

FORM 3

**UNITED STATES SECURITIES AND EXCHANGE
COMMISSION
Washington, D.C. 20549**

OMB APPROVAL	
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Estimated average burden hours per response...	0.5

INITIAL STATEMENT OF BENEFICIAL OWNERSHIP OF SECURITIES

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 * Lagan Seamus (Last) (First) (Middle) 400 SOUTH AUSTRALIAN AVENUE, SUITE 800 (Street) WEST PALM BEACH, FL 33401 (City) (State) (Zip)	2. Date of Event Requiring Statement (Month/Day/Year) 11/02/2015	3. Issuer Name and Ticker or Trading Symbol Rennova Health, Inc. [RNVA]	
		4. Relationship of Reporting Person(s) to Issuer (Check all applicable) <input checked="" type="checkbox"/> Director <input type="checkbox"/> 10% Owner <input checked="" type="checkbox"/> Officer (give title below) <input type="checkbox"/> Other (specify below) CEO and President	5. If Amendment, Date Original Filed(Month/Day/Year)
		6. Individual or Joint/Group Filing(Check Applicable Line) <input type="checkbox"/> Form filed by One Reporting Person <input checked="" type="checkbox"/> Form filed by More than One Reporting Person	

Table I - Non-Derivative Securities Beneficially Owned

1. Title of Security (Instr. 4)	2. Amount of Securities Beneficially Owned (Instr. 4)	3. Ownership Form: Direct (D) or Indirect (I) (Instr. 5)	4. Nature of Indirect Beneficial Ownership (Instr. 5)
Common Stock	421,927 (1)	I	By: Alcimed LLC

Reminder: Report on a separate line for each class of securities beneficially owned directly or indirectly.

SEC 1473 (7-02)

	Persons who respond to the collection of information contained in this form are not required to respond unless the form displays a currently valid OMB control number.	
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Table II - Derivative Securities Beneficially Owned (e.g., puts, calls, warrants, options, convertible securities)

1. Title of Derivative Security (Instr. 4)	2. Date Exercisable and Expiration Date (Month/Day/Year)		3. Title and Amount of Securities Underlying Derivative Security (Instr. 4)		4. Conversion or Exercise Price of Derivative Security	5. Ownership Form of Derivative Security: Direct (D) or Indirect (I) (Instr. 5)	6. Nature of Indirect Beneficial Ownership (Instr. 5)
	Date Exercisable	Expiration Date	Title	Amount or Number of Shares			

Reporting Owners

Reporting Owner Name / Address	Relationships			
	Director	10% Owner	Officer	Other
Lagan Seamus 400 SOUTH AUSTRALIAN AVENUE, SUITE 800 WEST PALM BEACH, FL 33401	X		CEO and President	
Alcimed LLC 400 S. AUSTRALIAN AVE, 8TH FLOOR WEST PALM BEACH, FL 33401				Stockholder

Signatures

/s/ Seamus Lagan	11/16/2015
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--Signature of Reporting Person		Date
Alcimedede LLC,by: /s/ Seamus Lagan, Sole Manager		11/16/2015
--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).

(1) Received in connection with the merger transaction with Medytox Solutions, Inc. ("Medytox"), in exchange for 1,030,000 shares of Medytox common stock, based upon an exchange ratio of 0.4096377408003329 per share.

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.