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THE CORAL GABLES MEDICAL INSTITUTE, CORP

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AFFIDAVIT OF RESIGNATION OF OFFICER AND/OR DIRECTOR

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I, AARON MICHAEL FRIEDEBERG 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, AARON MICHAEL FRIEDEBERG hereby resign as Director and Vice-President of
(Title)
THE CORAL GABLES MEDICAL INSTITUTE, CORP., a Florida corporation;
(Name of Corporation)

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

Signature of resigning officer/director
AARON MICHAEL FRIEDEBERG

Sworn to and subscribed before me this 8 day of October, 1997

NOTARY PUBLIC

My Commission Expires: _____

