

FORM LM-20

AGREEMENT AND ACTIVITIES REPORT

Form approved
Office of Management
and Budget
No. 1245-0003
Expires 08-31-2016

For Official Use Only

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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)

602959

READ THE INSTRUCTIONS CAREFULLY BEFORE PREPARING THIS REPORT.

1. File Number:

c- 606659

Person Filing

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

Name Keith Perafino
Title CEO
Organization Creative Solutions + Visions, LLC
P.O. Box, Bldg., Room No., if any PO Box 422812
Street _____
City Kissimmee
State FL ZIP Code + 4 34742

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

Name Robert Strang
Title Attorney
Organization Pruitt Healthcare at Decatur
P.O. Box, Bldg., Room No., if any _____
Street 1626 Jurgens Court
City Norcross
State GA ZIP Code + 4 30093

4. Date fiscal year ends:

12 / 2015

5. Type of person:

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

Nature of Agreement or Arrangement

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

Name Robert Strang, Attorney
Organization Pruitt Healthcare at Decatur
Trade Name, if any _____
P.O. Box, Bldg., Room No., if any _____
Street 1626 Jurgens Court
City Norcross
State GA ZIP Code + 4 30093

7. Date entered into:

09 / 08 / 2015

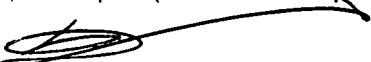
8. Name of person(s) through whom made:

Name Robert Strang, Attorney
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



President
(If other title, see
instructions)

Title President

14. Signed



Treasurer
(If other title, see
instructions)

Title Treasurer

On

12/30/15 732-589-1439

Date

Telephone Number

On

Date

Telephone Number

Filer:

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 with Robert Strang.
the National Labor Relations Board.

Specific Activities to be Performed

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

a. Nature of activity:

Educating employees on their rights under

11.b. Period during which performed:

9-8-15 thru 10-6-15

11.c. Extent performed:

11.d. Name and address through whom performed:

Name Robert Strang, Attorney

Organization pruit HealthCare of Decatur

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

Street 1626 Jeurgens Court

City Norcross

State GA

ZIP Code + 4 30093

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 employees voting in
election.

12.b. Identify subject labor organizations:

RWDSU