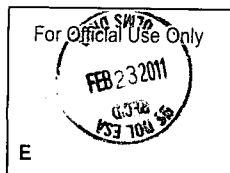


# FORM LM-20

## 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)

443804  
READ THE INSTRUCTIONS CAREFULLY BEFORE PREPARING THIS REPORT.

1. File Number: C- 616

### Person Filing

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

Name Brent W. Yessin

Title Manager

Organization Employee Advocates, LLC

P.O. Box, Bldg., Room No., if any Suite 2880

Street One Tampa City Center

City Tampa

State Florida ZIP Code + 4 33609

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 11

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 Schottmiller

Organization Prime Healthcare

Trade Name, if any

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

Street 3300 E. Guasti Rd

City Ontario

State California ZIP Code + 4 91761

7. Date entered into: 1 / 9 / 11

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

Name same

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

*Brent W. Yessin*  
Managing Partner

President  
(If other title, see  
instructions)

14. Signed

N/A  
N/A

Treasurer  
(If other title, see  
instructions)

On 1/31/11

Date

813 248-1818

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.):

Retained to:

Train staff using the NLRB's Basic Guide to Law and Procedure; answer staff questions about employee rights under the Wagner Act; Communicate or help communicate basic law and procedures to ensure staff are informed of rights prior to election.

Compensation: fixed rate of \$10,000 for 100 hours of training from December 2010 - February 2011 to be provided as needed, in one on one or group settings, payable within 30 days (no written agreement)

#### Specific Activities to be Performed

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

a. Nature of activity:

Train staff using the NLRB's Basic Guide to Law and Procedure; answer staff questions about employee rights under the Wagner Act; Communicate or help communicate basic law and procedures to ensure staff are informed of rights prior to election.

Approximately one hour training sessions and follow up questions and answers one on one or in small groups. Handout for session is published by NLRB.

11.b. Period during which performed:

December 2010-February 2011

11.c. Extent performed:

Ongoing

11.d. Name and address through whom performed:

Name Brent Yessin

Organization Employee Advocates

P.O. Box, Bldg., Room No., if any One Tampa City Center

Street Suite 2880

City Tampa

State  ZIP Code + 4 33609

Additional Name and address through whom performed, if any:

Name Nora Boczar

Organization same

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

Street

City

State  ZIP Code + 4

12.a. Identify subject groups of employees:

Employees in the service, technical and skilled maintenance units at Centinela Hospital

Employees in the Nursing unit at the employer.

Non-represented employees at the employer including exempt, statutory supervisors as defined by the act and other professionals.

12.b. Identify subject labor organizations:

--->SEIU - UHW

--->NUHW

---> C.N.A.

---> none