



Certificate of Appointment

For a

Local Health Authority

I, Carlos Rivera, acting in the capacity as a

(Check the appropriate designation below)

- ☒ Non-physician and the Local Health Department Director
☐ Mayor or Designee
☐ County Judge of Designee
☐ Chairperson of the Public Health District

do hereby certify the physician, Philip Huang M.D., who is licensed by the Texas Board of Medical Examiners, was duly appointed as the Local Health Authority for Austin and Travis County, Texas.

Date term of office begins April 1, 2012

Date term of office ends March 31, 2014, unless removed by law.

The Local Health Authority has been appointed and approved by the:

(Check the appropriate designation below)

- ☒ Director, Austin/Travis County Health and Human Services Department
☒ City Council for the City of Austin, Texas
☒ Commissioners Court for Travis County
☐ Board of Health for the _____ Public Health District

I certify to the above information on this the 1st day of March, 2012.


Signature of appointing official

(See reverse side for instructions)



THE STATE OF TEXAS

Statement of Elected/Appointed Officer

(Please type or print legibly)

I Philip Huang do solemnly swear (or affirm) that I have not directly or indirectly paid, offered, promised to pay, contributed, or promised to contribute any money or thing of value, or promised any public office or employment for the giving or withholding of a vote at the election at which I was elected or as a reward to secure my appointment or confirmation, whichever the case may be, so help me God.



Affianced Signature

Philip Huang, M.D.
Printed Name

Health Authority
Position to Which Elected/Appointed

Austin/Travis County
City and/or County

SWORN TO and subscribed before me by affiant on this 24th day of February 2012.


Signature of Person Authorized to Administer
Oaths/Affidavits

(Seal)

Olga Hernandez
Printed Name

Notary Public for the State of Texas
Title





OATH OF OFFICE

For Local Health Authorities in the State of Texas

I, Philip Huang, M.D., do solemnly swear (or affirm), that I will faithfully execute the duties of the office of Health Authority of the State of Texas and will to the best of my ability, preserve, protect, and defend the Constitution and laws of the United States and of this State, so help me God.


Affiant

15 Waller Street Austin, Texas 78702

Mailing Address

ZIP

512 972-5855

512 587-9045

(Area Code) Phone Number (day and evening)

Philip.huang@austintexas.gov

Email Address

SWORN TO and subscribed before me this 24th day of February, 2012.


Signature of Person Administering Oath

Olga Hernandez

Printed Name

(Seal)



Notary Public for the State of Texas

Title



Certificate of Appointment

For a

Local Health Authority

I, Carlos Rivera, acting in the capacity as a

(Check the appropriate designation below)

- ☒ Non-physician and the Local Health Department Director
☐ Mayor or Designee
☐ County Judge of Designee
☐ Chairperson of the Public Health District

do hereby certify the physician, Paul R. Hinchey, who is licensed by the Texas Board of Medical Examiners, was duly appointed as the Alternate Health Authority for Austin and Travis County, Texas.

Date term of office begins April 1, 2012

Date term of office ends March 31, 2014, unless removed by law.

The Local Health Authority has been appointed and approved by the:

(Check the appropriate designation below)

- ☒ Director, Austin/Travis County Health and Human Services Department
☒ City Council for the City of Austin, Texas
☒ Commissioners Court for Travis County
☐ Board of Health for the _____ Public Health District

I certify to the above information on this the 1st day of March, 2012

Carlos Rivera
Signature of appointing official

(See reverse side for instructions)




THE STATE OF TEXAS

Statement of Elected/Appointed Officer

(Please type or print legibly)

I Paul R. Hinchey do solemnly swear (or affirm) that I have not directly or indirectly paid, offered, promised to pay, contributed, or promised to contribute any money or thing of value, or promised any public office or employment for the giving or withholding of a vote at the election at which I was elected or as a reward to secure my appointment or confirmation, whichever the case may be, so help me God.

