

**2021 FLORIDA PROFIT CORPORATION ANNUAL REPORT**

DOCUMENT# M61065

**Entity Name:** ASSOCIATES AND BRUCE L. SCHEINER PERSONAL INJURY LAWYERS, P.A.

**FILED**  
**Apr 21, 2021**  
**Secretary of State**  
**7179284005CC**

**Current Principal Place of Business:**

4020 EVANS AVE.  
FORT MYERS, FL 33901

**Current Mailing Address:**

P.O. BOX 61645  
FORT MYERS, FL 33906 US

**FEI Number: 65-0016752**

**Certificate of Status Desired: No**

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

FREEMAN, PAUL H., ESQ.  
1840 W 49TH ST  
STE 410  
HIALEAH, FL 33012 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:**

\_\_\_\_\_  
Electronic Signature of Registered Agent

\_\_\_\_\_  
Date

**Officer/Director Detail :**

Title	PDS	Title	VP
Name	SCHEINER, BRUCE L	Name	SCHEINER, PRESTON J
Address	PO BOX 61645	Address	PO BOX 61645
City-State-Zip:	FT. MYERS FL 33906	City-State-Zip:	FORT MYERS FL 33906

*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: BRUCE L. SCHEINER**

**PDS**

**04/21/2021**

\_\_\_\_\_  
Electronic Signature of Signing Officer/Director Detail

\_\_\_\_\_  
Date