

**2000 UNIFORM BUSINESS REPORT (UBR)**

**FILED**  
**May 12, 2000 8:00 am**  
**Secretary of State**

05-12-2000 90091 027 \*\*\*150.00

**DOCUMENT # G79500**

1. Entity 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 ST. STE 500**  
**US** **TAMPA FL 33602-4826**  
**US**

**0089353**



DO NOT WRITE IN THIS SPACE

2. Principal Place of Business Suite, Apt. #, etc.  
 City & State

3. Mailing Address Suite, Apt. #, etc.  
 City & State

4. FEI Number **59-2417093** Applied For  
 Not Applicable

Zip Country Zip Country

5. Certificate of Status Desired  **\$8.75 Additional Fee Required**

**6. Name and Address of Current Registered Agent**

**7. Name and Address of New Registered Agent**

**MCCALL, RONALD D**  
**220 E MADISON STREET**  
**STE 500**  
**TAMPA FL 33602**

Name  
 Street Address (P.O. Box Number is Not Acceptable)  
 City **FL** Zip Code

8. The above named entity submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida.

SIGNATURE \_\_\_\_\_ DATE \_\_\_\_\_  
Signature, typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when reinstating)

9. This corporation is eligible to satisfy its Intangible Tax filing requirement and elects to do so.  (See criteria on back)

**FILE NOW!!! FEE IS \$150.00**  
**After MAY 1, 2000 Fee will be \$550.00**  
**Make Check Payable to Department of State**

10. Election Campaign Financing Trust Fund Contribution.  **\$5.00 May Be Added to Fees**

**11. OFFICERS AND DIRECTORS**

**12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11**

|  |   |  |
|--|---|--|
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP | <b>PD</b><br><b>ANDERSON, STEVEN G</b><br><b>1655 ROBERTS BLVD. N.W.</b><br><b>KENNESAW GA 30144</b>        | <input type="checkbox"/> Delete            |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP | <b>STD</b><br><b>ELKINS, RONALD C M.D.</b><br><b>220 E MADISON STREET, STE 500</b><br><b>TAMPA FL 33602</b> | <input checked="" type="checkbox"/> Delete |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP | <b>D</b><br><b>ELKINS, RONALD C</b><br><b>1655 ROBERTS BLVD. N.W.</b><br><b>KENNESAW GA 30144</b>           | <input type="checkbox"/> Delete            |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP | <b>D</b><br><b>LACY, VIRGINIA C</b><br><b>1655 ROBERTS BLVD. N.W.</b><br><b>KENNESAW GA 30144</b>           | <input type="checkbox"/> Delete            |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP | <b>D</b><br><b>GRAY, BENJAMIN H</b><br><b>1655 ROBERTS BLVD NW</b><br><b>KENNESAW GA 30144</b>              | <input type="checkbox"/> Delete            |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP |   | <input type="checkbox"/> Delete            |

|  |  |  |
|--|--|--|
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP | <b>D</b><br><b>Cook, John M</b><br><b>1655 Roberts Blvd N.W.</b><br><b>Kennesaw GA. 30144</b>            | <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP | <b>STD</b><br><b>McCall, Ronald D</b><br><b>220 E. Madison Street, Ste 500</b><br><b>Tampa FL 33602</b>  | <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP | <b>D</b><br><b>Van Dyne, Bruce M.D</b><br><b>1655 Roberts Blvd N.W</b><br><b>Kennesaw GA 30144</b>       | <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP | <b>D</b><br><b>Schwartz, Alexander C Jr.</b><br><b>1655 Roberts Blvd N.W</b><br><b>Kennesaw GA 30144</b> | <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP |  | <input type="checkbox"/> Change <input type="checkbox"/> Addition            |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP |  | <input type="checkbox"/> Change <input type="checkbox"/> Addition            |

13. 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 report or supplemental 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 11 or Block 12 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE: Ronald D McCall  
 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

4/26/2000 813 2287611  
 Date Daytime Phone #