

2017 FLORIDA PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P98000064009

Entity Name: SAI FL HC4, INC.**Current Principal Place of Business:**4401 COLWICK ROAD
CHARLOTTE, NC 28211**Current Mailing Address:**4401 COLWICK ROAD
CHARLOTTE, NC 28211 US**FEI Number:** 59-3523302**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, SCOTT B
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	S
Name	COSS, STEPHEN K
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	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

Title	AS
Name	BEGANE, GLENN
Address	4241 N. JOHN YOUNG PARKWAY
City-State-Zip:	ORLANDO FL 32804

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

04/27/2017

Electronic Signature of Signing Officer/Director Detail_____
Date