

2021 FOREIGN PROFIT CORPORATION REINSTATEMENT

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

09/30/2021

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	LOMOSI, ALEX
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: ALEX LOMOSI

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09/30/2021

Electronic Signature of Signing Officer/Director Detail

Date