

DOCUMENT # **997000017019**

1. Entity Name  
~~Deas For Medicine Inc~~  
**CRYOLIFE ACQUISITION, CORP.**

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

Mailing Address  
**1655 Roberts Blvd NW 1655 Roberts Blvd, NW**  
**Kennesaw, GA 30144 Kennesaw, GA, 30144**

**FILED**  
**May 17, 2001 8:00 am**  
**Secretary of State**  
 05-17-2001 91285 012 \*\*\*150.00

3. Principal Place of Business  
 Suits, Apt. #, etc.  
 City & State  
 Zip Country

4. Mailing Address  
 Suite, Apt. #, etc.  
 City & State  
 Zip Country

5. FEI Number  
**58-2291265**

6. Certificate of Status Desired  **\$25.75 Additional Fee Required**

Applied For  
 Not Applicable

DO NOT WRITE IN THIS SPACE

8. Name and Address of Current Registered Agent  
**McCall, RONALD D**  
**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 Zip Code

I, 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  
 Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstated.) DATE

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

10. Election Campaign Financing Trust Fund Contribution.  **\$5,000 May Be Added to Fees**

9. OFFICERS AND DIRECTORS		10. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	
TITLE P. CEO ANDERSON STEVEN G STREET ADDRESS 1655 Roberts Blvd NW CITY - ST - ZIP KENNESAW, GA. 30144	<input type="checkbox"/> Delete	TITLE Sr PM NAME Seery Gerald STREET ADDRESS 1655 Roberts Blvd NW CITY - ST - ZIP KENNESAW, GA. 30144	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE D. NAME LACY Virginia C STREET ADDRESS 1221 Hawtherton Dr CITY - ST - ZIP Naperville, IL. 60563	<input type="checkbox"/> Delete	TITLE ACS NAME Gabbert Suzanne STREET ADDRESS 1655 Roberts Blvd NW CITY - ST - ZIP KENNESAW, GA. 30144	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE DCS NAME McCall, Ronald D STREET ADDRESS 220 E. MADISON ST. Ste 500 CITY - ST - ZIP TAMPA, FL. 33602	<input type="checkbox"/> Delete	TITLE D. NAME ELKIN, RONALD C. STREET ADDRESS 920 Stanton Young Blvd Rm 45P CITY - ST - ZIP OKLAHOMA CITY, OK 73190	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE VPRD NAME BLACK, PH.D. K STREET ADDRESS 1655 Roberts Blvd NW CITY - ST - ZIP KENNESAW, GA. 30144	<input type="checkbox"/> Delete	TITLE VPCFO NAME DAVID Ashley Lee STREET ADDRESS 1655 Roberts Blvd NW CITY - ST - ZIP KENNESAW, GA. 30144	<input type="checkbox"/> Change <input type="checkbox"/> Addition

CH203A (11/00)

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** **813-2287611**  
 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Dividing Phone #