTCY COURT
SOUTHERN DISTRICT OF NEW YORK

ADMINISTRATIVE EXPENSE PROOF OF CLAIM

Administrative Expense Bar Date
January 31, 2014

Note: This form should only be used by claimants asserting an Administrative Expense arising between May 29, 2013 and November 6, 2013 (the "Administrative Claim Period") THIS FORM SHOULD NOT BE USED FOR ANY CLAIMS THAT ARE NOT OF A KIND ENTITLED TO PRIORITY IN ACCORDANCE WITH 11 U.S.C. §§ 503(b) and 507(a)(2)

Indicate Debtor(s) against which you assert a claim by checking the appropriate box(es) below.

Name of Debtor (Check Only One):	Case No.	Name of Debtor (Check Only One):	Case No.
☒ Sound Shore Medical Center of Westchester	13-22840	☐ The M.V.H. Corporation	13-22843
☐ The Mount Vernon Hospital, Inc.	13-22841	☒ SoundShore Health System, Inc.	13-22844
☐ Howe Avenue Nursing Home, d/b/a Helen and Michael Schaffer Extended Care Center	13-22842	☐ NRHMC Services Corporation	13-22845
		☐ New Rochelle Sound Shore Housing LLC	13-22846

Name of Creditor
(The person or entity to whom the debtor owes money or property)
JUANA Obispo-Comas

☐ Check box if you are aware that anyone else has filed a proof of claim relating to your administrative expense claim. Attach copy of statement giving particulars

THE GARDEN CITY GROUP, INC. JAN 13 2014

Name and Addresses Where Notices Should be Sent:
249 South 10th Ave
Mt. Vernon, NY 10550

Check here if this claim: ☐ replaces or ☐ amends a previously filed administrative expense claim

Claim Number (if known) _____

Dated _____

ACCOUNT OR OTHER NUMBER BY WHICH CREDITOR IDENTIFIES DEBTOR:

1. BASIS FOR CLAIM:
☐ Goods sold ☒ Services performed ☐ Personal Injury/Wrongful Death ☐ Wages (Dates) _____
☐ Money loaned ☒ Taxes ☐ Retiree Benefits as Defined in 11 U.S.C. § 1114(a) ☐ Other (Specify): _____

2. DATE DEBT WAS INCURRED (IF KNOWN): 5/29/13

3. DESCRIPTION OF CLAIM (IF KNOWN):
Professional Coding Services

4. TOTAL AMOUNT OF ADMINISTRATIVE CLAIM: $ 300.00 (Total)

5. CREDITS AND SETOFFS The amount of all payments on this claim has been credited and deducted for the purpose of making this proof In filing this claim, claimant has deducted all amounts that claimant owes to debtor.

6. SUPPORTING DOCUMENTS *Attach copies of supporting documents,* such as promissory notes, purchase orders, invoices, itemized statements of running accounts, contracts, court judgments, or evidence of security interests. Do not send original documents. If the documents are not available, explain If the documents are voluminous, attach a summary.

7. TIME-STAMPED COPY: To receive an acknowledgement of the filing of your claim, enclose a stamped, self-addressed envelope and copy of this proof of claim.

THIS SPACE IS FOR COURT USE ONLY

8 **Signature:** Check the appropriate box

☒ I am the creditor. ☐ I am the creditor's authorized agent. (Attach copy of power of attorney, if any) ☐ I am the trustee, or the Debtor, or their authorized agent (See Bankruptcy Rule 3004.) ☐ I am a guarantor, surety, indorser, or other codebtor. (See Bankruptcy Rule 3005.)

I declare under penalty of perjury that the information provided in this claim is true and correct to the best of my knowledge, information, and reasonable belief

Print Name: JUANA Obispo-Comas
Title: Certified coding Specialist (Signature) Juana Obispo-Comas, RHIT, CCS, CPC (Date) 1/13/14
Company: Self
Address and telephone number (if different from notice address above):
249 South 10th Ave
Mt. Vernon, NY 10550
Telephone number: 914-665-5563 email: obispo0426@aol.com

Penalty for presenting fraudulent claim. Fine of up to $500,000 or imprisonment for up to 5 years, or both. 18 U.S.C. §§ 152 and 3571

INSTRUCTIONS FOR PROOF OF CLAIM FORM

The attorneys for the Debtors and their court-appointed claims agent, GCG, are not authorized and are not providing you with any legal advice

PLEASE SEND YOUR ORIGINAL, COMPLETED CLAIM FORM AS FOLLOWS: **IF BY MAIL:** Sound Shore Medical of Westchester, *et al.*, c/o GCG, Inc., P O Box 9982, Dublin, Ohio 43017-5982. **IF BY HAND OR OVERNIGHT COURIER:** Sound Shore Medical of Westchester, *et al*., c/o GCG, 5151 Blazer Parkway, Suite A, Dublin, OH 43017. **IF BY HAND:** United States Bankruptcy Court, SDNY, 300 Quarropas Street, Room 248, White Plains, New York 10601; Attn: Clerk of the Court ANY PROOF OF CLAIM SUBMITTED BY FACSIMILE OR EMAIL WILL NOT BE ACCEPTED.

FILED - 01155
U.S. BANKRUPTCY COURT FOR THE SOUTHERN DISTRICT OF NEW YORK
SOUND SHORE MEDICAL CENTER OF WESTCHESTER
ROBERT D. DRAIN

Juana Obispo-Comas,Consultant

INVOICE

Juana Obispo-Comas,RHIT,CCS,CPC
249 South 10th Avenue
Mount Vernon, NY 10550
Phone 347-493-8041

DATE: 5/29/13
INVOICE # 1
FOR: *Inpatient coding*

Bill To: Health Information Management Dept.
MOUNT VERNON HOSPITAL
Mount Vernon, NY 10550

DESCRIPTION	AMOUNT
15 Charts at $20. each	300.00
Inpatient Coded	
TOTAL	300.00

Please Make check payable to Juana Obispo-Comas
If you have any questions concerning this invoice, please call me
E-Mail obispo0426@aol.com

THANK YOU FOR YOUR BUSINESS!

IUANA OBISPO
249 S 10TH AVE
MOUNT VERNON NY 10550-3703

Sound Shore Medical of Westchester,
et al., c/o GCG, Inc.
P.O. Box 9282
Dublin, Ohio 43017-5982

NEW YORK NY 100
13 JAN 2014 PM 4 1

4301759282

UNITED STATES BANKRUPTCY COURT SOUTHERN DISTRICT OF NEW YORK	ADMINISTRATIVE EXPENSE PROOF OF CLAIM	Administrative Expense Bar Date January 31, 2014

Note: This form should only be used by claimants asserting an Administrative Expense arising between May 29, 2013 and November 6, 2013 (the "Administrative Claim Period"). THIS FORM SHOULD NOT BE USED FOR ANY CLAIMS THAT ARE NOT OF A KIND ENTITLED TO PRIORITY IN ACCORDANCE WITH 11 U.S.C. §§ 503(b) and 507(a)(2).

Indicate Debtor(s) against which you assert a claim by checking the appropriate box(es) below.

Name of Debtor (Check Only One):	Case No.	Name of Debtor (Check Only One):	Case No.
☒ Sound Shore Medical Center of Westchester	13-22840	☐ The M.V.H. Corporation	13-22843
☐ The Mount Vernon Hospital, Inc.	13-22841	☐ SoundShore Health System, Inc.	13-22844
☐ Howe Avenue Nursing Home, d/b/a Helen and Michael Schaffer Extended Care Center	13-22842	☐ NRHMC Services Corporation	13-22845
		☐ New Rochelle Sound Shore Housing LLC	13-22846

Name of Creditor
(The person or entity to whom the debtor owes money or property)
BENJAMIN OPOKU

☐ Check box if you are aware that anyone else has filed a proof of claim relating to your administrative expense claim. Attach copy of statement giving particulars

THE GARDEN CITY GROUP, INC. JAN 11 2014

Name and Addresses Where Notices Should be Sent:
BENJAMIN OPOKU
4050 GRACE AVE #1
BRONX, NY 10466

Check here if this claim. ☐ replaces or ☐ amends a previously filed administrative expense claim.

Claim Number (if known): _____

Dated: _____

ACCOUNT OR OTHER NUMBER BY WHICH CREDITOR IDENTIFIES DEBTOR:

1. BASIS FOR CLAIM.
☐ Goods sold ☒ Services performed ☐ Personal Injury/Wrongful Death ☐ Wages (Dates) _____
☐ Money loaned ☐ Taxes ☐ Retiree Benefits as Defined in 11 U.S.C. § 1114(a) ☐ Other (Specify): _____

2. DATE DEBT WAS INCURRED (IF KNOWN): 3-30-13

3. DESCRIPTION OF CLAIM (IF KNOWN): SERVICES PROVIDED FOR NUCLEAR MED. DEPARTMENT.

4. TOTAL AMOUNT OF ADMINISTRATIVE CLAIM: $ 2,100 (Total)

5. CREDITS AND SETOFFS: The amount of all payments on this claim has been credited and deducted for the purpose of making this proof. In filing this claim, claimant has deducted all amounts that claimant owes to debtor.

6. SUPPORTING DOCUMENTS: *Attach copies of supporting documents,* such as promissory notes, purchase orders, invoices, itemized statements of running accounts, contracts, court judgments, or evidence of security interests. Do not send original documents. If the documents are not available, explain. If the documents are voluminous, attach a summary.

7. TIME-STAMPED COPY. To receive an acknowledgement of the filing of your claim, enclose a stamped, self-addressed envelope and copy of this proof of claim.

THIS SPACE IS FOR COURT USE ONLY

8 **Signature:** Check the appropriate box.

☒ I am the creditor. ☐ I am the creditor's authorized agent. (Attach copy of power of attorney, if any) ☐ I am the trustee, or the Debtor, or their authorized agent. (See Bankruptcy Rule 3004.) ☐ I am a guarantor, surety, indorser, or other codebtor. (See Bankruptcy Rule 3005.)

I declare under penalty of perjury that the information provided in this claim is true and correct to the best of my knowledge, information, and reasonable belief.

