

**2020 FOREIGN PROFIT CORPORATION ANNUAL REPORT**

DOCUMENT# F15000004968

**Entity Name:** RENNOVA HEALTH, INC.**Current Principal Place of Business:**931 VILLAGE BOULEVARD  
905-196  
WEST PALM BEACH, FL 33409**Current Mailing Address:**931 VILLAGE BOULEVARD  
905-196  
WEST PALM BEACH, FL 33409 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

07/07/2020

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	D
Name	LANGLEY, TREVOR
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	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:** SEBASTIEN SAINSBURY**SECRETARY**

07/07/2020

Electronic Signature of Signing Officer/Director Detail

Date