

MISCELLANEOUS NOTICES/HEARINGS

Notice of Abandoned Property Received by the State Comptroller

Pursuant to provisions of the Abandoned Property Law and related laws, the Office of the State Comptroller receives unclaimed monies and other property deemed abandoned. A list of the names and last known addresses of the entitled owners of this abandoned property is maintained by the office in accordance with Section 1401 of the Abandoned Property Law. Interested parties may inquire if they appear on the Abandoned Property Listing by contacting the Office of Unclaimed Funds, Monday through Friday from 7:00 a.m. to 5:00 p.m., at:

1-800-221-9311

or visit our web site at:
www.osc.state.ny.us

Claims for abandoned property must be filed with the New York State Comptroller's Office of Unclaimed Funds as provided in Section 1406 of the Abandoned Property Law. For further information contact: Office of the State Comptroller, Office of Unclaimed Funds, 110 State St., Albany, NY 12236

REVISED PUBLIC NOTICE

Department of Agriculture and Markets

In the Matter of Considering
the Continuation of the New
York State Apple Research
and Development Program
Pursuant to Article 25 of the
Agriculture and Markets Law
and 1 NYCRR Section 204.12

DETERMINATION

PRELIMINARY STATEMENT

Section 204.12 of Title One of the Official Compilation of Codes, Rules and Regulations of the State of New York (1 NYCRR), relating to the New York State Apple Research and Development Program (Program), provides that once during each six-year period the Program is in effect, the Commissioner shall conduct a referendum of eligible New York State apple growers to determine whether they approve the continuation of the Program. Continuation of the Program is subject to the approval of not less than 50 percent of such growers voting in the referendum. Upon such approval, a new six-year period begins as of the first of April of the year following the date on which approval of continuation of the Program is certified.

FINDINGS AND CONCLUSIONS

Pursuant to a Notice of Referendum dated March 12, 2008, a referendum of eligible New York State apple growers was conducted through April 21, 2008 to determine whether such growers approve continuation of the Program. The results of the referendum have been duly recorded and verified as follows:

In favor --- 173 (86.9%)
In opposition --- 26 (13.1%)

Total eligible ballots counted and verified: 199
In addition, 8 ballots were declared ineligible, as follows:
5 ballots were not marked "yes" or "no"
3 ballots were received after the deadline date

CERTIFICATION

Upon the results of the referendum as set forth above, I hereby certify, pursuant to 1 NYCRR section 204.12, and Agriculture and Markets Law section 294(2), that the percentage of eligible New York State apple growers required to approve the continuation of the Apple Research and Development Program has been met, with 86.9 percent of such apple growers participating in the referendum voting in favor of continuation of the Program.

NOW, THEREFORE, upon the findings and conclusions herein, I determine that the Apple Research and Development Program (1 NYCRR Part 204) should be and hereby is continued pursuant and subject to Article 25 of the Agriculture and Markets Law and 1 NYCRR section 204.12.

PATRICK HOOKER

Commissioner of Agriculture and
Markets of the State of New York

Dated and Sealed at the Town
of Colonie (Albany County)
New York this twenty-fifth day of
June, 2008.

PUBLIC NOTICE

Division of Criminal Justice Services
Motor Vehicle Theft & Insurance Fraud Prevention Board

Pursuant to Public Officers Law Section 104, the Division of Criminal Justice Services gives notice of a meeting of the Motor Vehicle Theft & Insurance Fraud Prevention Board:

Date: Wednesday, July 16, 2008
Time: 11:00 a.m.
Place: Division of Criminal Justice Services
Four Tower Place
Albany, NY 12203

If you have any questions regarding the meeting, contact: Paula Raiti, Division of Criminal Justice Services, Office of Program Development and Funding, Albany, NY 12203, (518) 457-8404

PUBLIC NOTICE

Department of Health

Pursuant to 42 CFR Section 447.205, the Department of Health hereby gives public notice of the following:

The Department of Health proposes to amend the Title XIX (Medicaid) State Plan for inpatient hospital, long term care and non-institutional services to comply with recently enacted statutory provisions. The following provides clarification to previously noticed provisions and notification of new significant changes.

Inpatient Hospital Services

The following are new significant changes:

For patients discharged on and after December 1, 2008, case based and per diem rates of payment for general hospitals will be transitioned to 2005 base year costs by no later than December 31, 2012. The rates will be transitioned as follows:

For the period December 1, 2008 through March 31, 2009, the rates will incorporate a uniform transition adjustment based on each hospital's proportional share of projected Medicaid reimbursable inpatient operating costs applied to an aggregate rate reduction equal to \$51.5 million. This adjustment will not be applied to the substance abuse detox and withdrawal rates of payment.

For April 1, 2009 through March 31, 2010, the rates will be revised based on the findings and recommendations of the Commissioner of Health and including the views of a technical advisory committee established for this purpose. The rate revisions will reflect an aggregate reduction of no less than \$154.5 million to such rates.

For April 1, 2010 through March 31, 2012, the rates will reflect the prior year rate reductions, and any additional reductions needed to establish rates which reflect the 2005 reported allowable Medicaid costs.

For patients discharged on and after December 1, 2008, rates of payment for general hospitals which are certified by the Office of Alcoholism and Substance Abuse Services (OASAS) to provide services to patients determined to be in the diagnostic category of substance abuse (MDC 20, DRGs 743 through 751) will be made on a per diem basis. This includes inpatient detoxification, withdrawal, and observation services. The per diem rates of payment will be computed using 2006 costs and statistics as reported to the Department by general hospitals prior to 2008. Average cost per diem for the region in which the hospital is located will be calculated with regard to cost incurred for patients requiring medically managed detoxification services and medically supervised withdrawal services as defined by regulations adopted by OASAS. The per diem rates will be transitioned to 2006 costs and will be determined as follows:

For the period December 1, 2008 through December 31, 2009, 75% of the operating cost component will reflect the operating cost component of rates effective for December 31, 2007, as adjusted for inflation and otherwise modified by any applicable statutes, and 25% will be based on the 2006 operating costs.

For January 1, 2010 through December 31, 2010, 50% will reflect the December 31, 2007 operating cost component as adjusted for inflation and otherwise modified by any applicable statutes, and 50% will be based on the 2006 operating costs.

For January 1, 2011 through December 31, 2011, 25% will reflect the December 31, 2007 operating cost component as adjusted for inflation and otherwise modified by any applicable statutes, and 75% will be based on the 2006 operating costs.

For periods on and after January 1, 2012, 100% of the operating cost component of the rates will be based on the 2006 operating costs.

The 2006 operating costs used to determine the per diem rates for substance abuse detox and withdrawal services will be determined as follows:

For each of the regions within the state as described in previous notice (March 26, 2008), the Commissioner will determine the average per diem cost incurred by general hospitals in that region for providing care to inpatients requiring medically managed detox services, as defined by OASAS.

The per diem payment for medically managed detox services will reflect 100% of the average per diem for the region in which the hospital is located, adjusted for inflation. However, such payments will be reduced by 50% for services provided on the 6th through 10th day of service. No payments will be made for any services provided on and after the 11th day.

Per diem payments for inpatient requiring medically supervised withdrawal services, as defined by OASAS, will reflect 100% of the average per diem for the region in which the hospital is located, adjusted for inflation for the period January 1, 2009 through December 31, 2009. For the periods on and after January 1, 2010, the per diem payments for medically supervised withdrawal services will be 75% of the average regional per diem, adjusted for inflation, and will be reduced by 50% for care provided on the 6th through 10th day of service. No payments will be made for any services provided on and after the 11th day.

Capital cost reimbursement for the general hospitals which are certified by OASAS to provide substance abuse services will be based on the current reimbursement methodology for determining allowable capital for exempt unit per diem rates.

The substance abuse detox and withdrawal services rates on and after December 1, 2008 may reflect adjustments based on criteria established by the Commissioner where reimbursement may be provided at higher percentages and for longer periods.

Reimbursement for observation beds, effective December 1, 2008, will be in accordance with the previous noticed (March 26, 2008) methodology.

The following is a clarification to a previously noticed issue:

The current authority to adjust Medicaid rates of payment for non-public general hospitals to include an adjustment for recruitment and retention of non-supervisory health care workers or any worker with direct patient care responsibility will be extended through March 31, 2011. Aggregate payments for each state fiscal year beginning April 1, 2008 through March 31, 2011 will be up to \$243.5 million annually. Indigent Care

The following are new significant changes:

For the periods January 1, 2009 through December 31, 2010, 10% of the aggregate annual distributions to general hospitals for indigent care and high need indigent care will be reserved and allocated proportionally: \$13.930 million to major public hospitals based on their

relative uncompensated care need to the need for all such hospitals; \$70.770 million to hospitals other than major publics based on their relative uncompensated care need to the need for all such hospitals.

For purposes of the distributions, each hospital's relative uncompensated care need amount will be determined by multiplying inpatient and outpatient (excluding referred ambulatory) units of service for all uninsured patients as reported for the calendar year two years prior to the distribution year by the applicable Medicaid rates (excluding prospective rate adjustments and add-ons). However, for distributions on and after January 1, 2010, each hospital's uncompensated need amount will be reduced by all payments collected from the uninsured patients. The total uncompensated care need for all hospitals for all periods will be adjusted by application of the ongoing nominal need scale.