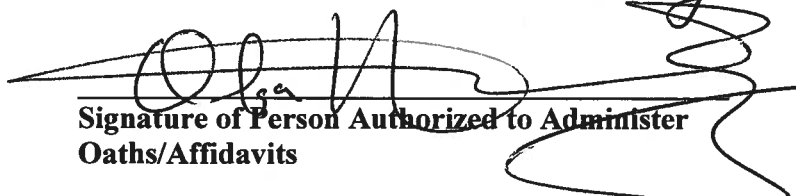

Affianced Signature

Paul R. Hinchey, M.D.
Printed Name

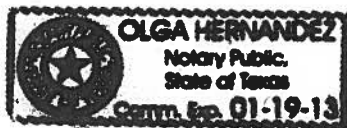
Alternate Health Authority
Position to Which Elected/Appointed

Austin/Travis County
City and/or County

SWORN TO and subscribed before me by affiant on this 21st day of February 2012.


Signature of Person Authorized to Administer
Oaths/Affidavits

(Seal)



Olga Hernandez
Printed Name

Notary Public for the State of Texas
Title



OATH OF OFFICE

For Local Health Authorities in the State of Texas

I, Paul R. Hinchey, M.D., do solemnly swear (or affirm), that I will faithfully execute the duties of the office of Alternate Health Authority of the State of Texas and will to the best of my ability, preserve, protect, and defend the Constitution and laws of the United States and of this State, so help me God.


Affiant

517 South Pleasant Valley Austin, Texas 78741
Mailing Address ZIP

512 978-0001
(Area Code) Phone Number (day and evening)

Paul.hinchey@austintexas.gov
Email Address

SWORN TO and subscribed before me this 21st day of February, 2012.



(Seal)


Signature of Person Administering Oath

Olga Hernandez
Printed Name

Notary Public for the State of Texas
Title



Certificate of Appointment

For a

Local Health Authority

I, Carlos Rivera, acting in the capacity as a

(Check the appropriate designation below)

- ☒ Non-physician and the Local Health Department Director
☐ Mayor or Designee
☐ County Judge of Designee
☐ Chairperson of the Public Health District

do hereby certify the physician, Birch Kimbrough, who is licensed by the Texas Board of Medical Examiners, was duly appointed as the Alternate Health Authority for Austin and Travis County, Texas.

Date term of office begins April 1, 2012

Date term of office ends March 31, 2014, unless removed by law.

The Local Health Authority has been appointed and approved by the:

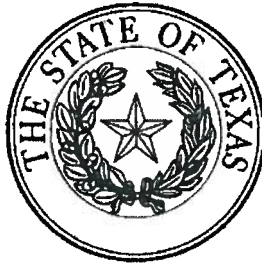
(Check the appropriate designation below)

- ☒ Director, Austin/Travis County Health and Human Services Department
☒ City Council for the City of Austin, Texas
☒ Commissioners Court for Travis County
☐ Board of Health for the _____ Public Health District

I certify to the above information on this the 1st day of March, 2012.

Carl Kimbrough
Signature of appointing official

(See reverse side for instructions)




THE STATE OF TEXAS

Statement of Elected/Appointed Officer

(Please type or print legibly)

I Birch Kimbrough do solemnly swear (or affirm) that I have not directly or indirectly paid, offered, promised to pay, contributed, or promised to contribute any money or thing of value, or promised any public office or employment for the giving or withholding of a vote at the election at which I was elected or as a reward to secure my appointment or confirmation, whichever the case may be, so help me God.


Affiant's Signature

Birch Kimbrough, M.D.
Printed Name

Alternate Health Authority
Position to Which Elected/Appointed

Austin/Travis County
City and/or County

SWORN TO and subscribed before me by affiant on this 24th day of February 2012.


Signature of Person Authorized to Administer
Oaths/Affidavits

(Seal)



Olga Hernandez
Printed Name

Notary Public for the State of Texas
Title



OATH OF OFFICE

For Local Health Authorities in the State of Texas

I, Birch Kimbrough, M.D., do solemnly swear (or affirm), that I will faithfully execute the duties of the office of Alternate Health Authority of the State of Texas and will to the best of my ability, preserve, protect, and defend the Constitution and laws of the United States and of this State, so help me God.


Affiant

901 W. Ben White 78704
Mailing Address ZIP

512 448-7160 (512) 422-5635
(Area Code) Phone Number (day and evening)

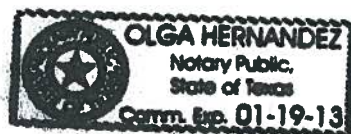
Email Address

SWORN TO and subscribed before me this 24th day of February, 2012.


