

2009 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P07000056397

FILED
Jan 21, 2009
Secretary of State

Entity Name: MOLINA HEALTHCARE OF FLORIDA, INC.

Current Principal Place of Business:

8300 N.W. 33RD STREET
SUITE 400
DORAL, FL 33122 US

New Principal Place of Business:

8300 N.W. 33RD STREET
SUITE 400
DORAL, FL 33122 US

Current Mailing Address:

8300 NW 33RD STREET, SUITE 400
DORAL, FL 33122

New Mailing Address:

8300 N.W. 33RD STREET
SUITE 400
DORAL, FL 33122 US

FEI Number: 26-0155137

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired (X)

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: P () Delete
Name: HAIRSTON, DON
Address: 8300 N.W. 33RD STREET, SUITE 400
City-St-Zip: DORAL, FL 33122 US

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

Title: D () Delete
Name: MOLINA, JOSEPH M MD
Address: 200 OCEANGATE, STE. 100
City-St-Zip: LONG BEACH, CA 90802 US

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

Title: () Delete
Name:
Address:
City-St-Zip:

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: PD (X) Change () Addition
Name: HAIRSTON, DON
Address: 8300 N.W. 33RD STREET, SUITE 400
City-St-Zip: DORAL, FL 33122 US

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

Title: T (X) Change () Addition
Name: MOLINA, JOHN C
Address: 200 OCEANGATE, STE. 100
City-St-Zip: LONG BEACH, CA 90802 US

Title: D (X) Change () Addition
Name: GOLDSTEIN, GEORGE S
Address: 200 OCEANGATE, STE 100
City-St-Zip: LONG BEACH, CA 90802 US

Title: D () Change (X) Addition
Name: PURRINGTON, MICHELLE
Address: 200 OCEANGATE, SUITE 100
City-St-Zip: LONG BEACH, CA 90802 US

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: MARK L. ANDREWS

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01/21/2009

Electronic Signature of Signing Officer or Director

_____ Date