

2011 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P07000056397

FILED
Apr 18, 2011
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:

Current Mailing Address:

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

New Mailing Address:

FEI Number: 26-0155137

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: PD
Name: POLLACK, DAVID
Address: 8300 N.W. 33RD STREET, SUITE 400
City-St-Zip: DORAL, FL 33122 US

Title: D
Name: SANDKUHL, ERIC
Address: 8101 NORTH HIGH STREET, SUITE 210
City-St-Zip: COLUMBUS, OH 43235 US

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

Title: T
Name: SADLER, EURICA
Address: 8300 NW 33RD STREET, SUITE 400
City-St-Zip: DORAL, FL 33122 US

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

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

04/18/2011

Electronic Signature of Signing Officer or Director

_____ Date