## 2017 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

# Name and Address of Current Registered Agent:

NATIONAL CORPORATE RESEARCH,LTD.,INC. 115 NORTH CALHOUN ST. SUITE 4 TALLAHASSEE, FL 32301 US Certificate of Status Desired: Yes

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

### Officer/Director Detail :

Sincer/Director Detail.			
Title	PD	Title	D
Name	MACKIN, JAMES P	Name	MCCALL, RONALD D
Address	1655 ROBERTS BLVD. N.W.	Address	220 E MADISON ST, STE 500
City-State-Zip:	KENNESAW GA 30144	City-State-Zip:	TAMPA FL 33602
Title	D	Title	SEC
Name	ELKINS, RONALD C	Name	HOLLOWAY, JEAN F
Address	1655 ROBERTS BLVD. N.W.	Address	1655 ROBERTS BLVD. N.W.
City-State-Zip:	KENNESAW GA 30144	City-State-Zip:	KENNESAW GA 30144
Title	D	Title	VP
Name	MORGAN, HARVEY	Name	LEE, D. ASHLEY
Address	1655 ROBERTS BLVD NW	Address	1655 ROBERTS BLVD NW
City-State-Zip:	KENNESAW GA 30144	City-State-Zip:	KENNESAW GA 30144
Title	D		

 Name
 BULLOCK, JAMES W

 Address
 1655 ROBERTS BLVD. N.W.

City-State-Zip: KENNESAW GA 30144

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 F. HOLLOWAY

SECRETARY

01/09/2017

Date

Electronic Signature of Signing Officer/Director Detail

Date