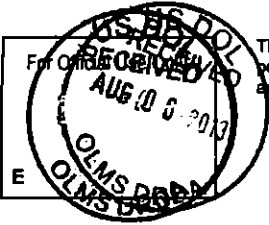


FORM LM-20

AGREEMENT AND ACTIVITIES REPORT

Form approved
Office of Management
and Budget
No. 1245-0003
Expires 10-31-2013



This report is mandatory under P.L. 86-257, as amended. Failure to comply may result in criminal prosecution, fines, or civil penalties as provided by 29 U.S.C. 439 or 440. Required of persons, including Labor Relations Consultants and Other Individuals and Organizations, Under Section 203(b) of the Labor-Management Reporting and Disclosure Act of 1959, as amended. (LMRDA)

READ THE INSTRUCTIONS CAREFULLY BEFORE PREPARING THIS REPORT.

532783

1. File Number: C- 00322

Person Filing

2. Name and mailing address (include ZIP Code):

Name Peter A List
Title Founder & CEO
Organization Kulture Consulting, LLC
P.O. Box, Bldg., Room No., if any
Street 759 Bloomfield Avenue, #301
City West Caldwell
State New Jersey ZIP Code + 4 07006

3. Any other address where records necessary to verify this report are kept:

Name
Title
Organization
P.O. Box, Bldg., Room No., if any
Street 305 Eisenhower Parkway
City Livingston
State New Jersey ZIP Code + 4 07039

4. Date fiscal year ends:

Dec / 31

5. Type of person:

a. ☐ Individual b. ☐ Partnership c. ☐ Corporation d. ☒ Other (Specify): LLC

Nature of Agreement or Arrangement

6. Full name and address of employer with whom made (include ZIP Code):

Name
Organization Dreiling Medical Management Corporation
Trade Name, if any
P.O. Box, Bldg., Room No., if any
Street 18851 NE 29th Avenue, Suite 700
City Aventura
State Florida ZIP Code + 4 33180

7. Date entered into:

6 / 24 / 2013

8. Name of person(s) through whom made:

Name Sandra Flood
Name
Name
Name

Signatures

Each of the undersigned declares, under penalty of perjury and other applicable penalties of law, that all of the information submitted in this report (including the information contained in any accompanying documents) has been examined by the signatory and is, to the best of the undersigned's knowledge and belief, true, correct, and complete. (See Section VI on penalties in the instructions.)

13. Signed

Title President

President
(If other title, see
instructions)

14. Signed

Title Other (Specify)

Manager of Administration

Treasurer
(If other title, see
instructions)

On

7/15/2013
Date

973-403-9901
Telephone Number

On

7/15/2013
Date

973-403-9901
Telephone Number

9. Check the appropriate box to indicate whether an object of the activities undertaken, is directly or indirectly:

- a. ☒ To persuade employees to exercise or not to exercise, or persuade employees as to the manner of exercising, the right to organize and bargain collectively through representatives of their own choosing.
- b. ☐ To supply an employer with information concerning the activities of employees or a labor organization in connection with a labor dispute involving such employer, except information for use solely in conjunction with an administrative or arbitral proceeding or a criminal or civil judicial proceeding.

10. Terms and conditions (Explain in detail; see instructions. Written agreements must be attached.):

Company was employed on a per hour basis with no formal written agreement relative to duration or amount of hours to be performed. Fee schedule based on a per hour rate.

Specific Activities to be Performed

11. For each activity, separately list in detail the information required (See instructions):

a. Nature of activity:

Presented informational meetings to company employees relative to the process of unionization, the role of the NLRB, and collective bargaining.

11.b. Period during which performed:

6/13

11.c. Extent performed:

6/13

11.d. Name and address through whom performed:

Name Mark Lema

Organization Kulture Consulting, LLC

P.O. Box, Bldg., Room No., if any

Street 759 Bloomfield Avenue, #301

City West Caldwell

State New Jersey ZIP Code + 4 07006

Additional Name and address through whom performed, if any:

Name

Organization Kulture Consulting, LLC

P.O. Box, Bldg., Room No., if any

Street 759 Bloomfield Avenue, #301

City West Caldwell

State New Jersey ZIP Code + 4 07006

12.a. Identify subject groups of employees:

All full time and regular part-time licensed practical nurses, technicians biomed technicians, set-up technicians, certified clinical hemodialysis technicians, certified hemodialysis technicians and ward clerks employed by the Employers at the Reading Dialysis Center facility located at 2201 Dengler Street, Reading, PA and/or the Pennsylvania Dialysis Clinic of Reading at 615 Spring Street, Wyomissing, PA

12.b. Identify subject labor organizations:

American Federation of State, County and Municipal Employees, District Council 99