Print Name: BENJAMIN OPOKU
Title: NUCLEAR MED TECHNOLOGIST.
Company: _____
Address and telephone number (if different from notice address above):
_____
_____
_____
Telephone number: 917-400 4438

(Signature) 01-06-14 (Date)

email: bengee.omari@gmail.com

Penalty for presenting fraudulent claim: Fine of up to $500,000 or imprisonment for up to 5 years, or both. 18 U.S.C. §§ 152 and 3571.

INSTRUCTIONS FOR PROOF OF CLAIM FORM

The attorneys for the Debtors and their court-appointed claims agent, GCG, are not authorized and are not providing you with any legal advice.

PLEASE SEND YOUR ORIGINAL, COMPLETED CLAIM FORM AS FOLLOWS: **IF BY MAIL:** Sound Shore Medical of Westchester, *et al.*, c/o GCG, Inc., P.O. Box 9982, Dublin, Ohio 43017-5982 **IF BY HAND OR OVERNIGHT COURIER:** Sound Shore Medical of Westchester, *et al.*, c/o GCG, 5151 Blazer Parkway, Suite A, Dublin, OH 43017. **IF BY HAND:** United States Bankruptcy Court, SDNY, 300 Quarropas Street, Room 248, White Plains, New York 10601, Attn: Clerk of the Court. ANY PROOF OF CLAIM SUBMITTED BY FACSIMILE OR EMAIL WILL NOT BE ACCEPTED.

FILED - 01147
U.S. BANKRUPTCY COURT FOR THE SOUTHERN DISTRICT OF NEW YORK
SOUND SHORE MEDICAL CENTER OF WESTCHESTER
ROBERT D. DRAIN

COPY

SOUND SHORE MEDICAL CENTER OF WESTCHESTER

16 GUION PLACE
New Rochelle, NY 10802

Accounts Payable
Check Request

Pre-file

Vendor Number: 30425

Check to be drawn to:

Name: Benjamin Opoku
Street Address:
City, State and Zip:

Reason for Request:

Nuclear Technologist coverage
See attached time card
Total hours: 42 x $50/hr = $2,100 ✓
DATE of Service is 3/30/13

Invoice Number	Invoice Date Mo/Day/Year	Charge To Cost Center	Distribution Amount
33013	3-30-13	5320-796	$2,100

Requested Issue Date:

X Return Check to (Please print).
Tom Trusolo
Person
RAD 3689
Department Extension

☐ Business office should mail check.

☐ Enclosures to accompany check are attached.

Check requested by 6/3/13 date

Administrative Approval 6/3/13 date

CHECK TOTAL $2,100 ✓

Pre-file

Opoku, Benjamin

5320

Nuclear 4-6-13

	IN	OUT	Reg. Hrs. / O.T. Hrs.	SUMMARY HOURS
Su				Regular 42 / 39.5
M	M 754	M 511	8.5 / 1hr	O.T. Reg.
T	Tu 754	Tu 402	7.5	O.T. Prem
W	W 753	W 415	7.5	Sick
T	Th 754	Th 600	9.5 / 2hrs	Vacation
F	FR 754	FR 531	9.0 / 1.5hrs	Hol. Reg.
S				Hol. Prem.
Su				Other
M	M 757	M 500	8.5 / 1hr	TOTAL HOURS
T	Tu 755	Tu 405	7.5	Comments:
W	W 800	W 459	7.5	42 3/30
T	Th 754	Th 401	7.5	
F	FR 759	FR 500	8.5 / 1hr	39.5 4/6 PAID
S				
TOTAL PAID HOURS				

NOT PAID

29th

PAID

$2,100

Employee Signature

Supervisor Signature

6/3/13

13-22840-rdd Doc 1137-7 Filed 06/29/15 Entered 06/29/15 14:40:00 Claims
(Part 9) Pg 9 of 15

BENJAMIN OPOKU
4050 Grace Ave. #1
Bronx, NY 10466

NEW YORK NY 100

07 JAN 2014 PM 14 L

SOUNDSHORE MEDICAL CENTER
c/o GCG, INC.
P.O BOX 9982
DUBLIN, OH 43017-5982

43017598282

Administrative Expense

B10 (Official Form 10) (04/13)

UNITED STATES BANKRUPTCY COURT		**PROOF OF CLAIM**
Name of Debtor: Sound Shore Medical Center of Westchester	Case Number: 13-22840 (RDD)	THE GARDEN CITY GROUP SEP 13 2013
NOTE: *Do not use this form to make a claim for an administrative expense that arises after the bankruptcy filing. You may file a request for payment of an administrative expense according to 11 U.S.C. § 503.*		
Name of Creditor (the person or other entity to whom the debtor owes money or property): Urstadt Biddle Properties Inc		**COURT USE ONLY**
Name and address where notices should be sent: Douglas M. Evans, Esq. Kroll McNamara Evans & Delehanty, LLP 65 Memorial Rd, Suite 300 - West Hartford, CT 06107 Telephone number: (860) 561-7070 email: devans@kmelaw.com		☐ Check this box if this claim amends a previously filed claim. **Court Claim Number:** _____ (*If known*) Filed on: _____
Name and address where payment should be sent (if different from above): Urstadt Biddle Properties Inc. 321 Railroad Ave Greenwich, CT 06830 - Attn: Thomas D. Myers Telephone number: (203) 863-8200 email: tmyers@ubproperties.com		☐ Check this box if you are aware that anyone else has filed a proof of claim relating to this claim. Attach copy of statement giving particulars.

