

2024 FOREIGN PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# F99000006225

Entity Name: ADTALEM GLOBAL HEALTH, INC.**Current Principal Place of Business:**500 W MONROE ST
SUITE 1300
CHICAGO, IL 60661**Current Mailing Address:**500 W MONROE ST
SUITE 1300
CHICAGO, IL 60661 US**FEI Number:** 13-3979959**Certificate of Status Desired:** No**Name and Address of Current Registered Agent:**CORPORATION SERVICE COMPANY
1201 HAYS STREET
TALLAHASSEE, FL 32301 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	KIMBLE, KRISTINE
Address	500 W MONROE ST SUITE 1300
City-State-Zip:	CHICAGO IL 60661

Title	SECRETARY
Name	BECK, DOUGLAS G
Address	500 W MONROE ST SUITE 1300
City-State-Zip:	CHICAGO IL 60661

Title	ASST. SECRETARY, DIRECTOR
Name	BACHMAN, LAWRENCE C
Address	500 W MONROE ST SUITE 1300
City-State-Zip:	CHICAGO IL 60661

Title	ASST. TREASURER
Name	FUNKE, HOLLY
Address	500 W MONROE ST SUITE 1300
City-State-Zip:	CHICAGO IL 60661

Title	DIRECTOR
Name	GANGADHARAN, MANJUNATH
Address	500 W MONROE ST SUITE 1300
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: DOUGLAS G. BECK**SECRETARY****03/05/2024**_____
Electronic Signature of Signing Officer/Director Detail_____
Date