

**2020 FLORIDA LIMITED LIABILITY COMPANY ANNUAL REPORT**

DOCUMENT# L09000117311

**Entity Name:** MEDICAL SCRIBE ALLIANCE, LLC

**Current Principal Place of Business:**

10002 PRINCESS PALM AVE  
332  
TAMPA, FL 33619

**Current Mailing Address:**

10002 PRINCESS PALM AVE  
332  
TAMPA, FL 33619 US

**FEI Number:** 27-1453310

**Certificate of Status Desired:** No

**Name and Address of Current Registered Agent:**

POWELL, SCOTT A  
10002 PRINCESS PALM AVE  
332  
TAMPA, FL 33619 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:** SCOTT A. POWELL

03/19/2020

Electronic Signature of Registered Agent

Date

**Authorized Person(s) Detail :**

|                 |                            |                 |                            |
|-----------------|----------------------------|-----------------|----------------------------|
| Title           | MANAGER                    | Title           | MANAGER                    |
| Name            | POWELL, SCOTT A            | Name            | RIVERA, MIGUEL A           |
| Address         | 301 W. PLATT STREET<br>339 | Address         | 301 W. PLATT STREET<br>339 |
| City-State-Zip: | TAMPA FL 33606             | City-State-Zip: | TAMPA FL 33606             |

*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 a managing member or manager of the limited liability company or the receiver or trustee empowered to execute this report as required by Chapter 605, Florida Statutes; and that my name appears above, or on an attachment with all other like empowered.*

**SIGNATURE:** MIGUEL RIVERA

MANAGER

03/19/2020

Electronic Signature of Signing Authorized Person(s) Detail

Date