1. Amount of Claim as of Date Case Filed: $ 5,288.54

If all or part of the claim is secured, complete item 4.

If all or part of the claim is entitled to priority, complete item 5.

☐ Check this box if the claim includes interest or other charges in addition to the principal amount of the claim. Attach a statement that itemizes interest or charges.

FILED - 00588
U.S. BANKRUPTCY COURT FOR THE SOUTHERN DISTRICT OF NEW YORK
SOUND SHORE MEDICAL CENTER OF WESTCHESTER
ROBERT D. DRAIN

2. Basis for Claim: Guaranty of Lease
(See instruction #2)

3. Last four digits of any number by which creditor identifies debtor:	**3a. Debtor may have scheduled account as:** (See instruction #3a)	**3b. Uniform Claim Identifier (optional):** (See instruction #3b)

4. Secured Claim (See instruction #4)
Check the appropriate box if the claim is secured by a lien on property or a right of setoff, attach required redacted documents, and provide the requested information.

Nature of property or right of setoff: ☐ Real Estate ☐ Motor Vehicle ☐ Other **Describe:**

Value of Property: $_____

Annual Interest Rate _____% ☐ Fixed or ☐ Variable **(when case was filed)**

Amount of arrearage and other charges, as of the time case was filed, included in secured claim, if any: $_____

Basis for perfection: _____

Amount of Secured Claim: $_____

Amount Unsecured: $_____

5. Amount of Claim Entitled to Priority under 11 U.S.C. § 507 (a). If any part of the claim falls into one of the following categories, check the box specifying the priority and state the amount.

☐ Domestic support obligations under 11 U.S C. § 507 (a)(1)(A) or (a)(1)(B).

☐ Wages, salaries, or commissions (up to $12,475*) earned within 180 days before the case was filed or the debtor's business ceased, whichever is earlier – 11 U.S.C. § 507 (a)(4).

☐ Contributions to an employee benefit plan – 11 U.S.C. § 507 (a)(5).

Amount entitled to priority:

☐ Up to $2,775* of deposits toward purchase, lease, or rental of property or services for personal, family, or household use – 11 U.S.C. § 507 (a)(7).

☐ Taxes or penalties owed to governmental units – 11 U.S.C. § 507 (a)(8).

☑ Other – Specify applicable paragraph of 11 U.S.C. § 507 (a)(2).

$ 5,288.54

**Amounts are subject to adjustment on 4/01/16 and every 3 years thereafter with respect to cases commenced on or after the date of adjustment.*

6. Credits. The amount of all payments on this claim has been credited for the purpose of making this proof of claim. (See instruction #6)

7. Documents: Attached are **redacted** copies of any documents that support the claim, such as promissory notes, purchase orders, invoices, itemized statements of running accounts, contracts, judgments, mortgages, security agreements, or, in the case of a claim based on an open-end or revolving consumer credit agreement, a statement providing the information required by FRBP 3001(c)(3)(A). If the claim is secured, box 4 has been completed, and **redacted** copies of documents providing evidence of perfection of a security interest are attached If the claim is secured by the debtor's principal residence, the Mortgage Proof of Claim Attachment is being filed with this claim. *(See instruction #7, and the definition of "**redacted**".)*

DO NOT SEND ORIGINAL DOCUMENTS. ATTACHED DOCUMENTS MAY BE DESTROYED AFTER SCANNING.

If the documents are not available, please explain:

8. Signature: (See instruction #8)

Check the appropriate box.

☒ I am the creditor. ☐ I am the creditor's authorized agent. ☐ I am the trustee, or the debtor, or their authorized agent. (See Bankruptcy Rule 3004.) ☐ I am a guarantor, surety, indorser, or other codebtor. (See Bankruptcy Rule 3005.)

I declare under penalty of perjury that the information provided in this claim is true and correct to the best of my knowledge, information, and reasonable belief.

Print Name: Thomas D. Myers
Title: Executive Vice President
Company: Urstadt Biddle Properties Inc.
Address and telephone number (if different from notice address above):
321 Railroad Ave
Greenwich, CT 06830

Telephone number: (203) 863-8200 email: tmyers@ubproperties.com

Thomas D. Myers 9/12/13
(Signature) (Date)

Penalty for presenting fraudulent claim: Fine of up to $500,000 or imprisonment for up to 5 years, or both. 18 U.S.C §§ 152 and 3571.

INSTRUCTIONS FOR PROOF OF CLAIM FORM

The instructions and definitions below are general explanations of the law. In certain circumstances, such as bankruptcy cases not filed voluntarily by the debtor, exceptions to these general rules may apply.

Items to be completed in Proof of Claim form

Court, Name of Debtor, and Case Number:
Fill in the federal judicial district in which the bankruptcy case was filed (for example, Central District of California), the debtor's full name, and the case number. If the creditor received a notice of the case from the bankruptcy court, all of this information is at the top of the notice.

