

**2020 FLORIDA PROFIT CORPORATION ANNUAL REPORT**

DOCUMENT# G79500

Entity Name: CRYOLIFE, INC.

**Current Principal Place of Business:**

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

**Current Mailing Address:**

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

FEI Number: 59-2417093

Certificate of Status Desired: No

**Name and Address of Current Registered Agent:**

COGENCY GLOBAL INC.  
115 NORTH CALHOUN ST.  
SUITE 4  
TALLAHASSEE, FL 32301 US

*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

**Officer/Director Detail :**

Title            PRESIDENT, DIRECTOR, CEO  
Name            MACKIN, J. PATRICK  
Address        1655 ROBERTS BLVD. N.W.  
City-State-Zip: KENNESAW GA 30144

Title            D  
Name            MCCALL, RONALD D  
Address        1655 ROBERTS BLVD. N.W.  
City-State-Zip: KENNESAW GA 30144

Title            GC/CORP SEC/SR VP/CHIEF  
                 COMPLIANCE OFFICER  
Name            HOLLOWAY, JEAN F  
Address        1655 ROBERTS BLVD. N.W.  
City-State-Zip: KENNESAW GA 30144

Title            D  
Name            MORGAN, HARVEY  
Address        1655 ROBERTS BLVD NW  
City-State-Zip: KENNESAW GA 30144

Title            CFO, COO, EVP  
Name            LEE, D. ASHLEY  
Address        1655 ROBERTS BLVD NW  
City-State-Zip: KENNESAW GA 30144

Title            DIRECTOR  
Name            ACKERMAN, THOMAS F  
Address        1655 ROBERTS BLVD NW  
City-State-Zip: KENNESAW GA 30144

Title            DIRECTOR  
Name            BEVEVINO, DANIEL J.  
Address        1655 ROBERTS BLVD NW  
City-State-Zip: KENNESAW GA 30144

Title            DIRECTOR  
Name            SALVESON, JON W.  
Address        1655 ROBERTS BLVD NW  
City-State-Zip: KENNESAW GA 30144

**Continues on page 2**

*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: JEAN HOLLOWAY

GC/CORP SEC/SR  
VP/CHIEF COMPLIANCE  
OFFICER

04/22/2020

\_\_\_\_\_  
Electronic Signature of Signing Officer/Director Detail

\_\_\_\_\_  
Date

**Officer/Director Detail Continued :**

Title VP, CHIEF ACCOUNTING OFFICER  
Name HORTON, AMY D.  
Address 1655 ROBERTS BLVD. N.W.  
City-State-Zip: KENNESAW GA 30144

Title SVP, CHIEF HUMAN RESOURCES  
OFFICER  
Name MCDERMID , JIM  
Address 1655 ROBERTS BLVD. N.W.  
City-State-Zip: KENNESAW GA 30144