

2017 FOREIGN PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# F99000006225

Entity Name: DEVRY MEDICAL INTERNATIONAL, INC.**Current Principal Place of Business:**630 ROUTE 1
SUITE 300
NORTH BRUNSWICK, NJ 08902**Current Mailing Address:**3005 HIGHLAND PARKWAY
DOWNERS GROVE, IL 60515 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	WARDELL, LISA
Address	3005 HIGHLAND PARKWAY
City-State-Zip:	DOWNERS GROVE IL 60515

Title	SEC
Name	CARUSO, F. WILLIS JR.
Address	3005 HIGHLAND PARKWAY
City-State-Zip:	DOWNERS GROVE IL 60515

Title	TREASURER
Name	UNZICKER, PATRICK
Address	3005 HIGHLAND PARKWAY
City-State-Zip:	DOWNERS GROVE IL 60515

Title	ASST. TREASURER
Name	CANNOVA, JOHN
Address	3005 HIGHLAND PARKWAY
City-State-Zip:	DOWNERS GROVE IL 60515

Title	ASST. TREASURER
Name	BRISSON, JOHN
Address	3005 HIGHLAND PARKWAY
City-State-Zip:	DOWNERS GROVE IL 60515

Title	ASST. SECRETARY
Name	SIELAND, ROBERT P
Address	3005 HIGHLAND PARKWAY
City-State-Zip:	DOWNERS GROVE IL 60515

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**ASSISTANT TREASURER 04/24/2017**

Electronic Signature of Signing Officer/Director Detail

Date