Creditor's Name and Address:
Fill in the name of the person or entity asserting a claim and the name and address of the person who should receive notices issued during the bankruptcy case. A separate space is provided for the payment address if it differs from the notice address. The creditor has a continuing obligation to keep the court informed of its current address See Federal Rule of Bankruptcy Procedure (FRBP) 2002(g).

1. Amount of Claim as of Date Case Filed:
State the total amount owed to the creditor on the date of the bankruptcy filing. Follow the instructions concerning whether to complete items 4 and 5. Check the box if interest or other charges are included in the claim.

2. Basis for Claim:
State the type of debt or how it was incurred. Examples include goods sold, money loaned, services performed, personal injury/wrongful death, car loan, mortgage note, and credit card. If the claim is based on delivering health care goods or services, limit the disclosure of the goods or services so as to avoid embarrassment or the disclosure of confidential health care information. You may be required to provide additional disclosure if an interested party objects to the claim.

3. Last Four Digits of Any Number by Which Creditor Identifies Debtor:
State only the last four digits of the debtor's account or other number used by the creditor to identify the debtor.

3a. Debtor May Have Scheduled Account As:
Report a change in the creditor's name, a transferred claim, or any other information that clarifies a difference between this proof of claim and the claim as scheduled by the debtor.

3b. Uniform Claim Identifier:
If you use a uniform claim identifier, you may report it here. A uniform claim identifier is an optional 24-character identifier that certain large creditors use to facilitate electronic payment in chapter 13 cases.

4. Secured Claim:
Check whether the claim is fully or partially secured. Skip this section if the claim is entirely unsecured. (See Definitions.) If the claim is secured, check the box for the nature and value of property that secures the claim, attach copies of lien documentation, and state, as of the date of the bankruptcy filing, the annual interest rate (and whether it is fixed or variable), and the amount past due on the claim.

5. Amount of Claim Entitled to Priority Under 11 U.S.C. § 507 (a).
If any portion of the claim falls into any category shown, check the appropriate box(es) and state the amount entitled to priority (See Definitions.) A claim may be partly priority and partly non-priority. For example, in some of the categories, the law limits the amount entitled to priority.

6. Credits:
An authorized signature on this proof of claim serves as an acknowledgment that when calculating the amount of the claim, the creditor gave the debtor credit for any payments received toward the debt.

7. Documents:
Attach redacted copies of any documents that show the debt exists and a lien secures the debt. You must also attach copies of documents that evidence perfection of any security interest and documents required by FRBP 3001(c) for claims based on an open-end or revolving consumer credit agreement or secured by a security interest in the debtor's principal residence. You may also attach a summary in addition to the documents themselves. FRBP 3001(c) and (d). If the claim is based on delivering health care goods or services, limit disclosing confidential health care information. Do not send original documents, as attachments may be destroyed after scanning

8. Date and Signature:
The individual completing this proof of claim must sign and date it. FRBP 9011. If the claim is filed electronically, FRBP 5005(a)(2) authorizes courts to establish local rules specifying what constitutes a signature. If you sign this form, you declare under penalty of perjury that the information provided is true and correct to the best of your knowledge, information, and reasonable belief. Your signature is also a certification that the claim meets the requirements of FRBP 9011(b). Whether the claim is filed electronically or in person, if your name is on the signature line, you are responsible for the declaration. Print the name and title, if any, of the creditor or other person authorized to file this claim. State the filer's address and telephone number if it differs from the address given on the top of the form for purposes of receiving notices. If the claim is filed by an authorized agent, provide both the name of the individual filing the claim and the name of the agent. If the authorized agent is a servicer, identify the corporate servicer as the company. Criminal penalties apply for making a false statement on a proof of claim.

DEFINITIONS

Debtor
A debtor is the person, corporation, or other entity that has filed a bankruptcy case.

Creditor
A creditor is a person, corporation, or other entity to whom debtor owes a debt that was incurred before the date of the bankruptcy filing. See 11 U.S.C. §101 (10).

Claim
A claim is the creditor's right to receive payment for a debt owed by the debtor on the date of the bankruptcy filing. See 11 U.S.C. §101 (5). A claim may be secured or unsecured.

Proof of Claim
A proof of claim is a form used by the creditor to indicate the amount of the debt owed by the debtor on the date of the bankruptcy filing. The creditor must file the form with the clerk of the same bankruptcy court in which the bankruptcy case was filed.

Secured Claim Under 11 U.S.C. § 506 (a)
A secured claim is one backed by a lien on property of the debtor. The claim is secured so long as the creditor has the right to be paid from the property prior to other creditors. The amount of the secured claim cannot exceed the value of the property. Any amount owed to the creditor in excess of the value of the property is an unsecured claim. Examples of liens on property include a mortgage on real estate or a security interest in a car. A lien may be voluntarily granted by a debtor or may be obtained through a court proceeding. In some states, a court judgment is a lien. A claim also may be secured if the creditor owes the debtor money (has a right to setoff).

Unsecured Claim
An unsecured claim is one that does not meet the requirements of a secured claim. A claim may be partly unsecured if the amount of the claim exceeds the value of the property on which the creditor has a lien.

Claim Entitled to Priority Under 11 U.S.C. § 507 (a)
Priority claims are certain categories of unsecured claims that are paid from the available money or property in a bankruptcy case before other unsecured claims.

