

**2018 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:**CORPORATION COMPANY OF MIAMI  
200 S BISCAYNE BLVD  
SUITE 4100 (JTC)  
MIAMI, FL 33131 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:** BY GARY J. COHEN, VICE PRESIDENT

04/30/2018

Electronic Signature of Registered Agent

Date

**Officer/Director Detail :**

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

Title DIRECTOR  
Name BLUM, GARY  
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 D  
Name LANGLEY, TREVOR  
Address 400 SOUTH AUSTRALIAN AVENUE,  
SUITE 800  
City-State-Zip: WEST PALM BEACH FL 33401

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

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:** SEBASTIEN CHARLES SAINSBURY**SECRETARY**

04/30/2018

Electronic Signature of Signing Officer/Director Detail

Date