

LOBBYING REGISTRATION

Lobbying Disclosure Act of 1995 (Section 4)

Check if this is an Amended Registration

1. Effective Date of Registration Jan 01, 2008

2. House Identification Number _____

Senate Identification Number 40024192-12

REGISTRANT

3. Registrant Name: FHGR

Address: 137 Fifth Avenue, 3rd Floor
City: New York State: NY Zip: 10010

4. Principal place of business (if different from line 3):

5. Telephone number and contact name:
9142877703 Contact: DINA DOSSANTOS
E-mail(optional): ddossantos@mercuryllc.com

6. General description of registrant's business or activities:
Consulting

CLIENT

A Lobbying firm is required to file a separate registration for each client. Organizations employing in-house lobbyists should check the box labeled "Self" and proceed to line 10.

Self

7. Client name: PARS MEDICAL PC
Address: 5223 9TH AVENUE
City: BROOKLYN State: NY Zip: 11220

8. Principal place of business (if different from line 7):

9. General description of client's business or activities:
Medical Office

LOBBYISTS

10. Name of each individual who has acted or is expected to act as a lobbyist for the client identified on line 7. If any person listed in this section has served as a "covered executive branch official" or "covered legislative branch official" within two years of first acting as a lobbyist for the client, state the executive and/or legislative position(s) in which the person served.

Name: GREENSPUN, JONATHAN
Covered Official Position (if applicable): N/A

LOBBYING ISSUES

11. General lobbying issue areas. Select all applicable codes listed in instructions and on the reverse side of Form LD-1, page 1:

HCR

12. Specific lobbying issues (current and anticipated):

Client requires assistance resolving a Medicare reimbursement problem with the US Department of Health and Human Services.

AFFILIATED ORGANIZATIONS

13. Is there an entity other than the client that contributes more than \$10,000 to the lobbying activities of the registrant in a semi-annual period **and** 13. Is there an entity other than the client that contributes more than \$10,000 to the lobbying activities of the registrant in a semi-annual period in whole or in major part plans, supervises or controls the registrant's lobbying activities?

Registrant Name: FHGR Client Name: PARS MEDICAL PC

No, then go to line 14.

Yes, then complete the rest of this section for each entity matching the criteria above, then proceed to line 14.

FOREIGN ENTITIES

14. Is there any foreign entity that:

- a) holds at least 20% equitable ownership in the client or any organization identified on line 13; **OR**
- b) directly or indirectly, in whole or in major part, plans, supervises, controls, directs, finances or subsidizes activities of the client or any organization identified on line 13; **OR**
- c) is an affiliate of the client or any organization identified on line 13 and has a direct interest in the outcome of the lobbying activity?

No, then sign and date the registration.

Yes, then complete the rest of this section for each entity matching the criteria above, then sign and date the registration.

Signature: ON FILE Date: Feb 15, 2008

Printed Name and Title: DINA DOSSANTOS, DIRECTOR -