

**2015 FLORIDA LIMITED LIABILITY COMPANY AMENDED ANNUAL REPORT**

DOCUMENT# L09000117311

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

**Current Principal Place of Business:**

1139 NIKKI VIEW DRIVE  
BRANDON, FL 33511

**Current Mailing Address:**

1139 NIKKI VIEW DRIVE  
BRANDON, FL 33511 US

**FEI Number:** 27-1453310

**Certificate of Status Desired:** No

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

POWELL, SCOTT A  
1139 NIKKI VIEW DRIVE  
BRANDON, FL 33511 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

06/24/2015

Electronic Signature of Registered Agent

Date

**Authorized Person(s) Detail :**

Title            MANAGER  
Name            POWELL, SCOTT A  
Address        1139 NIKKI VIEW DRIVE  
City-State-Zip: BRANDON FL 33511

Title            MANAGER  
Name            RIVERA, MIGUEL A  
Address        1139 NIKKI VIEW DRIVE  
City-State-Zip: BRANDON FL 33511

*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

06/24/2015

Electronic Signature of Signing Authorized Person(s) Detail

Date