2012 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Apr 27, 2012
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:

200 OCEANGATE
SUITE 100
LONG BEACH, CA 90802

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

OFFICERS AND DIRECTORS:

Title: PCD
Name: MOLINA, JOSEPH M MD
Address: 200 OCEANGATE, SUITE 100
City-St-Zip: LONG BEACH, CA 90802

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

Title: S
Name: BARLOW, JEFF D
Address: 300 UNIVERSITY AVENUE, SUITE 100
City-St-Zip: SACRAMENTO, CA 95825

Title: D
Name: FEDAK, CHARLES Z
Address: 200 OCEANGATE, SUITE 100
City-St-Zip: LONG BEACH, CA 90802

Title: D
Name: MURRAY, FRANK E MD
Address: 200 OCEANGATE, SUITE 100
City-St-Zip: LONG BEACH, CA 90802

Title: D
Name: ORLANDO, STEVEN J
Address: 200 OCEANGATE, SUITE 100
City-St-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 S 04/27/2012

Electronic Signature of Signing Officer or Director — Date