No general hospital will receive disproportionate share (DSH) distributions that exceed in aggregate the costs incurred by such hospital during the distribution period in providing inpatient and outpatient hospital care to Medicaid eligible or uninsured patients. Such costs will be net of monies received from non-DSH related Medicaid payments and all payments collected from uninsured patients. Non-Medicaid payments made to a hospital by the state or a local government for services provided to indigent care patients will not be considered to be a source of third party coverage and the costs incurred will therefore not be reduced by such payments.

The reductions will be made in the following sequence: first, payments received by eligible public general hospitals as an indigent care adjustment; second, payments received by general hospitals for indigent care/high need indigent care pool distributions.

The following is a clarification of a previously noticed issue:

Continues high need indigent care adjustment distributions to general hospitals, excluding major public general hospitals, from the Indigent Care Pool for periods through December 31, 2010, based on the existing formula. From funds in the Indigent Care Pool, each year, \$36 million will be reserved on an annual basis through December 31, 2010 for these distributions. Such payments shall be subject to all applicable federal disproportionate share limitations.

Effective for periods through December 31, 2010, continues indigent care pool disproportionate share payments of \$27 million on an annualized basis distributed to each eligible facility in an amount related to such facility's reduced distributions from the non-supplemental portion of the professional education pool for the applicable year. Such payments shall be subject to all applicable federal disproportionate share limitations.

Continues through March 31, 2010, Medicaid disproportionate share payments to eligible major public hospitals based on the existing formula. Such payments shall be subject to all applicable federal disproportionate share limitations.

Continues through December 31, 2010, high need indigent care adjustment distributions of up to \$82 million on an annualized basis excluding major public hospitals from the Indigent Care Pool based on existing formula. Also, additional disproportionate share payments of up to \$82 million on an annualized basis shall be continued through December 31, 2010 as follows:

(1) Certain hospital deemed to be rural pursuant to state statute shall each receive \$140,000 for the period based on existing formula.

(2) Hospitals eligible for distributions pursuant to high need provisions of Public Health Law §2807-k shall receive an additional \$36 million for the period based on existing formula.

(3) Remaining monies shall be distributed based on the non-high need, non-major public hospital provisions of the Public Health Law §2807-k.

Non-Institutional Services

The following are new significant changes:

Additional payments of \$9.824 million in aggregate will be made to certain qualified freestanding diagnostic and treatment centers, for the period October 1, 2008 through December 31, 2008, to reflect additional costs associated with the operation of electronic health record systems that meet the standards as established by the Commissioner. The amount is to be paid to qualified providers as defined in paragraph (a) of subdivision two of §364-j-2 of the Social Service Law per the payment methodology specified in the current approved state plan. For periods on and after January 1, 2008, a covered provider will be qualified to receive a supplemental payment only if it has in place during such period an operational electronic health record system that meets standards established by the Commissioner and its number of Medicaid visits for patient care services in the base year equals or exceeds 25% of its total number of visits for patient care services during the base year or its number of Medicaid visits combined with its number of uninsured visits for patient care services in the base year equals or exceeds 30% of its total number of visits for patient care services during the base year.

For periods on and after January 1, 2008, each qualified provider will receive a supplemental payment equal to such provider's proportional share of the total funds allocated, based upon the ratio of its visits from medical assistance recipients during the base year to the total number of visits from medical assistance recipients to all such qualified providers during the base year.

For periods on and after January 1, 2008, for purposes of the calculation, the base year will be two years prior to the grant year, and the Commissioner will utilize data as reported on the AHCF-1 cost report submitted by covered providers to the Department of Health for such base year.

Additional payments of \$224,000 in aggregate, for the period October 1, 2008 through December 31, 2008, will be made to freestanding facilities, sponsored by a university or dental school, which have been granted an operating certificate under Article 28 of the Public Health Law and which provide dental services as their principal mission.

Continues for the period January 1, 2009 through December 31, 2010, increased rates of payment for private duty nursing services provided to medically fragile children to ensure the availability of services to these children. The increased rates for services rendered to medically fragile children may take into account the elements of cost, geographical differentials of costs considered, economic factors in the area in which the nursing service is provided, and the need for incentives to improve services and institute economies.

These increased rates will be payable only to those private duty nurses who can demonstrate, to the satisfaction of the Department of Health, training and experience to provide services to these children. The basis for the increase to these rates of payment will be the application of the case mix adjustment factor for AIDS home care services as determined pursuant to applicable Department of Health regulations.

These increased rates of payment for private duty nursing services provided to medically fragile children should increase the availability of these services available outside of the institutional setting, and allow more medically fragile children to remain in a community setting. Consequently, rates of payment established through this statute will result in budget neutrality to the Medicaid program.

The following are clarifications to previously noticed issues:

The current authority to adjust Medicaid rates of payment for freestanding diagnostic and treatment centers to include an adjustment for recruitment and retention of non-supervisory health care workers or any worker with direct patient care responsibility has been extended for the period July 1, 2008 through March 31, 2011. Aggregate payments may not exceed \$9.75 million for the period July 1, 2008 through March

31, 2008. Payments for the periods April 1, 2008 through March 31, 2009; April 1, 2009 through March 31, 2010; and April 1, 2010 through March 31, 2011, may not exceed \$13 million in the aggregate, for each applicable period. Such payments will be allocated to eligible providers based on the previously approved methodology.

Effective December 1, 2008, rates of payment for Medicaid services will be adjusted for outpatient hospital services, general hospital emergency services, ambulatory surgical services, and diagnostic and treatment center services, except those payments made on behalf of persons enrolled in Medicaid HMOs or Family Health Plus, will be adjusted in the following manner:

General Hospital Outpatient Services: for the period December 1, 2008 through December 31, 2009, 75% of the operating component of such rates of payment will reflect the average Medicaid payment per claim for each hospital, for services provided by that hospital in calendar year 2007, excluding payments for services covered by the facility's license, if any, under the Mental Hygiene Law, and 25% of the operating component of such payment rates will reflect the utilization of the Ambulatory Patient Groups (APG) reimbursement methodology.

For the period January 1, 2010 through December 31, 2010, 50% of the operating component of such payment rates will reflect the 2007 average Medicaid payment per claim, and 50% of the operating component will reflect the utilization of the APG reimbursement methodology.

For the period January 1, 2011 through December 31, 2011, 25% of the operating component of such payment rates will reflect the 2007 average Medicaid payment per claim and 75% of the operating component will reflect the utilization of the APG reimbursement methodology.

For periods on and after January 1, 2012, 100% of such payment rates will reflect the utilization of the APG reimbursement methodology. Reimbursement for physician services for patient care will be excluded from these payment rates and separate claims for payment for these services may be submitted. The methodology for reimbursement for capital costs remains unchanged.

Diagnostic And Treatment Centers Including Freestanding Ambulatory Surgery Centers: for the period March 1, 2009 through December 31, 2009, 75% of the operating cost component of payment rates will reflect the average 2007 calendar year Medicaid payment per claim for services provided by each facility excluding payments for services covered by the facility's license, if any, under the Mental Health Law, and 25% of the operating cost component will reflect utilization of the APG reimbursement methodology.

For the period January 1, 2010 through December 31, 2010, 50% of the operating cost component of payment rates will reflect the average 2007 Medicaid payment per claim, and 50% of the operating cost component will reflect the utilization of the APG reimbursement methodology.

For the period January 1, 2011 through December 31, 2011, 25% of the operating cost component of payment rates will reflect the average 2007 Medicaid payment per claim, and 75% of the operating cost component will reflect the utilization of the APG reimbursement methodology.

For periods on and after January 1, 2012, 100% of such payment rates will reflect the utilization of the APG reimbursement methodology.

Capital costs will be computed separately in accordance with regulations to be promulgated by the Commissioner.

Hospital Based Ambulatory Surgical Services: for periods on and after December 1, 2008, rates of payment for hospital-based ambulatory surgical services will reflect the utilization of the APG

reimbursement methodology, but the capital cost component for such rates will be computed separately in accordance with regulations to be promulgated by the Commissioner.

General Hospital Emergency Services: for periods on and after January 1, 2009, the operating cost component of rates of payment will reflect the utilization of the APG reimbursement methodology and will not reflect any maximum payment amount. The methodology for reimbursement for capital costs remains unchanged.

The Commissioner will promulgate regulations for determining rates of payment that will reflect utilization of the Ambulatory Patient Group (APG) reimbursement methodology, in which patients are grouped based on their diagnosis, the intensity of services provided, and medical procedures performed. Each APG will be assigned a weight reflecting the projected utilization of resources. Such regulations will also provide for the development of one or more base rates. Base rates will be multiplied by the assigned weight for each APG to establish the appropriate payment level for each APG. Bundling, packaging, and discounting mechanisms, if applicable, will also be described in these regulations.

