

FILE NOW: FILING FEE AFTER MAY 1 IS \$225.00

**APPROVED
AND
FILED**

94 JUL 18 PM 3: 27

SECRETARY OF STATE
TALLAHASSEE, FLORIDA



CORPORATION
ANNUAL REPORT
1994

FLORIDA DEPARTMENT OF STATE
Jim Smith
Secretary of State
DIVISION OF CORPORATIONS

1. Corporation Name: **CRYOLIFE, INC.**

DOCUMENT #
G79500 (6)

Mailing Address: **% RONALD D. MCCALL
600 N. FLORIDA AVENUE, SUITE 1625
TAMPA FL 33602**

Principal Place of Business: **% RONALD D. MCCALL
600 N. FLORIDA AVENUE, SUITE 1625
TAMPA FL 33602**

DO NOT WRITE IN THIS SPACE

3. Date incorporated or qualified: **01/19/1984** 3a. Date of Last Report: **05/01/1993**

2. Mailing Address: **601 N. Franklin Street** 2a. Principal Place of Business: **601 N. Franklin Street** 4. FEI Number: **59-2417093**

21. Suite, Apt. #, etc: **Suite 500** 27. Suite, Apt. #, etc: **Suite 500** 5. Certificate of Status Desired: **\$8.75 Additional Fee Required** 6. Election Campaign Financing Trust Fund Contribution: **\$5.00 May Be Added to Fees**

22. City & State: **Tampa, Florida** 28. City & State: **Tampa, Florida** 7. Nonprofit Exempt from \$138.75 Supplemental Fee: 8. This corporation has liability for intangible tax under S. 199.032, Florida Statutes: Yes No

23. Zip: **33602** Country: **USA** 29. Zip: **33602** Country: **USA**

9. Name and Address of Current Registered Agent: **MCCALL, RONALD D.
600 N. FLORIDA AVENUE
SUITE 1625
TAMPA FL 33602**

10. Name and Address of New Registered Agent:

81. Name: _____
82. Street Address (P.O. Box Number is Not Acceptable): **601 North Franklin Street**
83. **Suite 500**
84. City: **Tampa** FL 85. Zip Code: **33602**

11. Pursuant to the provisions of Sections 607.0502 and 607.1508 or Sections 617.0502 and 617.1508, Florida Statutes, the above named corporation submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. Such change was authorized by the corporation's board of directors. I hereby accept the appointment as registered agent. I am familiar with, and accept the obligations of, Section 607.0505 or 617.0505, Florida Statutes.

SIGNATURE _____ DATE _____

12. OFFICERS AND DIRECTORS		13. CHANGES TO OFFICERS AND DIRECTORS IN 12:	
11 TITLE: P/D	12 NAME: ANDERSON, STEVEN G.	11 TITLE: _____	12 NAME: _____
13 STREET ADDRESS: 2211 NEW MARKET PKWY#142	14 CITY, ST, ZIP: MARIETTA GA	13 STREET ADDRESS: _____	14 CITY, ST, ZIP: _____
21 TITLE: V	22 NAME: MCNALLY, ROBERT T.	21 TITLE: _____	22 NAME: _____
23 STREET ADDRESS: 2211 NEW MARKET PKWY#142	24 CITY, ST, ZIP: MARIETTA GA	23 STREET ADDRESS: _____	24 CITY, ST, ZIP: _____
31 TITLE: S/D	32 NAME: MCCALL, RONALD D.	31 TITLE: _____	32 NAME: _____
33 STREET ADDRESS: 600 N. FLORIDA AVE #1625	34 CITY, ST, ZIP: TAMPA FL	33 STREET ADDRESS: 601 N. Franklin St., Suite 500	34 CITY, ST, ZIP: Tampa, Florida 33602
41 TITLE: D	42 NAME: LACY, RODNEY G.	41 TITLE: _____	42 NAME: _____
43 STREET ADDRESS: 600 N. FLORIDA AVE #1625	44 CITY, ST, ZIP: TAMPA FL	43 STREET ADDRESS: 601 N. Franklin St., Suite 500	44 CITY, ST, ZIP: Tampa, Florida 33602
51 TITLE: D	52 NAME: DUNCAN, TOWNES	51 TITLE: D	52 NAME: BRUCE WESSON
53 STREET ADDRESS: 600 N. FLORIDA AVE #1625	54 CITY, ST, ZIP: TAMPA FL	53 STREET ADDRESS: 666 - 3rd Avenue, Suite 1400	54 CITY, ST, ZIP: New York, New York 10017
61 TITLE: _____	62 NAME: _____	61 TITLE: D	62 NAME: Ronald Elkins
63 STREET ADDRESS: _____	64 CITY, ST, ZIP: _____	63 STREET ADDRESS: 2211 New Market Pkwy, #142	64 CITY, ST, ZIP: Marietta, Georgia 30067

14. I do hereby certify that the information supplied with this filing is voluntarily furnished and does not qualify for the exemption stated in Section 199.032, Florida Statutes. I release the Division of Corporations from any liability of non-compliance with Section 199.032, Florida Statutes, in the event that the information supplied is deemed exempt from public access. I further certify that the information included on this annual report or supplemental annual report is true and correct and that my signature shall have the same legal effect as if made under oath. I have fulfilled all obligations concerning securities imposed by Chapter 717, Florida Statutes, and I am an officer or director of the corporation or the receiver or trustee empowered to execute this report as required by Chapter 607 or Chapter 617, Florida Statutes, and that my name appears in Block 12 of Block 13 if changed or an attachment with an address.

SIGNATURE: **Ronald D. McCall** 7/11/1994 813 228 7611

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR: **Ronald D. McCall**

BLOCK 12, ADDITIONAL DIRECTOR:

D

BEN GRAY

FIRST NASHVILLE CENTER

310 - 25TH AVENUE NORTH

SUITE 103

NASHVILLE, TENNESSEE 37203

2