

Street Address 1

WEST PALM BEACH

400 S. AUSTRALIAN AVENUE, SUITE 800

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

OMB APPROVAL
OMB Number: 3235-0076
Expires: August 31, 2015
Estimated Average burden hours per response: 4.0

Phone No. of Issuer 561-855-1626

1. Issuer's Identity		
CIK (Filer ID Number)	Previous Name(s) None	Entity Type
0000931059	CollabRx, Inc TEGAL	• Corporation
Name of Issuer	CORP /DE/	C Limited Partnership
Rennova Health, Inc.	CollabRx, Inc. TEGAL CORP /DE/	C Limited Liability Company
Jurisdiction of Incorporation/Organization	TEGAL CORF /DE/	General Partnership
DELAWARE		C Business Trust
Year of Incorporation/Organization	on	C Other
⊙ Over Five Years Ago		
O Within Last Five Years (Specify Year)		
C Yet to Be Formed		
2 Principal Place of B	Business and Contact Inf	formation
Name of Issuer	rusiness and Contact ini	omation
Rennova Health, Inc.		

Street Address 2

33401

ZIP/Postal Code

State/Province/Country

FLORIDA

3. Related Pers	sons		
T (N)	771 (31		MOLIN M
Last Name	First Name		Middle Name
Lagan	Seamus		
Street Address 1		Street Address 2	
400 S. AUSTRALIAN	N AVENUE, SUITE 800		
City	State/Province/C	Country	ZIP/Postal Code
West Palm Beach	FLORIDA		33401
Relationship:	Executive Officer	Director	Promoter
Clarification of Response	(if Necessary)		
	,		
Last Name	First Name		Middle Name
Langley	11/]
Street Address 1		Street Address 2	
400 S. AUSTRALIAN	N AVENUE, SUITE 800		
City	State/Province/O	Country	ZIP/Postal Code
West Palm Beach	FLORIDA		33401
Relationshin:	Executive Officer	Director	Promoter

ENUE, SUITE 800 State/Province FLORIDA Executive Officer ccessary)	Street Address e/Country Director	ZIP/Postal Code 33401 Promoter
State/Province FLORIDA Executive Officer	e/Country	ZIP/Postal Code
State/Province FLORIDA Executive Officer		33401
FLORIDA Executive Officer		33401
Executive Officer	▽ Director	
	▽ Director	Promoter
	Director	Promoter
ecessary)		
		_
Health	Care	C Retailing
006	0.0	
1 He		C Restaurants
	-	reciniology
2000		C Computers
		C Telecommunications
d		C Other Technology
ncial		Travel
	Ü	C Airlines & Airports
200		C Lodging & Conventions
2000		C Tourism & Travel Service
C RE	EITS & Finance	C Other Travel
(504)		C Other
s C Ot	her Real Estate	
	7-40	Asset Value Range
	7.00	gregate Net Asset Value
	2000	
0	1000	001 - \$25,000,000
	100	0,001 - \$50,000,000
บบป	2000	0,001 - \$100,000,000 100,000,000
	-	
	Decline	e to Disclose
	C Not Ap	pplicable
	C Bisconnection of the control of th	Health Insurance Hospitals & Physicians C Pharmaceuticals C Other Health Care d ncial Manufacturing Real Estate C Commercial C Construction C REITS & Finance C Residential C Other Real Estate C No Agg C \$1 - \$5, C \$5,000, C \$25,000 C Over \$

