

FILE NOW: FILING FEE AFTER MAY 1 IS \$550.00

FILED
Apr 30 1997 8:00am
Secretary of State

PROFIT CORPORATION ANNUAL REPORT 1997		FLORIDA DEPARTMENT OF STATE Sandra B. Morthem Secretary of State DIVISION OF CORPORATIONS
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DOCUMENT # G79500
1 Corporation Name
CryoLife, Inc.

Principal Place of Business 1655 Roberts Blvd. N.W. Atlanta, GA 30144	Mailing Address 601 N. FRANKLIN ST. Ste 707 TAMPA FL 33602-4436 US
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3 Date Incorporated or Qualified 1/19/84	5 Date of Last Report 4/2/96
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21 Principal Place of Business CryoLife, Inc.	26 Mailing Address 601 N. Franklin St.	4 FEI Number 59-2417093	Applied For <input type="checkbox"/> Applied For <input type="checkbox"/> Not Applicable
22 Suite, Apt #, etc. Ste. 707	27 Suite, Apt #, etc.	5 Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required	
23 City & State Tampa, FL 33602	28 City & State	6 Election Campaign Financing Trust Fund Contribution <input type="checkbox"/> \$5.00 May Be Added to Fees	
24 Zip 33602	29 Country	8 This corporation has liability for intangible tax under s. 199.032, Florida Statutes <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	

9. Name and Address of Current Registered Agent MCCALL, RONALD, D. 601 NORTH FRANKLIN STREET SUITE 707 TAMPA FL 33602		81 Name	10. Name and Address of New Registered Agent	
		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 _____ DATE _____
Signature: typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)

12. OFFICERS AND DIRECTORS		13. ADDITIONS CHANGES TO OFFICERS AND DIRECTORS 11/12	
TITLE Pres	NAME Steven G. Anderson STREET ADDRESS 1655 Roberts Blvd. N.W. Atlanta, GA 30144 CITY-ST-ZIP	1.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE Secy	NAME Ronald D. McCall STREET ADDRESS 1655 Roberts Blvd. N.W. Atlanta, GA 30144 CITY-ST-ZIP	2.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE Dir	NAME Ronald C. Elkins, M.D. STREET ADDRESS 1655 Roberts Blvd., N.W. Atlanta, GA 30144 CITY-ST-ZIP	3.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE Dir	NAME Benjamin H. Gray STREET ADDRESS 1655 Roberts Blvd., N.W. Atlanta, GA 30144 CITY-ST-ZIP	4.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE Dir.	NAME Rodney G. Lacy STREET ADDRESS 1655 Roberts Blvd. N.W. Atlanta, GA 30144 CITY-ST-ZIP	5.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE	NAME	6.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition

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*****165.00**

14. I do hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(i), 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 607, Florida Statutes; and that my name appears in Block 12 or Block 13, I changed, or on an attachment with an address

SIGNATURE: Ronald D. McCall, Secy **4/28/97** **8/13 2297612**
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Date of Filing