

**SECOND NOTICE: CORPORATION WILL BE DISSOLVED ON OR AFTER AUGUST 7, 1996.  
AMOUNT DUE ON OR BEFORE 8/7/96: \$225 (IF DISSOLVED, MINIMUM AMOUNT DUE TO REINSTATE: \$375.)**

**PROFIT CORPORATION ANNUAL REPORT 1996**



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

**FILED**  
**Jun 18 1996 8:00 am**  
**Secretary of State**

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



Principal Place of Business: **2211 NEW MARKET PKWY SUITE 142 MARIETTA GA 30067 US**  
Mailing Address: **2211 NEW MARKET PKWY SUITE 142 MARIETTA GA 30067 US**

2. Principal Place of Business (21) Suite Apt #, etc (22) City & State (23) Zip (24) Country (25)  
2a. Mailing Address (26) Suite, Apt #, etc (27) City & State (28) Zip (29) Country (30)

3. Date Incorporated or Qualified: **01/19/1984**  
3a. Date of Last Report: **03/21/1995**  
4. FEI Number: **59-2417093**  
5. Certificate of Status Desired:  **\$8.75 Additional Fee Required**  
6. Election Campaign Financing Trust Fund Contribution:  **\$5.00 May Be Added to Fees**  
8. This corporation has liability for intangible tax under s. 199.032, Florida Statutes:  Yes  No

9. Name and Address of Current Registered Agent  
**MCCALL, RONALD D  
601 NORTH FRANKLIN STREET  
SUITE 500  
TAMPA FL 33602**

10. Name and Address of New Registered Agent  
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 of principal or alternate registered agent and fee if applicable) (Name of Registered Agent signature required when reinstating) (Date)

12. OFFICERS AND DIRECTORS

TITLE	<b>PD</b> <input type="checkbox"/> DELETE
NAME	<b>ANDERSON, STEVEN G</b>
STREET ADDRESS	<b>2211 NEW MARKET PKWY #142</b>
CITY-ST-ZIP	<b>MARIETTA GA</b>
TITLE	<b>V</b> <input type="checkbox"/> DELETE
NAME	<b>MCNALLY, ROBERT T</b>
STREET ADDRESS	<b>2211 NEW MARKET PKWY #142</b>
CITY-ST-ZIP	<b>MARIETTA GA</b>
TITLE	<b>STD</b> <input type="checkbox"/> DELETE
NAME	<b>MCCALL, RONALD D</b>
STREET ADDRESS	<b>601 N. FRANKLIN ST., SUITE 500</b>
CITY-ST-ZIP	<b>TAMPA FL</b>
TITLE	<b>D</b> <input type="checkbox"/> DELETE
NAME	<b>LACY, RODNEY G</b>
STREET ADDRESS	<b>601 N. FRANKLIN ST., SUITE 500</b>
CITY-ST-ZIP	<b>TAMPA FL</b>
TITLE	<b>D</b> <input checked="" type="checkbox"/> DELETE
NAME	<b>WESSON, BRUCE</b>
STREET ADDRESS	<b>666 THIRD AVENUE, SUITE 1400</b>
CITY-ST-ZIP	<b>NEW YORK NY</b>
TITLE	<b>D</b> <input type="checkbox"/> DELETE
NAME	<b>ELKINS, RONALD</b>
STREET ADDRESS	<b>2211 NEW MARKET PARKWAY, #142</b>
CITY-ST-ZIP	<b>MARIETTA GA</b>

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

11 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
12 NAME	
13 STREET ADDRESS	
14 CITY-ST-ZIP	
21 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
22 NAME	
23 STREET ADDRESS	
24 CITY-ST-ZIP	
31 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
32 NAME	
33 STREET ADDRESS	
34 CITY-ST-ZIP	
41 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
42 NAME	
43 STREET ADDRESS	
44 CITY-ST-ZIP	
51 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
52 NAME	
53 STREET ADDRESS	
54 CITY-ST-ZIP	
61 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
62 NAME	
63 STREET ADDRESS	
64 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 119.07(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 under oath, that I am an officer or director of the corporation or the receiver or trustee empowered to execute this report as required by Chapter 617, 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*  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

6-13-96 770-952-1460  
Date Time Day Telephone

CR2E034 (3/96)