



This report is mandatory under P.L. 86-257 as amended. Failure to comply may result in criminal prosecution, fines and civil penalties as provided by 29 U.S.C. 439, 440.

OMB No. 1214-0001
12/31/86

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).

File No.

C.

488

A. Person Filing

1. Name and mailing address (include ZIP code):

MATT PEROVIC
QUANTUM CONSULTING
10917 KILPATRICK
OAK LAWN, IL 60453

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

3. Date fiscal year ends:

12/31/00

4. Type of person:

a. ☐ Individualb. ☐ Partnershipc. ☒ Corporationd. ☐ Other (Specify):**B. Nature of Agreement or Arrangement**

5. Full name and address of employer with whom made (include ZIP code):

HEALTH PROFESSIONALS, LTD
331 FULTON STREET SUITE 300
PEORIA, IL 61602

6. Date entered into:

11/19/00

7. Names of persons through whom made:

FRANK MARTINEZ

8. 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.

9. Terms and conditions (Explain in detail; see Part B-9 of instructions):

\$195.00 PER HOUR FOR ALL HOURS WORKED

C. Specific Activities to be Performed

10. For each activity, separately list in detail the information required (See Part C-10 of instructions):

a. Nature of activity: TO PERSUADE EMPLOYEES TO EXERCISE OR NOT TO EXERCISE THEIR RIGHT TO CHOOSE OR NOT TO CHOOSE REPS. FOR THE PURPOSES OF COLLECTIVE BARGAINING

b. Period during which performed:

11/17/00 - 2/01/01

c. Extent performed:

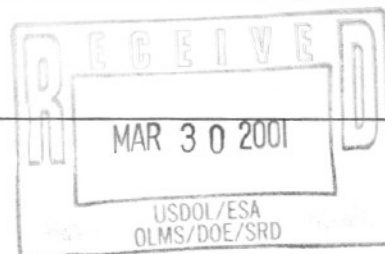
5 SETS OF EMPLOYEE MEETINGS

d. Names and addresses of persons through whom performed:

SEE 1A

11. Identify (a) Subject employees, groups of employees, and (b) labor organizations:

HEALTH CARE WORKERS



D. Verification and Signature. The person in item 1 above and each of his undersigned authorized officers declares, under penalty of law, that all information in this report, including all attachments incorporated therein or referred to in this report, has been examined by him and is, to the best of his knowledge and belief, true, correct, and complete.

Signed:

Matthew Perovic

President

Signed:

Treasurer

(If other title, cross out and write in correct title above.)

(If other title, cross out and write in correct title above.)

City

State

Date

City

State

Date

at:

OAK LAWN IL

on:

11/1/01

at:

on: