

2011 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# F86660

Entity Name: SAI FL HC7, INC.

FILED
Apr 22, 2011
Secretary of State

Current Principal Place of Business:

6415 IDLEWILD RD.
SUITE 109
CHARLOTTE, NC 28212 US

New Principal Place of Business:

Current Mailing Address:

6415 IDLEWILD RD.
SUITE 109
CHARLOTTE, NC 28212 US

New Mailing Address:

FEI Number: 59-2214873 FEI Number Applied For () FEI Number Not Applicable () Certificate of Status Desired ()

Name and Address of Current Registered Agent:

C T CORPORATION SYSTEM
1200 SOUTH PINE ISLAND RD.
PLANTATION, FL 33324 US

Name and Address of New Registered Agent:

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

OFFICERS AND DIRECTORS:

Title: PD
Name: SMITH, B. SCOTT
Address: 6415 IDLEWILD RD., SUITE 109
City-St-Zip: CHARLOTTE, NC 28212 US

Title: S
Name: COSS, STEPHEN K
Address: 6415 IDLEWILD RD., SUITE 109
City-St-Zip: CHARLOTTE, NC 28212 US

Title: VP/T
Name: COSPER, DAVID P
Address: 6415 IDLEWILD RD., SUITE 109
City-St-Zip: CHARLOTTE, NC 28212 US

Title: VP
Name: RUSS, III, JOHN E III
Address: 6415 IDLEWILD RD., SUITE 109
City-St-Zip: CHARLOTTE, NC 28212 US

Title: ASAT
Name: O'CONNOR, JR., JOSEPH D JR.
Address: 6415 IDLEWILD RD., SUITE 109
City-St-Zip: CHARLOTTE, NC 28212 US

Title: D
Name: SMITH, BRUTON O
Address: 6415 IDLEWILD RD., SUITE 109
City-St-Zip: CHARLOTTE, NC 28212 US

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

04/22/2011

_____ Electronic Signature of Signing Officer or Director

_____ Date