

# FORM LM-20 AGREEMENT AND ACTIVITIES REPORT

Form approved  
Office of Management  
and Budget  
No. 1215-0188  
Expires 09-30-2011

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.

438414

1. File Number: C- 675

## Person Filing

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

Name Jason Rodriguez

Title President/CEO

Organization Prestige Consulting Solutions LLC.

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

Street 509 Chickasaw Trail #249

City Orlando

State Florida ZIP Code + 4 32825

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

City

State ZIP Code + 4

4. Date fiscal year ends:

Dec 31

5. Type of person:

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

## Nature of Agreement or Arrangement

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

Name

Organization Marina Del Rey Hospital

Trade Name, if any Health Care

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

Street 4650 Lincoln BLVD

City Marina Del Rey

State California ZIP Code + 4 90292

7. Date entered into:

09/25/2010

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

Name Fred Hunter

Name

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 VII on penalties in the instructions.)

13. Signed

Title President

President  
(If other title, see  
instructions)

14. Signed

Title

Treasurer  
(If other title, see  
instructions)

On 9/25/2010

Date

407-373-3800

Telephone Number

On

Date

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.):

Verbal agreement to provide consultation and to give speeches to employees about exercising their rights to organize and bargain collectively. Terms are \$225.00 per hour including expenses with a cap of 225 hours. Additional 40 hours at \$200.00 per hour including expenses.

#### Specific Activities to be Performed

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

a. Nature of activity:

To provide consultation and to give speeches to employees regarding their rights to organize and bargain collectively.

11.b. Period during which performed:

9/13/2010 - 9/24/2010

11.c. Extent performed:

Completed

11.d. Name and address through whom performed:

Name **JASON RODRIGUEZ**  
 Organization **Prestige Consulting Solutions**  
 P.O. Box, Bldg., Room No., if any  
 Street **509 Chickasaw Trail #249**  
 City **ORLANDO FL**  
 State **Florida** ZIP Code + 4 **32825**

Additional Name and address through whom performed, if any:

Name **Michael ROAN**  
 Organization **Prestige Consulting Solutions**  
 P.O. Box, Bldg., Room No., if any  
 Street **509 Chickasaw Tr. #249**  
 City **ORLANDO**  
 State **Florida** ZIP Code + 4 **32825**

12.a. Identify subject groups of employees:

**Technical - Non Professional Unit**

12.b. Identify subject labor organizations:

**SEIU - UAW**