The Commissioner will periodically measure the utilization and intensity of services provided to Medicaid recipients in ambulatory settings. Analysis will include, but not be limited to: measurement of the shift of surgical procedures from the inpatient hospital setting to the ambulatory setting including measurement of the impact of any such shift on quality of care and outcomes; and changes in the utilization and intensity of services provided in the outpatient hospital department; diagnostic and treatment centers; and in the emergency department.

For periods beginning on January 1, 2009, and thereafter, the following services provided by general hospital outpatient departments and diagnostic and treatment centers will be reimbursed with rates of payment based entirely upon the ambulatory patient group methodology.

Additional payment amounts, as determined in accordance with regulations, for provision of services provided during times outside the facility's normal hours of operation.

Individual psychotherapy services provided by licensed social workers to people under age nineteen and to people requiring such services as a result of or related to pregnancy or giving birth, and at diagnostic and treatment centers that provided, billed for, and received payment for these services between the period January 1, 2007 and December 31, 2007.

Diabetes self management training services and asthma self-management training services provided in accordance with the provisions of paragraphs (q) and (r) of subdivision two of Section 365-a of the Social Services Law. Diabetes self-management training services will be for persons diagnosed with diabetes when such services are ordered by a physician, registered physician's assistant, registered nurse practitioner, or licensed midwife and are provided by a licensed, registered, or certified health care professional, as determined by the Commissioner.

Asthma self-management training services will be for persons diagnosed with asthma when such services are ordered by a physician, registered nurse practitioner, or licensed midwife and are provided by a licensed, registered, or certified health care professional, as determined by the Commissioner.

The estimated annual net aggregate increase in gross Medicaid expenditures attributable to this proposed initiative for state fiscal year 2008/2009 is \$548 million.

Copies of the proposed state plan amendments will be on file in each local (county) social services district and available for public review.

For the New York City district, copies will be available at the following places:

New York County
250 Church Street
New York, New York 10018

Queens County, Queens Center
3220 Northern Boulevard
Long Island City, New York 11101

Kings County, Fulton Center
114 Willoughby Street
Brooklyn, New York 11201

Bronx County, Tremont Center
1916 Monterey Avenue
Bronx, New York 10457

Richmond County, Richmond Center
95 Central Avenue, St. George
Staten Island, New York 10301

The public is invited to review and comment on this proposed state plan amendment.

For further information and to review and comment, please contact: Philip N. Mossman, Department of Health, Bureau of Health Economics, Corning Tower Building, Rm. 1110, Empire State Plaza, Albany, NY 12237, (518) 473-8822, (518) 486-5796 (FAX), e-mail: PNM01@health.state.ny.us

PUBLIC NOTICE
Department of Health

Pursuant to 42 CFR Section 447.205, the Department of Health hereby gives public notice of the following:

To conform to 2008 legislatively-mandated changes, the Department of Health proposes to amend the Title XIX (Medicaid) State Plan on enrollee cost sharing charges.

Pursuant to the change in State law, effective July 1, 2008, pharmacy co-payments will be decreased from \$3.00 to \$1.00 for each preferred brand-named prescription drug dispensed.

The estimated annual increase in State Medicaid expenditures is estimated to be \$6.4 million (State share) per State fiscal year.

Copies of the proposed state plan amendment are on file in each local (county) social services district and are available at the following places:

New York County
250 Church Street
New York, New York 10018

Queens County, Queens Center
3220 Northern Boulevard
Long Island City, New York 11101

Kings County, Fulton Center
114 Willoughby Street
Brooklyn, New York 11201

Bronx County, Tremont Center
1916 Monterey Avenue
Bronx, New York 10457

Richmond County, Richmond Center
95 Central Avenue, St. George
Staten Island, New York 10301

The public is invited to review and comment on this proposed state plan amendment.

For further information or to review and comment on this proposed state plan amendment, please contact or write: Linda J. Jones, R.N., Director, Bureau of Pharmacy Policy and Operations, Department of Health, One Commerce Plaza, Suite 720, Albany, NY 12210, (518) 474-9219, e-mail: ljm07@health.state.ny.us

PUBLIC NOTICE
City of New York
Office of Labor Relations

The City of New York Office of Labor Relations (OLR) is seeking proposals from qualified vendors to provide international growth investment management services for the International Core/Growth investment option of the City of New York Deferred Compensation Plan. The Request for Proposals will be available beginning on Monday, June 23, 2008. Responses are due no later than 4:30 p.m. Eastern Time on Monday, August 04, 2008. To obtain a copy of the RFP, please visit the Plan's web site at:

<http://nyc.gov/html/olr/html/requests/rfp.shtml>

If you have any questions, please submit them by fax to Georgette Gestely, Director, at (212) 306-7376.

