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CONTACT: KAREN S LABORDE  
PHONE: (941)334-4121 FAX #: (941)332-4494

NAME: SOUTHWEST FLORIDA INSTITUTE FOR BEHAVIORAL M  
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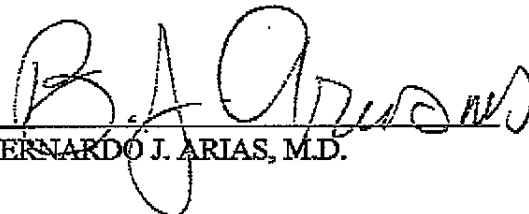
AFFIDAVIT OF RESIGNATION OF OFFICER AND DIRECTOR

STATE OF FLORIDA  
COUNTY OF LEE

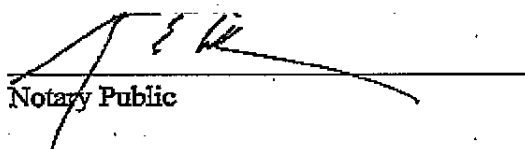
I, BERNARDO J. ARIAS, M.D., after being duly sworn, state that to the best of my knowledge, information and belief, and under the penalties of perjury, the following is true and correct:

I, BERNARDO J. ARIAS, M.D., resigned as a director and officer of SOUTHWEST FLORIDA INSTITUTE FOR BEHAVIORAL MEDICINE, P.A., a Florida professional service corporation, effective as of September 30, 1997, and hereby ratify my resignation.

That the corporation has been notified in writing of the resignation.

  
BERNARDO J. ARIAS, M.D.

Sworn to and subscribed before me this 5th day of March, 1998.

  
Notary Public

My Commission Expires: 8-14-98

Prepared by: Guy E. Whitesman, Esquire  
Florida Bar Number: 334189  
1715 Monroe Street  
Fort Myers, Florida 33901  
(941) 334-4121



GUY E. WHITESMAN  
MY COMMISSION # 0039645 EXPIRES  
August 14, 1998  
BONDED THROUGH FARM INSURANCE, INC.

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