

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

FILED
Aug 17, 1999 8:00 am
Secretary of State

08-17-1999 90007 033 ***550.00

PROFIT CORPORATION ANNUAL REPORT 1999



FLORIDA DEPARTMENT OF STATE
Katherine Harris
 Secretary of State
 DIVISION OF CORPORATIONS

DOCUMENT # G79500

1. Corporation Name
 CRYOLIFE, Inc.



Principal Place of Business Mailing Address
 1655 Roberts Blvd. N.W. C/O Ronald D. McCall
 Kennesaw, GA 30144 220 E. Madison Street
 Suite 500
 Tampa, FL 33602

DO NOT WRITE IN THIS SPACE

2. Principal Place of Business 2a. Mailing Address
 21 1655 Roberts Blvd. N.W. 26 C/O Ronald D. McCall
 Suite, Apt. #, etc. Suite, Apt. #, etc.
 22 City & State 27 220 E. Madison ST. Ste. 500
 Kennesaw, GA 28 Tampa, FL
 Zip Country Zip Country
 24 30144 25 USA 29 33602 30 USA

3. Date Incorporated or Qualified
 01/19/1984
 4. FEI Number Applied For
 59-2417093 Not Applicable
 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 owes the current year Intangible Personal Property Tax. Yes No

g. Name and Address of Current Registered Agent
 Ronald D. McCall
 220 E. Madison 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 _____ DATE _____
 Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)

12. OFFICERS AND DIRECTORS		
TITLE	D, Sec./ Treas.	<input type="checkbox"/> DELETE
NAME	Ronald D. McCall	
STREET ADDRESS	220 E. Madison Street, STE. 500	
CITY-ST-ZIP	Tampa, FL 33602	
TITLE	Pres., D	<input type="checkbox"/> DELETE
NAME	Steven G. Anderson	
STREET ADDRESS	1655 Roberts Blvd. N.W.	
CITY-ST-ZIP	Kennesaw, GA 30144	
TITLE	D	<input type="checkbox"/> DELETE
NAME	Ronald C. Elkins	
STREET ADDRESS	1655 Roberts Blvd. N.W.	
CITY-ST-ZIP	Kennesaw, GA 30144	
TITLE	D	<input type="checkbox"/> DELETE
NAME	Virginia C. Lacy	
STREET ADDRESS	1655 Roberts Blvd. N.W.	
CITY-ST-ZIP	Kennesaw, GA 30144	
TITLE	D	<input type="checkbox"/> DELETE
NAME	Benjamin H. Gray	
STREET ADDRESS	1655 Roberts Blvd. N.W.	
CITY-ST-ZIP	Kennesaw, GA 30144	

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 type="checkbox"/> Change <input type="checkbox"/> Addition
5.2 NAME		
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 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, with all other like empowered.

SIGNATURE: Ronald D. McCall Ronald D. McCall, D,S,T, 8/12/99 (813) 228-7611
 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #