

**2003 FOR PROFIT CORPORATION  
UNIFORM BUSINESS REPORT (UBR)**


**FILED**  
**Apr 28, 2003 8:00 am**  
**Secretary of State**

04-28-2003 91297 023 \*\*\*150.00

0450522 AV

**DOCUMENT # G79500** ✓

1. Entity Name  
**CRYOLIFE, INC.**



Principal Place of Business  
**1655 ROBERTS BLVD. N.W.  
KENNESAW GA 30144  
US**

Mailing Address  
**C/O RONALD D MCCALL  
220 E MADISON ST. STE 500  
TAMPA FL 33602  
US**



CHECK HERE IF MAKING CHANGES

2. Principal Place of Business  
Suite, Apt. #, etc.

3. Mailing Address  
Suite, Apt. #, etc.

City & State

4. FEI Number **59-2417093**

Applied For  
 Not Applicable

Zip Country

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

6. Name and Address of Current Registered Agent

**MCCALL, RONALD D  
220 E MADISON STREET  
STE 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

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. I am familiar with, and accept the obligations of registered agent.

SIGNATURE \_\_\_\_\_ (NOTE: Registered Agent signature required when reinstating) DATE \_\_\_\_\_

**FILE NOW!!! FEE IS \$150.00**  
**After May 1, 2003 Fee will be \$550.00**  
**Make Check Payable to Florida Department of State**

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

10. OFFICERS AND DIRECTORS

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

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE	D	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	MCCALL, RONALD	
STREET ADDRESS	220 E. MADISON ST. #500	
CITY-ST-ZIP	TAMPA, FL. 33602	
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

12. 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 10 or Block 11 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE: Ronald D McCall **SIGNATURE REQUIRED** **RONALD D MCCALL, DIRECTOR** **4/24/03** **8132287611**

Date Daytime Phone #

CR2E034 (10/02)