

2019 FOREIGN PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# F99000006225

Entity Name: ADTALEM GLOBAL HEALTH, INC.**Current Principal Place of Business:**630 ROUTE 1
SUITE 300
NORTH BRUNSWICK, NJ 08902**Current Mailing Address:**500 WEST MONROE
SUITE 2800
CHICAGO, IL 60661 US**FEI Number:** 13-3979959**Certificate of Status Desired:** No**Name and Address of Current Registered Agent:**C T CORPORATION SYSTEM
1200 SOUTH PINE ISLAND ROAD
PLANTATION, FL 33324 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:**_____
Electronic Signature of Registered Agent_____
Date**Officer/Director Detail :**

Title	PRESIDENT
Name	BODEN HOLLAND, KATHY
Address	500 WEST MONROE SUITE 2800
City-State-Zip:	CHICAGO IL 60661

Title	SEC
Name	BEARD, STEPHEN W
Address	500 WEST MONROE SUITE 2800
City-State-Zip:	CHICAGO IL 60661

Title	TREASURER
Name	UNZICKER, PATRICK
Address	500 WEST MONROE SUITE 2800
City-State-Zip:	CHICAGO IL 60661

Title	ASST. TREASURER
Name	CANNOVA, JOHN
Address	500 WEST MONROE SUITE 2800
City-State-Zip:	CHICAGO IL 60661

Title	ASST. TREASURER
Name	BRISSON, JOHN
Address	500 WEST MONROE SUITE 2800
City-State-Zip:	CHICAGO IL 60661

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: JOHN CANNOVA

ASST. TREASURER

05/01/2019

Electronic Signature of Signing Officer/Director Detail_____
Date