Signature of Person Administering Oath

Olga Hernandez
Printed Name

(Seal)



Notary Public for the State of Texas
Title



Certificate of Appointment

For a

Local Health Authority

I, Carlos Rivera, acting in the capacity as a

(Check the appropriate designation below)

- ☒ Non-physician and the Local Health Department Director
☐ Mayor or Designee
☐ County Judge of Designee
☐ Chairperson of the Public Health District

do hereby certify the physician, Jose G. Cabanas, who is licensed by the Texas Board of Medical Examiners, was duly appointed as the Alternate Health Authority for Austin and Travis County, Texas.

Date term of office begins April 1, 2012

Date term of office ends March 31, 2014, unless removed by law.

The Local Health Authority has been appointed and approved by the:

(Check the appropriate designation below)

- ☒ Director, Austin/Travis County Health and Human Services Department
☒ City Council for the City of Austin, Texas
☒ Commissioners Court for Travis County
☐ Board of Health for the _____ Public Health District

I certify to the above information on this the 1st day of March, 2012.



Signature of appointing official

(See reverse side for instructions)



OATH OF OFFICE

For Local Health Authorities in the State of Texas

I, Jose G. Cabanas, M.D., do solemnly swear (or affirm), that I will faithfully execute the duties of the office of Alternate Health Authority of the State of Texas and will to the best of my ability, preserve, protect, and defend the Constitution and laws of the United States and of this State, so help me God.


Affiant

517 South Pleasant Valley Austin, Texas 78741
Mailing Address ZIP

512 978-0000 787 292-9324
(Area Code) Phone Number (day and evening)

Jose.Cabanas@austintexas.gov
Email Address

SWORN TO and subscribed before me this 29th day of February, 2012.


Signature of Person Administering Oath

Olga Hernandez
Printed Name

(Seal)



Notary Public for the State of Texas
Title

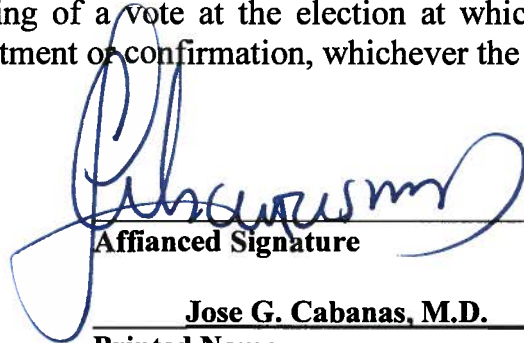


THE STATE OF TEXAS

Statement of Elected/Appointed Officer

(Please type or print legibly)

I Jose G. Cabanas do solemnly swear (or affirm) that I have not directly or indirectly paid, offered, promised to pay, contributed, or promised to contribute any money or thing of value, or promised any public office or employment for the giving or withholding of a vote at the election at which I was elected or as a reward to secure my appointment or confirmation, whichever the case may be, so help me God.

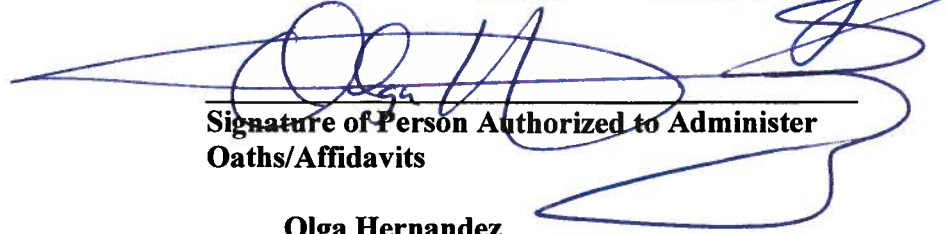

Affiant's Signature

Jose G. Cabanas, M.D.
Printed Name

Alternate Health Authority
Position to Which Elected/Appointed

Austin/Travis County
City and/or County

SWORN TO and subscribed before me by affiant on this 29th day of February 2012


Signature of Person Authorized to Administer
Oaths/Affidavits

(Seal)



Olga Hernandez
Printed Name

Notary Public for the State of Texas
Title