

# 2005 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P97000017019

FILED  
Apr 12, 2005  
Secretary of State

Entity Name: CRYOLIFE ACQUISITION CORPORATION

## Current Principal Place of Business:

1655 ROBERTS BLVD. NW  
KENNESAW, GA 30144 US

## New Principal Place of Business:

## Current Mailing Address:

1655 ROBERTS BLVD. NW  
KENNESAW, GA 30144 US

## New Mailing Address:

FEI Number: 58-2291265

FEI Number Applied For ( )

FEI Number Not Applicable ( )

Certificate of Status Desired ( )

## Name and Address of Current Registered Agent:

CORPORATION SERVICE COMPANY  
1201 HAYS STREET  
TALLAHASSEE, FL 32301 US

## Name and Address of New Registered Agent:

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

Election Campaign Financing Trust Fund Contribution ( ).

## OFFICERS AND DIRECTORS:

Title: PCEO ( ) Delete  
Name: ANDERSON, STEVEN G.  
Address: 1655 ROBERTS BLVD NW  
City-St-Zip: KENNESAW, GA 30144

Title: D ( ) Delete  
Name: COOK, JOHN M  
Address: 2300 WINDY RIDGE PKWY STE 100  
City-St-Zip: ATLANTA, GA 303398426

Title: D (X) Delete  
Name: LACY, VIRGINIA C.  
Address: 1221 HEATHERTON DR  
City-St-Zip: NAPERVILLE, IL 60563

Title: D (X) Delete  
Name: MCCALL, RONALD D.  
Address: 220 E. MADISON ST, STE 500  
City-St-Zip: TAMPA, FL 33602

Title: D (X) Delete  
Name: ELKINS, RONALD C  
Address: 920 STANTON YOUNG BLVD ROOM 4SP-250  
City-St-Zip: OKLAHOMA CITY, OK 73190

Title: VPRD (X) Delete  
Name: BLACK, K PHD  
Address: 1655 ROBERTS BLVD NW  
City-St-Zip: KENNESAW, GA 30144

## ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

Title: VP (X) Change ( ) Addition  
Name: LEE, D. ASHLEY  
Address: 1655 ROBERTS BLVD NW  
City-St-Zip: KENNESAW, GA 30144

Title: ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

Title: ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

Title: ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

Title: ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

I hereby certify that the information supplied with this filing does not qualify for the 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 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 an address, with all other like empowered.

SIGNATURE: D. ASHLEY LEE

VP

04/12/2005

Electronic Signature of Signing Officer or Director

\_\_\_\_\_ Date