

**2018 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

04/05/2018

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 A POWELL

MANAGER

04/05/2018

Electronic Signature of Signing Authorized Person(s) Detail

Date