

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

FILED

**May 01 1998 8:00am
Secretary of State**

**PROFIT CORPORATION
ANNUAL REPORT
1998**



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

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



Principal Place of Business Mailing Address
**1655 ROBERTS BLVD. N.W.
ATLANTA GA 30144
US** **601 N. FRANKLIN ST
STE 707
TAMPA FL 33602-4438**

DO NOT WRITE IN THIS SPACE

2. Principal Place of Business		2a. Mailing Address		3. Date Incorporated or Qualified	
21 Suite, Apt. #, etc.		26 Suite, Apt. #, etc.		01/19/1984	
22 City & State		27 City & State		4. FEI Number	
23 Zip		28 Zip		59-2417093	
24 Country		30 Country		Applied For	
				Not Applicable	
				5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required	
				6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/> \$5.00 May Be Added to Fees	
				8. This corporation owes or has paid the current year Intangible Personal Property Tax due June 30. <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	

9. Name and Address of Current Registered Agent				10. Name and Address of New Registered Agent			
MCCALL, RONALD D 601 NORTH FRANKLIN STREET SUITE 707 TAMPA FL 33602				81 Name			
				82 Street Address (P.O. Box Number is Not Acceptable)			
				83			
				84 City			
				FL			

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 _____ (NOTE: Registered Agent signature required when reinstating) DATE _____

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	P <input type="checkbox"/> DELETE	1.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	ANDERSON, STEVEN G	1.2 NAME	
STREET ADDRESS	1655 ROBERTS BLVD. N.W.	1.3 STREET ADDRESS	
CITY-ST-ZIP	ATLANTA GA 30144	1.4 CITY-ST-ZIP	
TITLE	D <input type="checkbox"/> DELETE	2.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	ELKINS, RONALD C M.D.	2.2 NAME	
STREET ADDRESS	1655 ROBERTS BLVD. N.W.	2.3 STREET ADDRESS	
CITY-ST-ZIP	ATLANTA GA 30144	2.4 CITY-ST-ZIP	
TITLE	S <input type="checkbox"/> DELETE	3.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	MCCALL, RONALD D	3.2 NAME	
STREET ADDRESS	1655 ROBERTS BLVD. N.W.	3.3 STREET ADDRESS	
CITY-ST-ZIP	ATLANTA GA 30144	3.4 CITY-ST-ZIP	
TITLE	D <input type="checkbox"/> DELETE	4.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	GRAY, BENJAMIN H	4.2 NAME	
STREET ADDRESS	1655 ROBERTS BLVD. N.W.	4.3 STREET ADDRESS	
CITY-ST-ZIP	ATLANTA GA 30144	4.4 CITY-ST-ZIP	
TITLE	D <input checked="" type="checkbox"/> DELETE	5.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	LACY, RODNEY G	5.2 NAME	
STREET ADDRESS	1655 ROBERTS BLVD. N.W.	5.3 STREET ADDRESS	
CITY-ST-ZIP	ATLANTA GA 30144	5.4 CITY-ST-ZIP	
TITLE	Lacy, Virginia C. <input type="checkbox"/> DELETE	6.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	1655 Roberts Blvd. N.W.	6.2 NAME	
STREET ADDRESS	Atlanta, GA 30144	6.3 STREET ADDRESS	
CITY-ST-ZIP		6.4 CITY-ST-ZIP	

14. I 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 if changed, or on an attachment with an address.

CR2E034 (10/97)

Ronald D. McCall 1/23/98 913 219 7611