## Long Island Developmental Disabilities Service Office 3660237

FORM B

New	York	State	Cons	sultant	Servi	ces
Contrac	tor's	Annu	al En	nployr	nent	Report

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

Contracti	ng State Agency Name: NYS OPWDD LONG ISLAND							
Contract	Number: TOSLI00786	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								
Cooperat	Contract (Chasses and that k	act fita):						
Scope of Contract (Choose one that best fits):								
Data Processing Computer Programming Other IT consulting								
Engineering Architect Services Surveying Environmental Services								
Health Services Mental Health Services								
Accounting Auditing Paralegal Legal Other Consulting								
		Number of	Number of	Amount Payable				
E	nployment Category	Employees	Hours Worked	Under the Contract				
O Indepe	ndont Consultant Pharma	cent med 0.00	0.00	\$0.00				
0		0.00	0.00	\$0.00				
0		0.00	0.00	\$0.00				
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Name of person who prepared this report: Rita Amigdalos

Title: President/CEO

Preparer's Signature: \_

Date Prepared: 05/07/2025

Phone #: 516-512-8958

(Use additional pages, if necessary)