

Metro New York
Developmental Disabilities
Service Office
3660238

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 METRO
 Contract Number: TOSMT00787 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 Independent Consultant Pharmacist med review	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
Grand Total			4,840.00

Name of person who prepared this report: Rita Amigdalos

Title: President/CEO

Phone #: 516-512-8958

Preparer's Signature: _____

Date Prepared: 05/07/2025

(Use additional pages, if necessary)