

**2016 FOREIGN PROFIT CORPORATION ANNUAL REPORT**

DOCUMENT# F15000004968

**Entity Name:** RENNOVA HEALTH, INC.**Current Principal Place of Business:**400 SOUTH AUSTRALIAN AVENUE, SUITE 800  
WEST PALM BEACH, FL 33401**Current Mailing Address:**400 SOUTH AUSTRALIAN AVENUE, SUITE 800  
WEST PALM BEACH, FL 33401 US**FEI Number:** 68-0370244**Certificate of Status Desired:** No**Name and Address of Current Registered Agent:**NRAI SERVICES, INC.  
1200 SOUTH PINE ISLAND ROAD  
PLANTATION, FL 33324 US*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

**Officer/Director Detail :**

Title C  
Name MIKA, THOMAS R  
Address 400 SOUTH AUSTRALIAN AVENUE,  
SUITE 800  
City-State-Zip: WEST PALM BEACH FL 33401

Title DCEOP  
Name LAGAN, SEAMUS  
Address 400 SOUTH AUSTRALIAN AVENUE,  
SUITE 800  
City-State-Zip: WEST PALM BEACH FL 33401

Title D  
Name BILLINGS, PAUL DR  
Address 400 SOUTH AUSTRALIAN AVENUE,  
SUITE 800  
City-State-Zip: WEST PALM BEACH FL 33401

Title D  
Name DIAMANTIS, CHRISTOPHER  
Address 400 SOUTH AUSTRALIAN AVENUE,  
SUITE 800  
City-State-Zip: WEST PALM BEACH FL 33401

Title CFO  
Name ADAMS, JASON P  
Address 400 SOUTH AUSTRALIAN AVENUE,  
SUITE 800  
City-State-Zip: WEST PALM BEACH FL 33401

Title S  
Name SAINSBURY, SEBASTIEN  
Address 400 SOUTH AUSTRALIAN AVENUE,  
SUITE 800  
City-State-Zip: WEST PALM BEACH FL 33401

Title D  
Name FRANK, BENJAMIN  
Address 400 SOUTH AUSTRALIAN AVENUE,  
SUITE 800  
City-State-Zip: WEST PALM BEACH FL 33401

Title D  
Name GOLDBERG, MICHAEL L  
Address 400 SOUTH AUSTRALIAN AVENUE,  
SUITE 800  
City-State-Zip: WEST PALM BEACH FL 33401

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*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:** SEAMUS LAGAN**PRESIDENT****03/18/2016**

Electronic Signature of Signing Officer/Director Detail

Date

**Officer/Director Detail Continued :**

Title	D
Name	LEE, ROBERT
Address	400 SOUTH AUSTRALIAN AVENUE, SUITE 800
City-State-Zip:	WEST PALM BEACH FL 33401