Redacted
A document has been redacted when the person filing it has masked, edited out, or otherwise deleted, certain information. A creditor must show only the last four digits of any social-security, individual's tax-identification, or financial-account number, only the initials of a minor's name, and only the year of any person's date of birth. If the claim is based on the delivery of health care goods or services, limit the disclosure of the goods or services so as to avoid embarrassment or the disclosure of confidential health care information.

Evidence of Perfection
Evidence of perfection may include a mortgage, lien, certificate of title, financing statement, or other document showing that the lien has been filed or recorded.

INFORMATION

Acknowledgment of Filing of Claim
To receive acknowledgment of your filing, you may either enclose a stamped self-addressed envelope and a copy of this proof of claim or you may access the court's PACER system (www.pacer.psc.uscourts.gov) for a small fee to view your filed proof of claim.

Offers to Purchase a Claim
Certain entities are in the business of purchasing claims for an amount less than the face value of the claims. One or more of these entities may contact the creditor and offer to purchase the claim. Some of the written communications from these entities may easily be confused with official court documentation or communications from the debtor. These entities do not represent the bankruptcy court or the debtor. The creditor has no obligation to sell its claim. However, if the creditor decides to sell its claim, any transfer of such claim is subject to FRBP 3001(e), any applicable provisions of the Bankruptcy Code (11 U.S.C. § 101 *et seq.*), and any applicable orders of the bankruptcy court.

URSTADT BIDDLE PROPERTIES INC.

321 Railroad Avenue, Greenwich, Connecticut 06830
Tel: 203-863-8200 Fax: 203-861-6755 Web site: www.ubproperties.com
(New York Stock Exchange Symbols: UBA and UBP)

VIA FEDERAL EXPRESS:

September 12, 2013

Sound Shore Medical Center of Westchester, *et.al.*
c/o GCG, Inc.
5151 Blazer Parkway, Suite A
Dublin, OH 43017

Re: Sound Shore Medical Center of Westchester and
NRHMC Services Corporation
Chapter 11, Case Nos. 13-22840 and 13-22845 (RDD)

Dear Sir or Madam:

Enclosed for filing please find one original Proof of Claim and corresponding original Addendum (Statement of Administrative Expense Claim) to the Proofs of Claim for each of the referenced Debtors, Sound Shore Medical Center of Westchester and NRHMC Services Corporation. Also enclosed are copies of each Proof of Claim and a self-addressed stamped envelope. Kindly file the original Proofs of Claim (with Addenda) and have the copies date-stamped and returned to me in the enclosed envelope.

Thank you in advance for your assistance.

Very truly yours,
Urstadt Biddle Properties Inc.

By: Thomas D. Myers

Thomas D. Myers
Executive Vice President

TDM/brc
Enclosures
cc: Douglas Evans, Esq. (via email w/encl.)
Willing L. Biddle (via email w/encl.)

UBA
UBP
Listed
NYSE

UNITED STATES BANKRUPTCY COURT
SOUTHERN DISTRICT OF NEW YORK

In re:	Chapter 11
SOUND SHORE MEDICAL CENTER OF WESTCHESTER, et al.	Case No. 13-22840 (RDD)
Debtor.	(Jointly Administered)

STATEMENT OF CHAPTER 11
ADMINISTRATIVE EXPENSE CLAIM AND REQUEST FOR PAYMENT

1. All communications regarding this proof of claim of Urstadt Biddle Properties Inc. ("Urstadt Biddle") should be addressed to: Douglas M. Evans, Esq., Kroll McNamara Evans & Delehanty, LLP, 65 Memorial Road – Suite 300, West Hartford, Connecticut 06107, Telephone (860) 561-7070.

2. Urstadt Biddle, as landlord, leased premises located at the Pelham Manor Shopping Center, Pelham, New York to NRHMC Services Corporation ("NRHMC"), as tenant, pursuant to a certain Lease Agreement dated April 11, 2012 (the "Lease"). By guaranty dated March 9, 2012 (the "Guaranty"), Sound Shore Medical Center of Westchester ("Debtor") guaranteed to Urstadt Biddle the obligations of NRHMC under the Lease. On May 29, 2013, NRHMC filed a voluntary petition for relief under chapter 11 of title 11 of the United States Code, 11 U.S.C. §§ 101-1532 in the United States Bankruptcy Court for the Southern District of New York, concurrently with Debtor, in a case being jointly administered with the captioned case. After this case was filed on May 29, 2013 (the "Petition Date"), NRHMC failed to pay certain Minimum

Rent, Common Area Costs, real estate taxes, late fees and returned check charges due and owing to Urstadt Biddle under the Lease. As a result of post-petition defaults by NRHMC under the Lease, Urstadt Biddle has claims against Debtor for post-petition defaults under the Guaranty.

3. By reason of the foregoing, Urstadt Biddle asserts a Chapter 11 administrative expense claim in the aggregate sum of $5,288.54 (which consists of $3,699.76 for Minimum Rent, $451.44 for Common Area Charges[1], and $616.00 for real estate taxes (each for September 2013), as well as $471.34 for accumulated late charges and $50.00 for returned check charges) for amounts due under the Lease, and requests payment in such amount.

