

2017 FLORIDA LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# L09000117311

Entity Name: MEDICAL SCRIBE ALLIANCE, LLC

Current Principal Place of Business:

301 W. PLATT STREET
339
TAMPA, FL 33606

Current Mailing Address:

301 W. PLATT STREET
339
TAMPA, FL 33606 US

FEI Number: 27-1453310

Certificate of Status Desired: No

Name and Address of Current Registered Agent:

POWELL, SCOTT A
301 W. PLATT STREET
339
TAMPA, FL 33606 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

05/01/2017

Electronic Signature of Registered Agent

Date

Authorized Person(s) Detail :

Title MANAGER
Name POWELL, SCOTT A
Address 301 W. PLATT STREET
 339
City-State-Zip: TAMPA FL 33606

Title MANAGER
Name RIVERA, MIGUEL A
Address 301 W. PLATT STREET
 339
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: SCOTT POWELL

MANAGER

05/01/2017

Electronic Signature of Signing Authorized Person(s) Detail

Date