FILE NOW: FILING FEE AFTER MAY 1 IS $225.00

CORPORATION ANNUAL REPORT
1995

FLORIDA DEPARTMENT OF STATE
Sandra B. Mortham
Secretary of State
DIVISION OF CORPORATIONS

FILED
SECRETARY OF STATE
DIVISION OF CORPORATIONS
95 MAR 27 AM 10:29

DOCUMENT # P32867 (4)

1. Corporation Name
MCNEIL REAL ESTATE MANAGEMENT, INC.

Principal Place of Business	Mailing Address
13760 NOEL RD STE 700, LB70 DALLAS TX 75240 US	13760 NOEL RD STE 700, LB70 DALLAS TX 75240 US

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified: 02/19/1991
3a. Date of Last Report: 02/18/1994

2. Principal Place of Business 21:
Suite, Apt. #, etc. 22:
City & State 23:
Zip 24: Country 25:

2a. Mailing Address 26:
Suite, Apt. #, etc. 27:
City & State 28:
Zip 29: Country 30:

4. FEI Number: 88-0265107 ☐ Applied For ☐ Not Applicable

5. Certificate of Status Desired ☑ $0.75 Additional Fee Required

6. Election Campaign Financing Trust Fund Contribution ☐ $5.00 May Be Added to Fees

8. This corporation has liability for intangible tax under S. 199.032, Florida Statutes ☐ Yes ☐ No

9. Name and Address of Current Registered Agent

THE PRENTICE-HALL CORPORATION SYSTEM INC.
1201 HAYS STREET
SUITE 105
TALLAHASSEE FL 32301

10. Name and Address of New Registered Agent

81 Name
82 Street Address (P.O. Box Number is Not Acceptable)
83
84 City FL 85 Zip Code

11. Pursuant to the provisions of Sections 607.0502 and 607.1508, Florida Statutes, the above-named corporation submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. Such change was authorized by the corporation's board of directors. I hereby accept the appointment as registered agent. I am familiar with, and accept the obligations of, Section 607.0505, Florida Statutes.

SIGNATURE _____ DATE
Signature, typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when executing)

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	PD	11 TITLE	☐ Change ☐ Addition
NAME	REED, DONALD K.	12 NAME	
STREET ADDRESS	13760 NOEL RD., SUITE 700, LB 70	13 STREET ADDRESS	
CITY-ST-ZIP	DALLAS TX	14 CITY-ST-ZIP	
TITLE	CD	21 TITLE	☐ Change ☐ Addition
NAME	MCNEIL, ROBERT A.	22 NAME	
STREET ADDRESS	13760 NOEL RD, STE 700	23 STREET ADDRESS	
CITY-ST-ZIP	DALLAS TX	24 CITY-ST-ZIP	
TITLE	DVTS	31 TITLE	☐ Change ☐ Addition
NAME	IRVINE, ROBERT C	32 NAME	
STREET ADDRESS	13760 NOEL RD, STE 700, LB70	33 STREET ADDRESS	
CITY-ST-ZIP	DALLAS TX	34 CITY-ST-ZIP	
TITLE	AS	41 TITLE	☐ Change ☐ Addition
NAME	YATES, HARRIET C	42 NAME	
STREET ADDRESS	13760 NOEL RD STE 700, LB 70	43 STREET ADDRESS	
CITY-ST-ZIP	DALLAS TX	44 CITY-ST-ZIP	
TITLE		51 TITLE	C/D ☐ Change ☑ Addition
NAME		52 NAME	Carole J. McNeil
STREET ADDRESS		53 STREET ADDRESS	13760 Noel Rd. #700, LB70
CITY-ST-ZIP		54 CITY-ST-ZIP	Dallas TX 75240
TITLE		61 TITLE	☐ Change ☐ Addition
NAME		62 NAME	
STREET ADDRESS		63 STREET ADDRESS	
CITY-ST-ZIP		64 CITY-ST-ZIP	

14. I do hereby certify that the information supplied with this filing is voluntarily furnished and does not qualify for the exemption stated in Section 119.07(3)(i), Florida Statutes. I further certify that the information indicated on this annual report or supplemental annual report is true and accurate and that my signature shall have the same legal effect as if made under oath; that I am an officer or director of the corporation or the receiver or trustee empowered to execute this report as required by Chapter 607, Florida Statutes; and that my name appears in Block 12 or Block 13 if changed, or on an attachment with an address.

SIGNATURE: D K Reed 3/7/95 (214) 448-5800
SIGNATURE AND TYPED OR PRINTED NAME OF INDIVIDUAL Donald K. Reed, Pres. Date Daytime Phone #

0472502 FP

P32867

LAW OFFICES OF

BROD & SPEARS, P.A.

SHERMAN M. BROD
Personal Injury
Wrongful Death
Trial Practice

PLEASE REPLY TO
5100 W. KENNEDY BOULEVARD
SUITE 595
TAMPA, FL 33609
FACSIMILE: (813) 287-2967

IRIC VONN SPEARS
Personal Injury
Wrongful Death
Trial Practice

March 20, 1995

Division Of Corporations
Annual Reports Section
Post Office Box 1500
Tallahassee, Florida 32302-1500

RE: **HABANA HEALTH CARE CLINIC, INC.**

Dear Sir/Madame:

Enclosed is the Corporation Annual Report for 1995, for the above-noted corporation. Also enclosed is a check in the amount of $208.75, representing payment of the filing fee and the charge for a Certificate Of Status. Please forward the Certificate Of Status, in care of this office, in the enclosed envelope, at your earliest convenience.

Your assistance in this matter is greatly appreciated.

Sincerely,

Sherman M. Brod

SHERMAN M. BROD

SMB/lr
/enclosures