

2017 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

04/28/2017

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 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

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

04/28/2017

Electronic Signature of Signing Officer/Director Detail

Date