

**2016 FLORIDA PROFIT CORPORATION ANNUAL REPORT**

DOCUMENT# F86660

**Entity Name:** SAI FL HC7, INC.**Current Principal Place of Business:**4401 COLWICK ROAD  
CHARLOTTE, NC 28211**Current Mailing Address:**4401 COLWICK ROAD  
CHARLOTTE, NC 28211 US**FEI Number:** 59-2214873**Certificate of Status Desired:** No**Name and Address of Current Registered Agent:**C T CORPORATION SYSTEM  
1200 SOUTH PINE ISLAND RD.  
PLANTATION, FL 33324 US*The above named entity submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida.***SIGNATURE:**

Electronic Signature of Registered Agent

Date

**Officer/Director Detail :**

Title	P/D
Name	SMITH, B. SCOTT
Address	4401 COLWICK ROAD
City-State-Zip:	CHARLOTTE NC 28211
Title	T/VP/D
Name	BYRD, HEATH R
Address	4401 COLWICK ROAD
City-State-Zip:	CHARLOTTE NC 28211
Title	ASAT
Name	O'CONNOR, JOSEPH D. JR.
Address	4401 COLWICK ROAD
City-State-Zip:	CHARLOTTE NC 28211
Title	AS
Name	BEGANE, GLENN
Address	4241 N. JOHN YOUNG PARKWAY
City-State-Zip:	ORLANDO FL 32804

Title	S
Name	COSS, STEPHEN K
Address	4401 COLWICK ROAD
City-State-Zip:	CHARLOTTE NC 28211
Title	VP
Name	RUSS, JOHN E. III
Address	4401 COLWICK ROAD
City-State-Zip:	CHARLOTTE NC 28211
Title	VP/D
Name	SMITH, DAVID B.
Address	4401 COLWICK ROAD
City-State-Zip:	CHARLOTTE NC 28211

*I hereby certify that the information indicated on this report or supplemental report is true and accurate and that my electronic 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 above, or on an attachment with all other like empowered.*

**SIGNATURE:** JOSEPH D. O'CONNOR, JR.

ASAT

04/27/2016

Electronic Signature of Signing Officer/Director Detail

Date