4. Urstadt Biddle reserves its right to amend or further supplement this proof of claim in all respects including, but not limited to, asserting a claim or claims for additional amounts due and/or claims based on alternative theories or liabilities. Urstadt Biddle further reserves the right to assert or file additional administrative expense claims or other priority claims, or to assert all or part of this claim as a pre-petition claim if it is determined by final order of a court with jurisdiction that any part of this claim is not a post-petition administrative expense claim. Urstadt Biddle reserves the right to assert any additional post-petition administrative expense claims for post-petition Minimum Rent, Common Area Charges, real estate taxes, and any other amounts due under the Lease. This statement is without prejudice to Urstadt Biddle's separate unsecured claim against the Debtor set forth in a Proof of Claim filed on August 28, 2013.

5. Filing of this proof of claim is not (a) a waiver or release of Urstadt Biddle's rights against any person, entity or property; (b) a consent by Urstadt Biddle to the jurisdiction of this Court with respect to proceedings, if any, commenced in the case against or otherwise involving Urstadt Biddle; (c) a waiver or release of Urstadt Biddle's right to trial by jury in any proceeding as to any and all matters so triable herein, notwithstanding the designation or not of such matters

[1] This estimated amount is subject to year-end reconciliation and may increase. Urstadt Biddle reserves the right to revise its claim, particularly as to Common Area Costs, upon any applicable year-end reconciliation and any other changes to the amount owned under the Lease.

as "core proceedings" pursuant to 28 U.S.C. §157(b)(2); (d) a waiver or release of Urstadt Biddle's right to have any and all final orders in any and all non-core matters or proceedings entered only after de novo review by a United States District Court Judge; or (e) an election of remedy.

6. A copy of the Lease is available upon request.

WHEREFORE, Urstadt Biddle respectfully requests that this Court enter an order allowing and directing payment of its administrative expense claim in the full amount of $5,288.54.

Dated: Greenwich, Connecticut
September 12, 2013

By: _____
Thomas D. Myers
Executive Vice President

FedEx Ship Manager - Print Your Label(s)

From: (203) 863-8227
Nicole Lamoreaux

Origin ID: YAKA

Urstadt Biddle Properties Inc.
321 Railroad Avenue
Greenwich, CT 06830

FedEx Express

J13201306280326

Ship Date: 12SEP13
ActWgt: 1.0 LB
CAD: 104878159/INET3430

Delivery Address Bar Code

SHIP TO: (203) 863-8200 BILL SENDER

Sound Shore Medical Center of West.
c/o GCG, Inc.
5151 Blazer Parkways
Suite A
DUBLIN, OH 43017

Ref #
Invoice #
PO #
Dept #

RT 219 3 A
ST 16 9520 09.13

FRI - 13 SEP AA
NDARD OVERNIGHT

TRK# 7966 7388 9520
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UNITED STATES BANKRUPTCY COURT
SOUTHERN DISTRICT OF NEW YORK

In re:

SOUND SHORE MEDICAL CENTER OF WESTCHESTER, et al.	Chapter 11 Case No. 13-22840 (RDD)
Debtors.	(Jointly Administered)

ORDER GRANTING SIXTH OMNIBUS OBJECTION TO CLAIMS

THIS MATTER having come before the Court upon the motion of the Plan Administrator appointed in these cases (the "Motion")[1] for entry of an order pursuant to 11 U.S.C. § 502 and Rule 3007 of the Federal Rules of Bankruptcy expunging, and/or disallowing each of the proofs of claim listed on Exhibit A attached hereto, on the basis that they were duplicative; the Court having reviewed the Sixth Objection; and notice having been provided (i) to the claimants listed on Exhibit A at the addresses set forth on the claimants' respective proofs of claim, (ii) counsel for the Committee, and (iii) the Office of the United States Trustee; and no response having been filed thereto; and the Court having jurisdiction to consider the Sixth Objection; and the Sixth Objection having come before the Court for a hearing held on August 4, 2015 (the "Hearing"); and upon the record made before the Court on that date; and the Court having found that the relief requested in the Sixth Objection is in the best interest of the Debtors' estate, creditors and other parties in interest; and it appearing that sufficient notice of the Sixth Objection has been given, and the Court having determined that the legal and factual basis set forth in the Sixth Objection establish cause for the relief granted herein; and after due

[1] Unless otherwise defined, capitalized terms used herein shall have the meanings ascribed to them in the Motion

deliberation and consideration of the Motion having been had; and it appearing that good and sufficient cause exists for granting the Sixth Objection, it is hereby

ORDERED, that the relief requested in the Sixth Objection is GRANTED to the extent set forth below and upon the terms and conditions set forth herein; and it is further

ORDERED, that the Claims listed on Exhibit A, as attached hereto, are hereby expunged and disallowed; and it is further

ORDERED, that the Debtors' claims and noticing agent, Garden City Group, LLC, and the Clerk of this Court are authorized to take any and all actions that are necessary or appropriate to give effect to this Order; and it is further

ORDERED, that this Court shall retain jurisdiction over any and all issues arising from or related to the implementation and interpretation of this Order.

