

2015 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	PRESIDENT
Name	CALDERON, GLORIA
Address	200 OCEANGATE SUITE 100
City-State-Zip:	LONG BEACH CA 90802

Title	CFO
Name	WHITE, JOSEPH W
Address	200 OCEANGATE SUITE 100
City-State-Zip:	LONG BEACH CA 90802

Title	DIRECTOR
Name	SANABIA, ZACK
Address	887 E. SECOND STREET
City-State-Zip:	POMONA CA 91766

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

Title	DIRECTOR
Name	ZARZA-GARRIDO, JOANN
Address	200 OCEANGATE SUITE 100
City-State-Zip:	LONG BEACH CA 90802

Title	DIRECTOR
Name	TEJADA, ELIZABETH
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****04/20/2015**_____
Electronic Signature of Signing Officer/Director Detail_____
Date