2009 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Apr 23, 2009
Secretary of State

DOCUMENT# F08000000992

Entity Name: MOLINA HEALTHCARE, INC.

Current Principal Place of Business:

200 OCEANGATE SUITE 100
LONG BEACH, CA 90802

New Principal Place of Business:

Current Mailing Address:

2277 FAIR OAKS BLVD #440
SACRAMENTO, CA 95825

New Mailing Address:

FEI Number: 13-4204626 **FEI Number Applied For ( )** **FEI Number Not Applicable ( )** **Certificate of Status Desired ( )**

Name and Address of Current Registered Agent:

CORPORATION SERVICE COMPANY
1201 HAYS STREET
TALLAHASSEE, FL 32301 US

Name and Address of New Registered Agent:

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

Election Campaign Financing Trust Fund Contribution ( ).

OFFICERS AND DIRECTORS:

Title: PC ( ) Delete
Name: MOLINA, JOSEPH M
Address: 200 OCEANGATE SUITE 100
City-St-Zip: LONG BEACH, CA 90802

Title: CFOD ( ) Delete
Name: MOLINA, JOHN C
Address: 200 OCEANGATE SUITE 100
City-St-Zip: LONG BEACH, CA 90802

Title: COO ( ) Delete
Name: BAYER, TERRY
Address: 200 OCEANGATE SUITE 100
City-St-Zip: LONG BEACH, CA 90802

Title: S ( ) Delete
Name: ANDREWS, MARK L
Address: 2277 FAIR OAKS BLVD #440
City-St-Zip: SACRAMENTO, CA 95825

Title: D ( ) Delete
Name: FEDAK, CHARLES Z CPA
Address: 6081 ORANGE AVE
City-St-Zip: CYPRESS, CA 90630

Title: D ( ) Delete
Name: MURRAY, FRANK B MD
Address: 41406 STONE BRIDGE RD
City-St-Zip: BIG BEAR LAKE, CA 92315

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: ( ) Change ( ) Addition
Name:
Address:
City-St-Zip:

Title: ( ) Change ( ) Addition
Name:
Address:
City-St-Zip:

Title: ( ) Change ( ) Addition
Name:
Address:
City-St-Zip:

Title: ( ) Change ( ) Addition
Name:
Address:
City-St-Zip:

Title: ( ) Change ( ) Addition
Name:
Address:
City-St-Zip:

Title: ( ) Change ( ) Addition
Name:
Address:
City-St-Zip:

I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Chapter 119, Florida Statutes. I further 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 an address, with all other like empowered.

SIGNATURE: JEFF BARLOW AS 04/23/2009

Electronic Signature of Signing Officer or Director Date