

2010 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# G79500

Entity Name: CRYOLIFE, INC.

FILED
Apr 15, 2010
Secretary of State

Current Principal Place of Business:

1655 ROBERTS BLVD. N.W.
KENNESAW, GA 30144 US

New Principal Place of Business:

Current Mailing Address:

1655 ROBERTS BLVD. N.W.
KENNESAW, GA 30144 US

New Mailing Address:

FEI Number: 59-2417093

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

CORPORATION SERVICE COMPANY
1201 HAYS STREET
TALLAHASSEE, FL 32301 US

Name and Address of New Registered Agent:

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: _____

Electronic Signature of Registered Agent

_____ Date

Election Campaign Financing Trust Fund Contribution ().

OFFICERS AND DIRECTORS:

Title: PD
Name: ANDERSON, STEVEN G
Address: 1655 ROBERTS BLVD. N.W.
City-St-Zip: KENNESAW, GA 30144 US

Title: D
Name: MCCALL, RONALD D
Address: 220 E MADISON ST, STE 500
City-St-Zip: TAMPA, FL 33602 US

Title: D
Name: ELKINS, RONALD C
Address: 1655 ROBERTS BLVD. N.W.
City-St-Zip: KENNESAW, GA 30144 US

Title: SEC
Name: GABBERT, SUZANNE K
Address: 1655 ROBERTS BLVD. N.W.
City-St-Zip: KENNESAW, GA 30144 US

Title: D
Name: COOK, JOHN M
Address: 1655 ROBERTS BLVD NW
City-St-Zip: KENNESAW, GA 30144 US

Title: VP
Name: LEE, D. ASHLEY
Address: 1655 ROBERTS BLVD NW
City-St-Zip: KENNESAW, GA 30144 US

I hereby certify that the information indicated on this report or supplemental report is true and accurate and that my electronic 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 above, or on an attachment with all other like empowered.

SIGNATURE: SUZANNE K. GABBERT

SECT

04/15/2010

_____ Electronic Signature of Signing Officer or Director

_____ Date