

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

CORPORATION
ANNUAL REPORT
1995



FLORIDA DEPARTMENT OF STATE
Sandra B. Mortham
Secretary of State
DIVISION OF CORPORATIONS

APPROVED
AND
FILED

95 MAR 21 PM 4:15

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # **G79500** (6)
1. Corporation Name
CRYOLIFE, INC.

Principal Place of Business 601 NORTH FRANKLIN STREET SUITE 500 TAMPA FL 33602 US	Mailing Address 601 NORTH FRANKLIN STREET SUITE 500 TAMPA FL 33602 US
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DO NOT WRITE IN THIS SPACE.

3. Date Incorporated or Qualified 01/19/1984	3a. Date of Last Report 07/07/1994
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4. FEI Number 59-2417093	Applied For <input type="checkbox"/> Not Applicable
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5. Certificate of Status Desired <input type="checkbox"/>	\$8.75 Additional Fee Required
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6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/>	\$5.00 May Be Added to Fees
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8. This corporation has liability for intangible tax under S. 199.032, Florida Statutes <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No

21. Principal Place of Business 2211 New Market Pkwy	2a. Mailing Address 2211 New Market Pkwy
Suite, Apt. #, etc. Suite 142	Suite, Apt. #, etc. Suite 142
City & State Marietta GA	City & State Marietta GA 30067
Zip 30067	Country U.S.A.
24. 30067	25. U.S.A.
29. 30067	30. U.S.A.

9. Name and Address of Current Registered Agent

10. Name and Address of New Registered Agent

**MCCALL, RONALD D
601 NORTH FRANKLIN STREET
SUITE 500
TAMPA FL 33602**

81 Name	
82 Street Address (P.O. Box Number is Not Acceptable)	
83	
84 City	FL
85 Zip Code	

11. Pursuant to the provisions of Sections 607.0502 and 607.1508, 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, Florida Statutes.

SIGNATURE

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when re-registering)

DATE

12. OFFICERS AND DIRECTORS

TITLE	PD
NAME	ANDERSON, STEVEN G
STREET ADDRESS	2211 NEW MARKET PKWY #142
CITY - ST - ZIP	MARIETTA GA
TITLE	V
NAME	MCNALLY, ROBERT T
STREET ADDRESS	2211 NEW MARKET PKWY #142
CITY - ST - ZIP	MARIETTA GA
TITLE	STD
NAME	MCCALL, RONALD D
STREET ADDRESS	601 N. FRANKLIN ST., SUITE 500
CITY - ST - ZIP	TAMPA FL
TITLE	D
NAME	LACY, RODNEY G
STREET ADDRESS	601 N. FRANKLIN ST., SUITE 500
CITY - ST - ZIP	TAMPA FL
TITLE	V
NAME	WESSON, BRUCE
STREET ADDRESS	688 THIRD AVENUE, SUITE 1400
CITY - ST - ZIP	NEW YORK NY
TITLE	D
NAME	ELKINS, RONALD
STREET ADDRESS	2211 NEW MARKET PARKWAY, #142
CITY - ST - ZIP	MARIETTA GA

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
1.2 NAME	
1.3 STREET ADDRESS	
1.4 CITY - ST - ZIP	
2.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
2.2 NAME	
2.3 STREET ADDRESS	
2.4 CITY - ST - ZIP	
3.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
3.2 NAME	
3.3 STREET ADDRESS	
3.4 CITY - ST - ZIP	
4.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
4.2 NAME	
4.3 STREET ADDRESS	
4.4 CITY - ST - ZIP	
5.1 TITLE	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
5.2 NAME	D
5.3 STREET ADDRESS	
5.4 CITY - ST - ZIP	
6.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
6.2 NAME	
6.3 STREET ADDRESS	
6.4 CITY - ST - ZIP	

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 110.07(3)(k), Florida Statutes. I further certify that the information indicated on this annual report or supplemental annual report is true and accurate and that my signature shall have the same legal effect as if made in person; that I am an officer or director of the corporation or the receiver or trustee empowered to execute this report as required by Chapter 607, Florida Statutes; and that my name appears in Block 12 or Block 13 if changed, or on an attachment with an address.

SIGNATURE: *Steven G Anderson* President & CEO
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

3/14/95 404-952-1660
DATE AND TELEPHONE NUMBER