

2019 FOREIGN PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# F12000001353

Entity Name: MOLINA MEDICAL MANAGEMENT, INC.

Current Principal Place of Business:

200 OCEANGATE SUITE 100
LONG BEACH, CA 90802

Current Mailing Address:

200 OCEANGATE SUITE 100
LONG BEACH, CA 90802

FEI Number: 37-1652282

Certificate of Status Desired: No

Name and Address of Current Registered Agent:

CORPORATION SERVICE COMPANY
1201 HAYS STREET
TALLAHASSEE, FL 32301-2525 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 DIRECTOR, PRESIDENT, CHAIRMAN
Name MARDESICH, CHRISTOPHER
Address 200 OCEANGATE SUITE 100
City-State-Zip: LONG BEACH CA 90802

Title SECRETARY
Name BARLOW, JEFF D
Address 300 UNIVERSITY AVE
SUITE 100
City-State-Zip: SACRAMENTO CA 95825

Title CFO, TREASURER, VP
Name TRAN, THOMAS
Address 200 OCEANGATE SUITE 100
City-State-Zip: LONG BEACH CA 90802

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: JEFF D BARLOW

SECRETARY

02/27/2019

Electronic Signature of Signing Officer/Director Detail

Date