



STATE OF RHODE ISLAND AND PROVIDENCE PLANTATIONS
Office of the Secretary of State - Division of Business Services
 148 W. River Street, Providence, Rhode Island 02904-2615
 Phone: (401) 222-3040 ~ Email: corporations@sos.ri.gov ~ Website: www.sos.ri.gov

PROFIT CORPORATION ANNUAL REPORT FOR THE YEAR 2012

Filing Period: January 1 - March 1 • This report must be typed or printed legibly.

Filing Fee: \$50.00 • FAILURE TO FILE THIS REPORT BY MARCH 31 WILL RESULT IN A \$25.00 PENALTY FEE.

1. Entity ID No. 556737		2. Exact name of the Corporation MEDCURE, INC.			
3. Principal office address 18111 NE SANDY BLVD.			City PORTLAND	State OR	Zip 97230-6825
4. Business Phone No. 503-257-9100			5. State of Incorporation OREGON		
6. Brief description of the character of business conducted in Rhode Island THE SERVICE OF ACCEPTING, PROCURING, PREPARING AND DISTRIBUTING DONATED SPECIMENS TO RESEARCH FACILITIES.					
7. LIST ALL OFFICERS (NAMES AND ADDRESSES) ("X" BOX FOR ATTACHMENT) <input type="checkbox"/>					
President Name DAVID URBINA			Vice-President Name		
Street Address 18111 NE SANDY BLVD.			Street Address		
City PORTLAND	State OR	Zip 97230-6825	City	State	Zip
Secretary Name JANIS LOCENIEKS			Treasurer Name		
Street Address 18111 NE SANDY BLVD.			Street Address		
City PORTLAND	State OR	Zip 97230-6825	City	State	Zip
8. LIST ALL DIRECTORS (NAMES AND ADDRESSES) ("X" BOX FOR ATTACHMENT) <input type="checkbox"/>					
Director Name DAVID URBINA			Director Name JANIS LOCENIEKS		
Street Address 18111 NE SANDY BLVD.			Street Address 18111 NE SANDY BLVD.		
City PORTLAND	State OR	Zip 97230-6825	City PORTLAND	State OR	Zip 97230-6825
Director Name			Director Name		
Street Address			Street Address		
City	State	Zip	City	State	Zip
9. SHARES AUTHORIZED			10. SHARES ISSUED ("X" BOX FOR ATTACHMENT) <input type="checkbox"/>		
This information is currently of record in the Office of the Secretary of State. Changes require an additional filing. See Section 9 of instruction sheet.			NUMBER OF SHARES	CLASS/SERIES	PAR VALUE
			1,000	COMMON	\$1 PER SHARE

This report must be executed on behalf of the corporation by an authorized representative. If the corporation is in the hands of a receiver or trustee, this report must be executed on behalf of the corporation by the receiver or trustee.

FILED

File Date _____

Check No _____

By: _____

APR 29 2013

Under penalty of perjury, I declare and affirm that I have examined this report, including any accompanying schedules and statements, and that all statements contained herein are true and correct.

[Signature] 4/24/13
 Signature of Authorized Representative Date

FOR SECRETARY OF STATE USE ONLY

BY *[Signature]*
029-196155

April Salisbury
 Print of Type Name of Authorized Representative