

Bernard M. Fineson  
Developmental Disabilities  
Service Office  
3660231

**FORM B**

## New York State Consultant Services Contractor's Annual Employment Report

Report Period: April 1, 24 to March 31, 25

Contracting State Agency Name: NYS OPWDD Bernanrd Fineso//  
 Contract Number: TOSBF00779 Agency Business Unit: \_\_\_\_\_  
 Contract Term: 08/01/2024 to 07/31/2025 Agency Department ID: \_\_\_\_\_  
 Contractor Name: Elite Pharmacy Consulting Services  
 Contractor Address: 1225 Franklin Avenue suite 325., Garden City, NY 11530  
 Description of Services Being Provided: Medication Reviews

**Scope of Contract (Choose one that best fits):**

- ☐ Analysis    ☐ Evaluation    ☐ Research    ☐ Training  
☐ Data Processing    ☐ Computer Programming    ☐ Other IT consulting  
☐ Engineering    ☐ Architect Services    ☐ Surveying    ☐ Environmental Services  
☐ Health Services    ☐ Mental Health Services  
☐ Accounting    ☐ Auditing    ☐ Paralegal    ☐ Legal    ☒ Other Consulting

| Employment Category                                   | Number of Employees | Number of Hours Worked | Amount Payable Under the Contract |
|---|---------------------|------------------------|-----------------------------------|
| 0 <i>Independent Consultant Pharmacist med review</i> | 0.00                | 0.00                   | \$0.00                            |
| 0   | 0.00                | 0.00                   | \$0.00                            |
| 0   | 0.00                | 0.00                   | \$0.00                            |
| 0   | 0.00                | 0.00                   | \$0.00                            |
| 0   | 0.00                | 0.00                   | \$0.00                            |
| 0   | 0.00                | 0.00                   | \$0.00                            |
| 0   | 0.00                | 0.00                   | \$0.00                            |
| 0   | 0.00                | 0.00                   | \$0.00                            |
| 0   | 0.00                | 0.00                   | \$0.00                            |
| 0   | 0.00                | 0.00                   | \$0.00                            |
| 0   | 0.00                | 0.00                   | \$0.00                            |
| 0   | 0.00                | 0.00                   | \$0.00                            |
| 0   | 0.00                | 0.00                   | \$0.00                            |
| 0   | 0.00                | 0.00                   | \$0.00                            |
| Total this Page                                       | 0.00                | 0.00                   | \$ 0.00                           |
| <b>Grand Total</b>                                    |                     |                        | 5140.00                           |

Name of person who prepared this report: Rita Amigdalos

Title: President/CEO

Phone #: 516-512-8958

Preparer's Signature: 

Date Prepared: 05/07/2025