

P090000741172

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐

PICK-UP

☐

WAIT

☐

MAIL

(Business Entity Name)

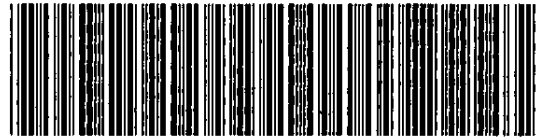
(Document Number)

Certified Copies \_\_\_\_\_ Certificates of Status \_\_\_\_\_

Special Instructions to Filing Officer:

Office Use Only

12-309



200163116962

11/30/09--01066--023 \*\*35.00

FILED

2009 NOV 30 AM 9:32

SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

off  
Pa  
S

## COVER LETTER

**TO:** Amendment Section  
Division of Corporations

**SUBJECT:** DOCONCEPT, CORP.

(Name of Corporation)

**DOCUMENT NUMBER:** P09000074172

The enclosed Officer/Director Resignation for a Corporation and fee are submitted for filing.

Please return all correspondence concerning this matter to the following:

MARTIN M. MARTIN

(Name of Person)

DOCONCEPT, CORP.

(Name of Firm/Company)

14331 SW 35 STREET

(Address)

MIRAMAR, FL. 33027

(City/State and Zip Code)

For further information concerning this matter, please call:

MARTIN M. MARTIN

(Name of Person)

at ( 305 ) 986 0763

(Area Code & Daytime Telephone Number)

Enclosed is a check for \$35.00 made payable to the Florida Department of State.

**Street Address:**

Amendment Section  
Division of Corporations  
Clifton Building  
2661 Executive Center Circle  
Tallahassee, FL 32301

**Mailing Address:**

Amendment Section  
Division of Corporations  
Post Office Box 6327  
Tallahassee, FL 32314

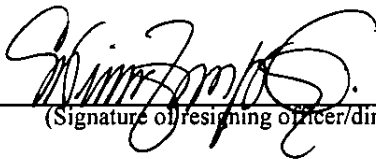
**OFFICER / DIRECTOR RESIGNATION  
FOR A CORPORATION**

I, SABRINA C. ZAMPA, hereby resign as VICE PRESIDENT/D  
(Title)

of DOCONCEPT, CORP.  
(Name of Corporation)

P09000074172, a corporation organized under the laws of the State of  
(Document Number, if known)

FLORIDA

  
(Signature of resigning officer/director)

**FILED**  
2009 NOV 30 AM 9:32  
SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

**FILING FEE IS \$35.00**

**Make checks payable to Florida Department of State and mail to:**

Amendment Section  
Division of Corporations  
P.O. Box 6327  
Tallahassee, Florida 32314