7. Type of Filing	
	2022 02 11
New Notice Date of First Sale	2022-03-11 First Sale Yet to Occur
Amendment	
B. Duration of Offering	
oes the Issuer intend this offering to last more	e than one year?
9. Type(s) of Securities Offe	ered (select all that apply)
Pooled Investment Fund	
Interests Tenant-in-Common Securities Deb	
	tion, Warrant or Other Right to
Security to be Acquired Upon	quire Another Security
Other Right to Acquire	er (describe)
Security	
10. Business Combination	Transaction
this offering being made in connection with a	Ves
ransaction, such as a merger, acquisition or ex	change offer?
larification of Response (if Necessary)	
-	
linimum investment accepted from any outsid	le \$ 1 USD
linimum investment accepted from any outsid avestor	de \$ 1 USD
Inimum investment accepted from any outsid avestor 2. Sales Compensation	S USD
Inimum investment accepted from any outsid tyestor 2. Sales Compensation	Recipient CRD Number None
Inimum investment accepted from any outsid tyestor 2. Sales Compensation	Recipient CRD Number None
Inimum investment accepted from any outside vestor 2. Sales Compensation Recipient	S USD
Inimum investment accepted from any outside vestor 2. Sales Compensation Recipient	Recipient CRD Number None (Associated) Broker or Dealer CRD None
2. Sales Compensation Recipient Associated) Broker or Dealer	Recipient CRD Number None (Associated) Broker or Dealer CRD None
2. Sales Compensation Recipient Associated) Broker or Dealer	Recipient CRD Number None None (Associated) Broker or Dealer CRD None Number
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Associated) Broker or Dealer Street Address 1 City Late(s) of Solicitation 13. Offering and Sales Amo	Recipient CRD Number None None (Associated) Broker or Dealer CRD None Number Street Address 2 State/Province/Country ZIP/Postal Code
11. Minimum Investment Inimum investment accepted from any outside investor 12. Sales Compensation Recipient (Associated) Broker or Dealer Street Address 1 City Itate(s) of Solicitation 13. Offering and Sales Amount Total Offering Amount \$ 1500000	Recipient CRD Number None None (Associated) Broker or Dealer CRD None Number Street Address 2 State/Province/Country ZIP/Postal Code
Associated) Broker or Dealer Street Address 1 City Late(s) of Solicitation 13. Offering and Sales Amo	Recipient CRD Number None None (Associated) Broker or Dealer CRD None Number Street Address 2 State/Province/Country ZIP/Postal Code
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Ininimum investment accepted from any outside investor 2. Sales Compensation Recipient Associated) Broker or Dealer Note that the same of the same	Recipient CRD Number None Number None Street Address 2 State/Province/Country ZIP/Postal Code All States USD Indefinite USD

14. Investors
Select if securities in the offering have been or may be sold to persons who do not qualify as accredited investors, Number of such non-accredited investors who already have invested in the offering Regardless of whether securities in the offering have been or may be sold to persons who do not qualify as accredited investors, enter the total number of investors who already have invested in the offering:
15. Sales Commissions & Finders' Fees Expenses
Provide separately the amounts of sales commissions and finders' fees expenses, if any. If the amount of an expenditure is not known, provide an estimate and check the box next to the amount.
Sales Commissions \$ 0 USD Estimate
Finders' Fees \$ 0 USD Estimate
Clarification of Response (if Necessary)
16. Use of Proceeds
Provide the amount of the gross proceeds of the offering that has been or is proposed to be used for payments to any of the persons required to be named as executive officers, directors or promoters in response to Item 3 above. If the amount is unknown, provide an estimate and check the box next to the amount. \$ 0 USD
Circulture and Culturiation
Signature and Submission

Please verify the information you have entered and review the Terms of Submission below before signing and clicking SUBMIT below to file this notice.

Terms of Submission

In submitting this notice, each Issuer named above is:

- Notifying the SEC and/or each State in which this notice is filed of the offering of securities described and undertaking to furnish them, upon written request, the information furnished to
- Irrevocably appointing each of the Secretary of the SEC and, the Securities Administrator or other legally designated officer of the State in which the Issuer maintains its principal place of business and any State in which this notice is filed, as its agents for service of process, and agreeing that these persons may accept service on its behalf, of any notice, process or pleading, and further agreeing that such service may be made by registered or certified mail, in any Federal or state action, administrative proceeding, or arbitration brought against it in any place subject to the jurisdiction of the United States, if the action, proceeding or arbitration (a) arises out of any activity in connection with the offering of securities that is the subject of this notice, and (b) is founded, directly or indirectly, upon the provisions of: (i) the Securities Act of 1933, the Securities Exchange Act of 1934, the Trust Indenture Act of 1939, the Investment Company Act of 1940, or the Investment Advisers Act of 1940, or any rule or regulation under any of these statutes, or (ii) the laws of the State in which the issuer maintains its principal place of business or any State in which
- Certifying that, if the issuer is claiming a Regulation D exemption for the offering, the issuer is not disqualified from relying on Regulation D for one of the reasons stated in Rule 505(b)(2)(iii) or Rule

Each Issuer identified above has read this notice, knows the contents to be true, and has duly caused this notice to be signed on its behalf by the undersigned duly authorized person.

For signature, type in the signer's name or other letters or characters adopted or authorized as the signer's signature.

Issuer	Signature	Name of Signer	Title	Date
Rennova Health, Inc.	/s/ Seamus Lagan	Seamus Lagan	Chief Executive Officer	2022-03-17