FORM 3

UNITED STATES SECURITIES AND EXCHANGE **COMMISSION**

Washington, D.C. 20549

INITIAL STATEMENT OF BENEFICIAL OWNERSHIP OF **SECURITIES**

OMB APPROVAL			
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Filed pursuant to Section 16(a) of the Securities Exchange Act of 1934 or Section 30(h) of the Investment Company Act of 1940

(Print or Type Responses)									
1. Name and Address of Reporting Person * Goldberg Michael Louis	Statem (Mont	ient h/Day/Year		~	3. Issuer Name and Ticker or Trading Symbol Rennova Health, Inc. [RNVA]				
(Last) (First) (Middle 400 S. AUSTRALIAN AVE., SUITE 800	11/02	11/02/2015		4. Relationship of Reporting Person(s) to Issuer (Check all applicable) X Director 10% Owner			5. If Amendment, Date Original Filed(Month/Day/Year)		
(Street) WEST PALM BEACH, FL 334	401			Officer (gi		specify	Filing(Ch _X_ Form f	dual or Joint/Group neck Applicable Line) filed by One Reporting Person filed by More than One Reporting	
(City) (State) (Zip)		Tal	ble I	- Non-Derivati	ve Securitie	s Ben	eficially	Owned	
1.Title of Security (Instr. 4)	_, _,		neficia	nt of Securities Illy Owned			Nature of Indirect Beneficial vnership str. 5)		
Common Stock 0					D				
not required number.	respond t to respond	o the colle l unless th	ectioi ne foi	n of informatior rm displays a c	contained i urrently valid	n this	control		
J		e Exercisable 3. Separation Date Double Doub		(e.g., puts, calls, tle and Amount of rities Underlying vative Security r. 4)	4. Conversion or Exercise Price of	5. On Owner Form	nership m of ivative	6. Nature of Indirect Beneficial Ownership (Instr. 5)	
	Date Exercisable	Title		Amount or Numl of Shares	Derivative Security	Dire or I: (I)	urity: ect (D) ndirect etr. 5)		
Reporting Owners									

Reporting Owner Name / Address	Relationships					
Reporting Owner Name / Address	Director	10% Owner	Officer	Other		
Goldberg Michael Louis 400 S. AUSTRALIAN AVE., SUITE 800 WEST PALM BEACH, FL 33401	X					

Signatures

/s/ Michael L. Goldberg	11/12/2015
**Signature of Reporting Person	Date

Explanation of Responses:

- * If the form is filed by more than one reporting person, see Instruction 5(b)(v).
- ** Intentional misstatements or omissions of facts constitute Federal Criminal Violations. See 18 U.S.C. 1001 and 15 U.S.C. 78ff(a).

Note: File three copies of this Form, one of which must be manually signed. If space is insufficient, See Instruction 6 for procedure.

Potential persons who are to respond to the collection of information contained in this form are not required to respond unless the form displays a currently valid OMB number.