DEPARTMENT OF STATE
Proclamation
Revoking Limited Liability Partnerships

WHEREAS, Article 8-B of the Partnership Law, requires registered limited liability partnerships and New York registered foreign limited liability partnerships to furnish the Department of State with a statement every five years updating specified information, and

WHEREAS, the following registered limited liability partnerships and New York registered foreign limited liability partnerships have not furnished the department with the required statement, and

WHEREAS, such registered limited liability partnerships and New York registered foreign limited liability partnerships have been provided with 60 days notice of this action;

NOW, THEREFORE, I, Lorraine A. Cortés-Vázquez, Secretary of State of the State of New York, do declare and proclaim that the registrations of the following registered limited liability partnerships are hereby revoked and the status of the following New York foreign limited liability partnerships are hereby revoked pursuant to the provisions of Article 8-B of the Partnership Law, as amended:

DOMESTIC REGISTERED LIMITED LIABILITY PARTNERSHIPS

- A
- ABRAMS, GARFINKEL & ROSEN, LLP (98)
- AESTHETIC ASSOCIATES, LLP (02)
- ANESTHESIA ASSOCIATES OF MOUNT KISCO, LLP (03)
- B
- BIANCHI MACRON LLP (03)
- BONGIORNO & BONGIORNO, L.L.P. (98)
- BOTHWELL SITE DESIGN, L.L.P. (03)
- BRODY, BENARD & BRANCH LLP (02)

C

CARMAN & SABELLICO LLP (02)
 CARRERAS & MCCALLEN LLP (03)
 COHEN & fASSENFELD-CERTIFIED PUBLIC ACCOUNTANTS,
 LLP (03)
 COOPER, BAMUNDO, HECHT & LONGWORTH, L.L.P. (98)
 CORE GROUP ARCHITECTS, LLP (03)
 CUNNINGHAM & CUNNINGHAM, LLP (98)

D

DAVID KATZ & ASSOCIATES, LLP (98)
 DAVIS SHAPIRO LEWIT & HAYES, LLP (98)
 DEALY & SILBERSTEIN, LLP (03)
 DENTAL GROUP ASSOCIATES, LLP (03)
 DUBIN, DONNELLY & CO. LLP (98)

E

EIPEL BARBIERI MARSCHHAUSEN LLP (03)
 EISIKOVIC & KANE, LLP (02)
 ENDOCRINOLOGY AND DIABETES, LLP (02)
 EPSTEIN & LITWIN LLP (03)

F

FAUST, ROY, MANGOLD & FUCHS LLP (03)
 FENTIN AND GOLDMAN, LLP (03)

G

GOLDGLIT & COMPANY LLP (02)
 GOTTBETTER & PARTNERS, LLP (03)

H

HORAN & HORAN, LLP (97)

K

KAPLAN & LEVENSON, LLP (03)
 KARDARAS & KELLEHER L.L.P. (02)
 KENNEY & BECKER, LLP (97)
 KIMMEL, BLAU & GOLDMAN LLP (03)
 KING & KING, LLP (98)
 KOBRE & KIM L.L.P. (03)

L

LAPOLLO, MILLER & CAVALUZZI, LLP (97)
 LEUZZI & LEUZZI, LLP (03)
 LEWIS-SMITH, RICCI & ASSOCIATES, LLP (03)
 LOSQUADRO & ZERBO, LLP (02)

M

MACPHERSON COUNSEL LLP (03)
 MANHEIMER & CHARNAS, L.L.P. (02)
 MARGIOTTA & RICIGLIANO LLP (03)
 MCKENNA, MCGOWAN & O'BRIEN LLP (03)
 MIDORI CPA LLP (03)
 MILLER CO. LLP (03)
 MINTZ & GOLD, LLP (97)
 MOORE & GOODMAN, LLP (03)

N

NADBORNY & BRINBERG LLP (03)
 NORTH COUNTRY FAMILY PHYSICIANS LLP (98)

P

PEREZ MUSTAZZA & TUBENS, LLP (98)
 PERINATAL GYNECOLOGICAL ASSOCIATES LLP (97)
 PHILIP COLASUONNO & CO. LLP (03)
 PR DESIGN GROUP, LLP (03)
 PRECISION IMAGING, LLP (98)
 PRIMO, PRIMO & KIRWAN, LLP (98)

R

RYBAK & ZARANSKY LLP (03)

S

SACHER, SACHER & LANDAU LLP (98)

SAINT FRANCIS CARDIAC SURGERY PARTNERS, LLP (02)
 SALZMAN & WINER, LLP (03)
 SCHMEISER, OLSEN & WATTS LLP (03)
 SCHNEIDERMAN AND FRIEDMAN, LLP (98)
 SEGAL, GOODMAN & GOODMAN, LLP (03)
 SIROTA KURTA WYETZNER NEEDLE & PTAK, LLP (03)
 SLUZAR & BECKER, LLP (97)
 SUNSHINE & FEINSTEIN, LLP (03)
 SUPERIOR PERSONAL ATTENTION PHYSICAL THERAPY, LLP
 (03)

T

TALLBE CROWE, CPAS, LLP (03)
 TARNOW & JUVELIER, LLP (02)
 THE ACCOUNTANTS FINANCIAL NETWORK, L.L.P. (98)
 THE PHYSIOTHERAPY GROUP, LLP (03)
 TPL ACUPUNCTURE, LLP (03)

V

VACCARO PAYNE, LLP (03)
 VELEZ & ASSOCIATES LLP (02)

W

WALDEN ANESTHESIOLOGY, LLP (03)
 WENIG SALTIEL & GREENE LLP (03)
 WOLF & WOLF LLP (97)

Z

ZISSU GUMBINGER & STOLZAR LLP (97)

FOREIGN REGISTERED LIMITED
 LIABILITY PARTNERSHIPS

F

FRASER MILNER CASGRAIN LLP (02) (AB)

G

GILBERT HENITZ & RANDOLPH LLP (02) (DC)

K

KAYE SCHOLER (GERMANY) LLP (03) (DE)

M

MANATT, PHELPS & PHILLIPS, LLP (02) (CA)
 MORGAN, BROWN & JOY, LLP (03) (MA)

[SEAL]

WITNESS my hand and the official seal
 of the Department of State at its office in
 the City of Albany this twenty-fifth day
 of June in the year two thousand eight.

LORRAINE A. CORTÉS-VÁZQUEZ
Secretary of State

PUBLIC NOTICE

Department of State
 Notice of Routine Program Change Request
 for Incorporation of the
 Town of Grand Island Local
 Waterfront Revitalization Program
 into the New York State Coastal Management Program

PURSUANT to 15 CFR 923.84(b), the New York State Department
 of State (DOS) is submitting a routine program change request to the
 Federal Office of Ocean and Coastal Resource Management (OCRM).
 The DOS considers this action to be a routine program change (to the
 State's approved Coastal Management Program) and requests OCRM's
 concurrence in this determination. The change to the New York State

Coastal Management Program (CMP) covered by this request is the incorporation of the Town of Grand Island Local Waterfront Revitalization Program into the State's CMP.

A major component of the State's CMP is the provision that local governments be allowed to prepare local waterfront revitalization programs which further detail and make geographically specific the State's Coastal Policies. Each local program is reviewed for consistency with the State's CMP and approved if it meets the guidelines established in the State CMP and Article 42 of the NYS Executive Law.

The Town of Grand Island has completed preparation of a Local Waterfront Revitalization Program (LWRP). The LWRP is a locally prepared, comprehensive land and water use plan for its natural, public, and developed waterfront resources. The Town of Grand Island prepared its LWRP with assistance from the New York State Department of State and in accordance with the New York State Waterfront Revitalization of Coastal Areas and Inland Waterways Act and the New York State Coastal Management Program. The Town of Grand Island LWRP is a comprehensive coastal management program that is based on the policies of the New York State Coastal Management Program. It provides a comprehensive framework within which critical waterfront issues can be addressed and waterfront improvement projects can be pursued and implemented. The Grand Island Local Waterfront Revitalization Program will serve as a long term management program for the Town's Niagara River waterfront resources. The program focuses on expanding public access opportunities, it proposes a series of ten public and private projects that will enhance, encourage, and contribute to the redevelopment of the Town's waterfront, and protection of scenic and sensitive coastal resources.

The Town of Grand Island LWRP incorporates the 44 State Coastal Policies and sub-policies. The Town's LWRP policies will be the basis for consistency determinations made by Town, State, and Federal agencies for actions in or affecting the Town's Coastal Area. To the extent that the Town LWRP policies differ from the State Coastal Policies, the local policies are more specific, identifying location and type of land and water uses to be accommodated within the Town's Coastal Area. Where appropriate, guidelines and standards are included in the Grand Island LWRP to assist in applying the 44 State Coastal Policies and sub-policies.

