


2004 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Jan 29, 2004 8:00 am
Secretary of State

01-29-2004 90023 046 ***150.00

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DOCUMENT # P97000017019					
1. Entity Name CRYOLIFE ACQUISITION CORPORATION					
Principal Place of Business 1655 ROBERTS BLVD. NW KENNESAW, GA 30144 US			Mailing Address 1655 ROBERTS BLVD. NW KENNESAW, GA 30144 US		
2. Principal Place of Business		3. Mailing Address		01062004 Chg-P CR2E034 (10/03)	
Suite, Apt. #, etc.		Suite, Apt. #, etc.		4. FEI Number 58-2291265	
City & State		City & State		Applied For Not Applicable	
Zip	Country	Zip	Country	5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required	
6. Name and Address of Current Registered Agent			7. Name and Address of New Registered Agent		
CORPORATION SERVICE COMPANY 1201 HAYS STREET TALLAHASSEE, FL 32301			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 _____ <small>Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE</small>					
FILE NOW!!! FEE IS \$150.00 After May 1, 2004 Fee will be \$550.00		9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/>		\$5.00 May Be Added to Fees	
10. OFFICERS AND DIRECTORS			11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11		
TITLE	PCEO	<input type="checkbox"/> Delete	TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	ANDERSON, STEVEN G.		NAME		
STREET ADDRESS	1655 ROBERTS BLVD NW		STREET ADDRESS		
CITY-ST-ZIP	KENNESAW, GA 30144		CITY-ST-ZIP		
TITLE	D	<input type="checkbox"/> Delete	TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	COOK, JOHN M		NAME		
STREET ADDRESS	2300 WINDY RIDGE PKWY STE 100		STREET ADDRESS		
CITY-ST-ZIP	ATLANTA, GA 303398426		CITY-ST-ZIP		
TITLE	D	<input type="checkbox"/> Delete	TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	LACY, VIRGINIA C.		NAME		
STREET ADDRESS	1221 HEATHERTON DR		STREET ADDRESS		
CITY-ST-ZIP	NAPERVILLE, IL 60563		CITY-ST-ZIP		
TITLE	DCS	<input checked="" type="checkbox"/> Delete	TITLE	D	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	MCCALL, RONALD D.		NAME	Ronald D. McCall	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
STREET ADDRESS	220 E. MADISON ST, STE 500		STREET ADDRESS	220 E. Madison St., Ste. 500	
CITY-ST-ZIP	TAMPA, FL 33602		CITY-ST-ZIP	Tampa, FL 33602	
TITLE	D	<input type="checkbox"/> Delete	TITLE	S	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	ELKINS, RONALD C		NAME	Suzanne K. Gabbert	
STREET ADDRESS	920 STANTON YOUNG BLVD ROOM 4SP-250		STREET ADDRESS	1655 Roberts Blvd., NW	
CITY-ST-ZIP	OKLAHOMA CITY, OK 73190		CITY-ST-ZIP	Kennesaw, GA 30144	
TITLE	VPRD	<input type="checkbox"/> Delete	TITLE	VP, CFO, T	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	BLACK, K PHD		NAME	D. Ashley Lee	
STREET ADDRESS	1655 ROBERTS BLVD NW		STREET ADDRESS	1655 Roberts Blvd., NW	
CITY-ST-ZIP	KENNESAW, GA 30144		CITY-ST-ZIP	Kennesaw, GA 30144	
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: <i>Suzanne K. Gabbert</i>			Date: 770-419-3355		
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Suzanne K. Gabbert, Secretary			Daytime Phone #		