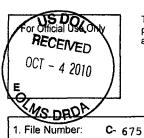
Office of Labor-Management
Standards
Washington, DC 20210

## 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.

Person Filing		
Name and mailing address (include ZIP Code):	Any other address where records necessary to verify this report are kept:	
Name Jason Rodriguez	Name	
Title President/CEO	Title	
Organization Prestige Consulting Solutions LLC.	Organization	
P.O. Box, Bldg., Room No., if any	P.O. Box, Bldg., Room No., if any	
Street 509 Chickasaw Trail #249	Street	
City Orlando	City	
State Florida	State ZIP Code + 4	
4. Date fiscal year ends: 5. Type of person:		
Dec 🗸 / 31 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):	7. Date entered into: 09 / 25 / 2010	
Name		
Organization Marina Del Rey Hospital	8. Name of person(s) through whom made:	
Trade Name, if any Health Care	Name Fred Hunter	
P.O. Box, Bldg., Room No., if any	Name	
Street 4650 Lincoln BLVD	Name	
City Marina Del Rey	Name	
State California  ZIP Code + 4 90292	Name	
Signatures		
Each of the undersigned declares, under penalty of perjury and other applicable the information contained in any accompanying documents) has been examined true, correct, and complete. (See Section VII on penalties in the instructions.)		
13. Signed Jasem Bashrighey President	14. Signed Treasurer	
Title President (If other title, see instructions)	Title d (If other title, see instructions)	
On 9/25/2010 407-373-3800	On	
Date Telephone Number	Date Telephone Number	

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FREIT.	File Number C-

- 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: 9/3/2010 - 9/24/2010	11.c. Extent performed:
11.d. Name and address through whom performed:	Additional Name and address through whom performed, if any:
Name TASON Rodriquez	Name Michael Roam
Organization Prestige Consulting Solutions	Organization Prestige Consulting Solution
P.O. Box, Bldg., Room No., if any	P.O. Box, Bldg., Room No., if any
Street 509 Chickasow Trail#249	Street 509 Chickpson Tr. #249
city ORLANDO F.L.	city ORIANDO
State Florida @ ZIP Code + 4 32825	State Florida Q ZIP Code + 4 32825

12.a. Identify subject groups of employees:

Technical - Non Profesional Unit 12.b. Identify subject labor organizations:

SEIU - WHW