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## LOBBYING REPORT

Lobbying Disclosure Act of 1995 (Section 5) - All Filers Are Required To Complete This Page

1. Registrant Name <i>Davidoff Malito, LLP</i>			
2. Address <input type="checkbox"/> Check if different than previously reported <i>444 NORTH Capitol Street, Suite 841</i>			
3. Principal Place of Business (if different from line 2) City: <i>WASHINGTON</i> State/Zip (or Country) <i>DC</i> <i>20001</i>			
4. Contact Name <i>Stephen J. Slade</i> Telephone _____ E-mail (optional) _____			5. Senate ID # _____
7. Client Name <input type="checkbox"/> Self <i>Outpatient Rehabilitation Centers of New York</i>			6. House ID # <i>300296</i>

TYPE OF REPORT 8. Year 2002 Midyear (January 1-June 30)  OR Year End (July 1-December 31)

9. Check if this filing amends a previously filed version of this report

10. Check if this is a Termination Report  ⇨ Termination Date \_\_\_\_\_

11. No Lobbying

### INCOME OR EXPENSES - Complete Either Line 12 OR Line 13

12. Lobbying Firms	13. Organizations
INCOME relating to lobbying activities for this reporting period was:	EXPENSES relating to lobbying activities for this period were:
Less than \$10,000 <input type="checkbox"/>	Less than \$10,000 <input type="checkbox"/>
\$10,000 or more <input checked="" type="checkbox"/> ⇨ \$ <u>340,000.00</u> Income (nearest \$20,000)	\$10,000 or more <input type="checkbox"/> ⇨ \$ _____ Expenses (nearest \$20,000)
Provide a good faith estimate, rounded to the nearest \$20,000, of all lobbying related income from the client (including all payments to the registrant by any other entity for lobbying activities on behalf of the client).	14. REPORTING METHOD. Check box to indicate accounting method. See instructions for description of:
	<input type="checkbox"/> Method A. Reporting amounts using LDA definition
	<input type="checkbox"/> Method B. Reporting amounts under section 603 Internal Revenue Code
	<input type="checkbox"/> Method C. Reporting amounts under section 162 Internal Revenue Code

Signature \_\_\_\_\_

Printed Name and Title \_\_\_\_\_

LD-2 (REV. 6/98)

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Registrant Name Davidoff Malito, LLP Client Name Outpatient Rehabilitation Co

**LOBBYING ACTIVITY.** Select as many codes as necessary to reflect the general issue areas in which the registrant engaged in lobbying on behalf of the client during the reporting period. Using a separate page for each code, information as requested. Attach additional page(s) as needed.

15. General issue area code MMM (one per page)

16. Specific lobbying issues MEDICARE REIMBURSEMENT ISSUES

17. House(s) of Congress and Federal agencies contacted  Check if None

U.S. HOUSE OF REPRESENTATIVES  
CENTER FOR MEDICARE AND MEDICAID SERVICES

18. Name of each individual who acted as a lobbyist in this issue area

Name	Covered Official Position (if applicable)
<u>KENNETH C. MALITO</u>	
<u>STEPHEN J. SLADE</u>	
<u>BEN GEIZHALS</u>	

19. Interest of each foreign entity in the specific issues listed on line 16 above  Check if None

Signature Stephen Slade Date 2-13-03

Printed Name and Title STEPHEN V. COTY

Form LD-2 (Rev.6/98)

Page