

**2023 FOREIGN PROFIT CORPORATION ANNUAL REPORT**

DOCUMENT# F15000004968

**Entity Name:** RENNOVA HEALTH, INC.**Current Principal Place of Business:**400 S AUSTRALIAN AVE  
SUITE 800  
WEST PALM BEACH, FL 33401**Current Mailing Address:**400 S AUSTRALIAN AVE  
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

07/10/2023

Electronic Signature of Registered Agent

Date

**Officer/Director Detail :**

Title	CEO DIRECTOR
Name	LAGAN, SEAMUS
Address	400 S AUSTRALIAN AVE SUITE 800
City-State-Zip:	WEST PALM BEACH FL 33401

Title	DIRECTOR
Name	LANGLEY, TREVOR
Address	400 S AUSTRALIAN AVE SUITE 800
City-State-Zip:	WEST PALM BEACH FL 33401

Title	SECRETARY
Name	DYMOND, KRISTINE
Address	400 S AUSTRALIAN AVE 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

*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:** KRISTINE DYMOND

SECRETARY

07/10/2023

Electronic Signature of Signing Officer/Director Detail

Date