

**2003 FOR PROFIT CORPORATION
UNIFORM BUSINESS REPORT (UBR)**

FILED
Jan 13, 2003 8:00 am
Secretary of State

01-13-2003 90094 024 ***150.00

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DOCUMENT # P97000017019

1. Entity Name
CRYOLIFE ACQUISITION CORPORATION



Principal Place of Business
1658 ROBERTS BLVD NW
KENNESAW GA 30144
US

Mailing Address
1658 ROBERTS BLVD NW
KENNESAW GA 30144
US

2. Principal Place of Business
1655 Roberts Blvd. NW
Suite, Apt. #, etc.

3. Mailing Address
1655 Roberts Blvd. NW
Suite, Apt. #, etc.



CHECK HERE IF MAKING CHANGES

City & State Kennesaw, GA	City & State Kennesaw, GA	4. FEI Number 58-2291265	Applied For <input type="checkbox"/> Not Applicable
Zip 30144	Country USA	5. Certificate of Status Desired <input type="checkbox"/>	\$8.75 Additional Fee Required

6. 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 FL Zip Code
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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 _____ **DATE** _____
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)

FILE NOW!!! FEE IS \$150.00
After May 1, 2003 Fee will be \$550.00
Make Check Payable to Florida Department of State

9. Election Campaign Financing Trust Fund Contribution. **\$5.00 May Be Added to Fees**

10. OFFICERS AND DIRECTORS		11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	PCEO ANDERSON, STEVEN G. 1655 ROBERTS BLVD NW KENNESAW GA 30144 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	VP/T/CFO D. Ashley Lee 1655 Roberts Blvd. NW Kennesaw, GA 30144 <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D COOK, JOHN M 2300 WINDY RIDGE PKWY STE 100 ATLANTA GA 30339-8426 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	CS Suzanne K. Gabbert 1655 Roberts Blvd. NW Kennesaw, GA 30144 <input checked="" type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D LACY, VIRGINIA C. 1221 HEATHERTON DR NAPERVILLE IL 60563 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	D Bruce J. Van Dyne 1655 Roberts Blvd. NW Kennesaw, GA 30144 <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	DCS MCCALL, RONALD D. 220 E. MADISON ST, STE 500 TAMPA FL 33602 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D ELKINS, RONALD C 920 STANTON YOUNG BLVD ROOM 4SP-250 OKLAHOMA CITY OK 73190 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VPRD BLACK, K PHD 1655 ROBERTS BLVD NW KENNESAW GA 30144 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition

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: *Suzanne K. Gabbert*
Suzanne K. Gabbert
Signature and typed name of Secretary

CR2E034 (10/02)