

2010 P2 Client Periodic Report

Lobbyist Name: Sheldon Lobel, P.C.

Client Name: Meadow Park Rehabilitation and Health Care Center, LLC

Lobbyist Information

Principal Officer Name Lobel, Sheldon

Principal Officer Title Member

Principal Officer Email BLOCKED_EMAIL

Principal Officer Phone (212) 725-2727

Lobbyist Business Name Sheldon Lobel, P.C.

Lobbyist Business Address 9 East 40th Street 14th Floor, New York, NY 10016

Lobbyist Business Phone (212) 725-2727

Client Information

Client Name Meadow Park Rehabilitation and Health Care Center, LLC

Business Address 78-10 164th Street, Flushing, NY 11366

Client P.O. Name Greenberger, Saul

Business Phone (718) 591-8300

Business Email BLOCKED_EMAIL

Employee(s) Lobbying for Client

Employee # 1

Employee's Name Most, Jordan

Employee's Work Address 9 East 40th Street, 14th Floor, New York, NY 10016

Employee's Work Phone (212) 725-2727

Lobbying Activities

Activity # 1

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Subject Category

Determination of Board or Commission

Subject Details

Seeking a special permit to allow the floor area expansion of a domicillary care facility for adults.

| Target | Office/Department | Contact Name |
|-----------------------------------|-------------------|--|
| Department of City Planning (DCP) | | Burden, Amanda Carney, Deborah Young, John |

Summary of Compensation

Total Compensation Paid or Owed for Current Period \$0.00

Year to Date Total Compensation Paid or Owed \$527.25

Lobbying Expenses

Aggregate of all expenses for salaries of support staff \$0.00

Total of Aggregate Expenses \$75.00 or less \$0.00

Are there expenses greater than \$75.00? No

Itemized Expense Total \$0.00

Total Expenses for Current Period \$0.00

Year to Date Total of Expenses \$93.50

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CERTIFICATION

I certify that all statements made on this report are true and correct to the best of my knowledge and belief, and I understand that the willful false statement of any material fact herein will subject me to the provisions of law relevant to the making of false instruments and will render such statement null and void.

| | |
|------------------------|----------------|
| Principal Officer Name | Lobel, Sheldon |
|------------------------|----------------|

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|-------------------------|---------------|
| Principal Officer Email | BLOCKED_EMAIL |
|-------------------------|---------------|

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|--------------------|------------------|
| Certification Date | 05/07/2010 16:55 |
|--------------------|------------------|

ELECTRONIC SIGNATURE

Sheldon Lobel was required to indicate acceptance of the representations made in the following statement by entering his or her password used to access the E-Lobbyist, New York City Lobbyist Filing System and pressing the Submit button to affix his or her electronic signature and file the report with the Office of City Clerk - City of New York.

"I certify that all statements made on this report are true and correct to the best of my knowledge and belief, and I understand that the willful false statement of any material fact herein will subject me to the provisions of law relevant to the making of false instruments and will render such statement null and void."