Dated: August____, 2015
White Plains, New York

HONORABLE ROBERT D. DRAIN
UNITED STATES BANKRUPTCY JUDGE

Hearing Date: August 4, 2015 at 10:00 a.m. (Prevailing Eastern Time)
Objection Deadline: July 28, 2015 at 4:00 p.m. (Prevailing Eastern Time)

GARFUNKEL WILD, P.C.
Counsel for the Plan Administrator and Estate
111 Great Neck Road
Great Neck, New York 11021
Phone: 516.393-2200
Fax: 516.466-5964
Burton S. Weston
Afsheen A. Shah

UNITED STATES BANKRUPTCY COURT
SOUTHERN DISTRICT OF NEW YORK

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In re:

SOUND SHORE MEDICAL CENTER OF WESTCHESTER, et al[1].,

Debtors.

Chapter 11 Case

No. 13-22840 (RDD)
(Jointly Administered)

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THE OMNIBUS CLAIMS OBJECTION LISTED BELOW SEEKS TO DISALLOW AND EXPUNGE CERTAIN FILED PROOFS OF CLAIM. YOU ARE RECEIVING THIS NOTICE BECAUSE YOUR CLAIM IS COVERED BY THE SIXTH OMNIBUS OBJECTION. YOUR FAILURE TO TIMELY OPPOSE THE RELIEF SOUGHT HEREIN MAY RESULT IN THE GRANTING OF THE RELIEF REQUESTED BY THIS OBJECTION.

NOTICE OF PLAN ADMINISTRATOR'S SIXTH OMNIBUS OBJECTION TO CLAIMS THAT ARE DUPLICATIVE

PLEASE TAKE NOTICE, that a hearing on the annexed Sixth Omnibus Objection to Claims, dated June 30, 2015 (the "Sixth Omnibus Objection"), of the Post Confirmation Estate of Sound Shore Medical Center of Westchester, et al. (the "Estate"), will be held before the Honorable Robert D. Drain, United States Bankruptcy

[1] The debtors in these chapter 11 cases, along with the last four digits of each debtor's federal tax identification number include: Sound Shore Health System, Inc. (1398), Sound Shore Medical Center of Westchester (0117), The Mount Vernon Hospital (0115), Howe Avenue Nursing Home, Inc., d/b/a Helen and Michael Schaffer Extended Care Center (0781), NRHMC Services Corporation (9137), The M.V.H. Corporation (1514) and New Rochelle Sound Shore Housing, LLC (0117). There are certain additional affiliates of the Debtors who are not debtors and have not sought relief under Chapter 11.

Court for the Southern District of New York (the "Court"), 300 Quarropas Street, White Plains, New York, on the 4th day of August 2015 at 10:00 a.m. or as soon thereafter as counsel may be hard seeking the relief set forth on Exhibit A to the Sixth Omnibus Objection.

ALL PARTIES RECEIVING THIS NOTICE SHOULD REVIEW THE SIXTH OMNIBUS OBJECTION CAREFULLY TO DETERMINE IF A RESPONSE IS REQUIRED. THE FAILURE TO TIMELY FILE A RESPONSE OR OTHERWISE OPPOSE THE OBJECTION MAY RESULT IN THE GRANTING OF THE RELIEF .

PLEASE TAKE FURTHER NOTICE that responses if any, to the proposed Sixth Omnibus Objection (the "Responses") shall be made in writing, shall conform to the Federal Rules of Bankruptcy Procedure and the Local Rules for the Southern District of New York, shall state with particularity the grounds upon with such Response is based, and shall be filed with the Bankruptcy Court, in electronic format in accordance with General Order M-399, by utilizing the Court's electronic case filing system at www.nysb.uscourts.gov, or if the same cannot be filed electronically, by manually filing same with the Clerk of the Court together with a cd-rom containing same in Word, Wordperfect or pdf format, with a hard copy provided to the Clerk's Office at the Bankruptcy Court for delivery to the Chambers of the Honorable Robert D. Drain and served on (i) Garfunkel Wild, P.C., 111 Great Neck Road, Great Neck, New York 11021, Attention: Burton S. Weston, Esq., Afsheen A. Shah, Esq. and Adam T. Berkowitz, Esq., counsel to the Plan Administrator; (ii) Alston & Bird LLP, 90 Park Avenue, New York, New York 10016 Attention: Martin G. Bunin, Esq. and Craig E. Freeman, Esq., counsel to the Committee; and (iii) the Office of the United States Trustee for this district so as to be received by all such parties no later than 4:00 p.m. (Prevailing Eastern Time) on July 28, 2015.

PLEASE TAKE FURTHER NOTICE that if no Responses are timely filed and served with respect to the Sixth Omnibus Objection, the Estate may, on or after the Objection Deadline, submit to the Bankruptcy Court an order substantially in the form of the proposed order annexed to the Sixth Omnibus Objection, which order may be entered with no further notice or opportunity to be heard.

PLEASE TAKE FURTHER NOTICE that the hearing on the Sixth Omnibus Objection may be adjourned without further notice except an announced in open court on the Hearing Date, or at any adjourned hearing.

Dated: Great Neck, New York
June 30, 2015

GARFUNKEL WILD, P.C.
Counsel for the Plan Administrator and Estate

By: _____
Burton S. Weston
Afsheen A. Shah
111 Great Neck Road
Great Neck, NY 11021
(516) 393-2200