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)

For Official Use Only

SEP-8 RECD USA

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READ THE INSTRUCTIONS CAREFULLY BEFORE PREPARING THIS REPORT.

427133

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 South 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: Mary Naber

Organization: St. John Health Care System

Trade Name, if any:

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

Street: 28000 Dequindre

City: Warren

State: Michigan   ZIP Code + 4: 48092

7. Date entered into: 09 / 09 / 2010

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

Name: Mary Naber

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 _(signature)_   President (If other title, see instructions)

Title: President

On: 09/01/2010   Telephone Number: 407-373-3800
Date

14. Signed _____   Treasurer (If other title, see instructions)

Title: d

On: _____   Telephone Number: _____
Date

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

a. [X] 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 their Rights to Organize and Bargain collectively. Terms are 225.⁰⁰ per Hour plus 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:

August 9 to August 24, 2010

11.c. Extent performed:

Completed

11.d. Name and address through whom performed:

Name *Nekeyr Nunn Stephens*

Organization *Labor Pros*

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

Street *501 N. Orlando Ave Ste 313-346*

City *Winter Park*

State *Florida*   ZIP Code + 4 *32789*

Additional Name and address through whom performed, if any:

Name

Organization

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

Street

City

State   ZIP Code + 4

12.a. Identify subject groups of employees:

All Hourly Employees excluding Management and other Salaried Employees.

12.b. Identify subject labor organizations:

SEIU