Because a LWRP is an official document and program with provisions that are binding on numerous local, State, and Federal agencies for a broad range of activities, it is necessary to have a thorough process of local, State, and Federal review of the LWRP prior to local adoption and Department of State approval of each LWRP. As such, the Grand Island LWRP was reviewed during a required 60-day review and comment period from May 11, 2005 through July 11, 2005. At the beginning of this official review period, copies of the Grand Island LWRP were distributed to local, regional, State, and Federal agencies for their review. At the close of the required 60-day review period, the Department of State coordinated and assisted the Town prepare responses to the comments received during the 60-Day Review period, and appropriate modifications to the LWRP document were made to address all comments received. The Grand Island Town Board then adopted their LWRP on July 17, 2006. In addition to the LWRP, the Grand Island Town Board adopted all necessary LWRP-associated implementing local laws. The New York State Secretary of State then approved the Town of Grand Island LWRP on December 28, 2006 pursuant to the New York State Waterfront Revitalization of Coastal Areas and Inland Waterways Act (NYS Executive Law, Article 42).

A copy of the approved Town of Grand Island Local Waterfront Revitalization Program is available for review in Albany at the New

York State Department of State offices, Division of Coastal Resources, One Commerce Plaza, 99 Washington Avenue, Suite 1010, Albany, NY 12231-0001.

Any comments on whether or not the action constitutes a routine program change (to the State's approved Coastal Management Program) should be submitted by July 25, 2008 to: Carleigh Trappe, U.S. Office of Ocean and Coastal Resource Management, Coastal Programs Division, SSMC4, N/ORM3, 1305 East-West Highway, Silver Spring, MD 20910.

Further information on this routine program change request may be obtained from: Jeffrey Beach, Division of Coastal Resources, Department of State, One Commerce Plaza, 99 Washington Ave., Suite 1010, Albany, NY 12231-0001.

PUBLIC NOTICE

Uniform Code Regional Boards of Review

Pursuant to 19 NYCRR 1205, the petitions below have been received by the Department of State for action by the Uniform Code Regional Boards of Review. Unless otherwise indicated, they involve requests for relief from provisions of the New York State Uniform Fire Prevention and Building Code. Persons wishing to review any petitions, provide comments, or receive actual notices of any subsequent proceeding may contact Steven Rocklin, Codes Division, Department of State, One Commerce Plaza, 99 Washington Ave., Albany, NY 12231, (518) 474-4073 to make appropriate arrangements.

2008-0210 Matter of IBI Enterprises, c/o Michael R. Strauss, Esq. 1303 Main Street, Suite 4, Port Jefferson, NY 11790, for a variance concerning fire-safety requirements with an alterations to an office building.

Involved is an alteration of a third story without proper exiting for an office building, of a Type IIIB construction, three stories in height, approximately 12,600 square feet in area, located at 646 Main Street, Village of Port Jefferson, Suffolk County, State of New York.

2008-0240 Matter of Carl C. Kern, 77 Holiday Blvd., Center Moriches, NY 11734, for a variance concerning fire-safety requirements with an addition to a single-family dwelling.

Involved is the installation of windows in sleeping rooms that do not meet the requirements for openings for escape and rescue, for a single-family dwelling, Type VB construction, two stories in height, approximately 2,692 square feet in area, located at 77 Holiday Blvd., Center Moriches, Town of Brookhaven, Suffolk County, State of New York.

2008-0256 Matter of Keith C. Jewell, P.C., 393 Old Country Road, Suite 202, Carle Place, NY 11514, for a variance concerning fire-safety requirements for a building that exceeds the required maximum fire area.

Involved is an alteration of a first floor restaurant within a mixed A-2 (assembly), B (business), M (mercantile) & R-3 (residential) building, of Type VB construction, two stories in height, approximately 18,448 square feet in area, located at Four Fourth Avenue, Bayshore, Town of Islip, Suffolk County, State of New York.

2008-0270 Matter of Charles W. Southard Jr. R.A., 4400 Veterans Memorial Hwy., Suite 207, Holbrook, NY 11741, for a variance concerning fire-safety requirements with fire separation distance and building area for a canopy addition to an existing restaurant.

Involved is a one-story canopy addition to an existing restaurant of an A-2 (assembly) occupancy, Type VB construction, two stories in height, approximately 13,456 square feet in area, located at 124 Maple Avenue, Bayshore, Town of Islip, Suffolk County, State of New York.

2008-0323 Matter of Joseph Pereira for an appeal and or variances concerning fire-safety requirements, including the need to have a minimum six feet eight-inch ceiling height in a basement.

Involved is the alteration of a beauty salon and two-family residence mixed use building, located at 566 N. Central Park Avenue, Town of Hempstead, County of Nassau, State of New York.

2008-0343 Matter of Scott Smith for a variance related to installation of a sprinkler system and the required plumbing fixtures in accordance with Title 19 the New York State Uniform Fire Prevention and Building Code.

Involved is the conversion of a building to a Group A2 Assembly, located at 6700 Martin Street, City of Rome, County of Oneida, State of York.