

2001 UNIFORM BUSINESS REPORT (UBR)

FILED
May 17, 2001 8:00 am
Secretary of State

05-17-2001 91285 007 ***150.00

A0067645

DO NOT WRITE IN THIS SPACE

DOCUMENT # **G79500**

1. Entry Name
CRYOLIFE, Inc ✓

Principal Place of Business Mailing Address
1655 Roberts Blvd NW 1655 Roberts Blvd NW
Kennesaw, GA 30144 Kennesaw, GA 30144

2. Principal Place of Business 2. Mailing Address
1655 Roberts Blvd NW 40 RONALDD.MCCALL
 Suite, Apt. #, etc. Suite, Apt. #, etc.
220 E. MADISON ST., #500

City & State Kennesaw GA.	City & State TAMPA, FL.	5. FEI Number 59-247093	Applied For Not Applicable
Zip 30144	Country USA.	Zip 33602	Country USA
6. Certificate of Status Desired <input type="checkbox"/>		8.75 Additional Fee Required	

8. Name and Address of Current Registered Agent RONALD D McCALL 220 E. MADISON ST. SUITE 500 TAMPA, FL 33602	7. Name and Address of New Registered Agent Name Street Address (P.O. Box Number is Not Acceptable) City FL Zip Code
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9. 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 _____ (NOTE: Registered Agent signature required when registering) DATE _____

10. This corporation is eligible to satisfy its intangible tax filing requirement and elects to do so. (See criteria on back)

11. Election Campaign Financing Trust Fund Contribution. \$15,000 May Be Added to Fees

10. OFFICERS AND DIRECTORS		11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	
TITLE NAME STREET ADDRESS CITY - ST - ZIP	D. Sec. / Treas. RONALD D. MCCALL 220 E. MADISON ST. #500 TAMPA, FL 33602	TITLE NAME STREET ADDRESS CITY - ST - ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY - ST - ZIP	Pres. D STEVEN G. Anderson 1655 Roberts Blvd. N.W. Kennesaw, GA 30144	TITLE NAME STREET ADDRESS CITY - ST - ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY - ST - ZIP	D RONALD C. ELKINS 1655 Roberts Blvd. N.W. Kennesaw, GA 30144	TITLE NAME STREET ADDRESS CITY - ST - ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY - ST - ZIP	D Virginia C. Lacy 1655 Roberts Blvd. N.W. Kennesaw, GA 30144	TITLE NAME STREET ADDRESS CITY - ST - ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY - ST - ZIP		TITLE NAME STREET ADDRESS CITY - ST - ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY - ST - ZIP		TITLE NAME STREET ADDRESS CITY - ST - ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition

I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 19.07(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 4/26/01 8132287611

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Customary Print Name

CHECKBOX (1/100)