

Certificate of Appointment For a

For a Local Health Authority

I,	<u>Carlos Rivera</u>	, acting in the capacity as a
(Che	ck the appropriate designation below)	
	X Non-physician and the Local Health	Department Director
	Mayor or Designee	
	County Judge of Designee	
	Chairperson of the Public Health Dis	strict
do h	nereby certify the physician, Philip	Huang M.D., who i
	sed by the Texas Board of Medical Examiner	
Auth	ority for Austin and Travis County	, Texas.
Date	term of office beginsApril 1, 2012	
Date	term of office ends March 31, 2014, unles	s removed by law.
The I	Local Health Authority has been appointed and	approved by the:
(Ched	ck the appropriate designation below)	
	X Director, <u>Austin/Travis County F</u>	lealth and Human Services Department
	X City Council for the City of Austin,	<u>Texas</u>
	XCommissioners Court for	<u>Travis</u> County
		Public Health District
I cert	tify to the above information on this the	day of March, 2012.
	Signature of appointin	t.o



Statement of Elected/Appointed Officer

contribute any money or thing of the giving or withholding of a vo	do solemnly swear (or affirm) that I id, offered, promised to pay, contributed, or promised to value, or promised any public office or employment for te at the election at which I was elected or as a reward to mation, 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	e me by affiant on this 24th day of tebruary 2012.
(See I)	Signature of Person Authorized to Administer Oaths/Affidavits
(Seal)	Olga Hernandez Printed Name
OLGA HERNANDEZ Notary Public, State of Texas	Notary Public for the State of Texas Title



I, Philip Huang, M that I will faithfully execution	.D, do solemn cute the duties of the office of Health A	ly swear (or affirm), 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 Affiant		
	15 Waller Street Austin, Texas 78702 Mailing Address	ZIP	
	512 972-5855 512 587-9045 (Area Code) Phone Number (day and ever	ning)	
	Philip.huang@austintexas.gov Email Address		
SWORN TO and subscribed	l before me this 24th day of Februa	1rg , 2012.	
<	Signature of Person Administering Oath		
(Seal)	Olga Hernandez Printed Name		
OLGA HERNANDEZ	Notary Public for the State of Texas Title		



Certificate of Appointment For a

Local Health Authority

I,	<u>Carlos Rivera</u>	, acting i	n the capacity as a
(Checi	k the appropriate designation below) X Non-physician and the Local Heal Mayor or Designee County Judge of Designee Chairperson of the Public Health I	•	ector
by the	reby certify the physician, Paul R. Here Texas Board of Medical Examiners, we rity for Austin and Travis County	as duly appointed	, who is licensed as the Alternate Health
Date to	erm of office begins <u>April 1, 2012</u>		
Date to	erm of office ends <u>March 31, 2014</u> , un	less removed by lav	v.
The L	ocal Health Authority has been appointed a	nd approved by the	:
(Check	k the appropriate designation below)		
	X Director, Austin/Travis County	Health and Human	n Services Department
	X City Council for the City of Austin	n, Texas	
	XCommissioners Court for	Travis	County
	Board of Health for the		Public Health District
I certií	fy to the above information on this the Signature of appoint		14Ch, 2012



Statement of Elected/Appointed Officer

to contribute any money or thing for the giving or withholding or	do solemnly swear (or affirm) that paid, offered, promised to pay, contributed, or promised g of value, or promised any public office or employment f a vote at the election at which I was elected or as a t or confirmation, whichever the case may be, so help me
	Affianced Signature Paul P. Hinghey M.D.
	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	e me by affiant on this 215tday of February 2012.
	001/1
(Seal)	Signature of Person Authorized to Administer Oaths/Affidavits
OLGA HERNANDEZ Notary Public, State of Teleas	Olga Hernandez Printed Name
A Carrie of Marie	Notary Public for the State of Texas Title



I, Paul R. Hinchey,	
_	cute the duties of the office of Alternate Health Authority of
	will to the best of my ability, preserve, protect, and defend
the Constitution and law	s 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)
4	Paul.hinchey@austintexas.gov Email Address
SWORN TO and subscribe	d before me this 21st day of February, 2012
OLGA HERNANDEZ Notary Public, State of Texas Comm. Exp. 01-19-13	Signature of Person Administering Oath
(Seal)	Olga Hernandez Printed Name
	Notary Public for the State of Texas Title



Certificate of Appointment

Local Health Authority

I,	Carlos Rivera	, acting in the capacity as a
(Ched	ck the appropriate designation below)	
•	X Non-physician and the Local Health D	epartment Director
	Mayor or Designee	•
	County Judge of Designee	
	Chairperson of the Public Health Distr	rict
do he	ereby certify the physician, <u>Birch Kimbro</u>	ough , who is licensed
	ne Texas Board of Medical Examiners, was ority for <u>Austin and Travis County</u> ,	
Date	term of office begins April 1, 2012	
Date	term of office ends <u>March 31, 2014</u> , unless	removed by law.
The I	Local Health Authority has been appointed and a	pproved by the:
(Chec	ck the appropriate designation below)	
	X Director, <u>Austin/Travis County He</u>	alth and Human Services Department
	X City Council for the City of Austin, To	exas
	X Commissioners Court for	<u>Travis</u> County
	Board of Health for the	Public Health District
I cert	ify to the above information on this the	day of March , 2012.
	Signature of appointing	K.O.



Statement of Elected/Appointed Officer

I Birch Kimbro	ugh do solemnly swear (or affirm)
	irectly paid, offered, promised to pay, contributed, or
	ey or thing of value, or promised any public office or
	thholding of a vote at the election at which I was elected
·	pintment or confirmation, whichever the case may be, so
help me God.	
	Bouly Kind with
	Affianced Signature
	Birch Kimbrough, M.D.
	Printed Name
	Altannata II aalth Anthanita
	Alternate Health Authority
	Position to Which Elected/Appointed
	Austin/Travis County
	City and/or County
	y
SWORN TO and subscribed before	e me by affiant on this 24th day of February 20/2.
	0010
	Ala De la Companya del Companya de la Companya del Companya de la
	Signature of Person Authorized to Administer
	Oaths/Affidavits
(Seal)	
•	Olga Hernandez
O'GA HERNINGER	Printed Name
Notary Acid	
State of Tenas	Notary Public for the State of Texas
Comm. Sep. 01-19-13	Title



I, Birch Kimbrough, M.D., do solemnly swear (or		
	fully execute the duties of the off	
	Texas and will to the best of my al	
	ion and laws of the United States a	nd of this State, so help
me God.	Affiant Affiant	
	901 W. Ben White	78704
	Mailing Address	ZIP
	512 449 7160 (512) 422 5625	
	512 448-7160 (512) 422-5635 (Area Code) Phone Number (day and e	vening)
	(Med Code) I hone Manbel (day and c	vening)
	Email Address	
SWORN TO and subscribed before me this 24th day of February, 20/2.		
	Signature of Person Administering Oat	
(Seal)	Olga Hernandez Printed Name	
OLGA HERNANDEZ	Notary Public for the State of Texa	<u>ıs</u>



Certificate of Appointment For a

For a Local Health Authority

I,	Carlos Rivera	, acting in the capacity as a
(Chec	ck the appropriate designation below)	
	X Non-physician and the Local Hea	lth Department Director
	Mayor or Designee	
	County Judge of Designee	
	Chairperson of the Public Health	District
do he	ereby certify the physician, Jose G. (Cabanas , who is licensed
by th	ne Texas Board of Medical Examiners, v	was duly appointed as the Alternate Health
Auth	ority for <u>Austin and Travis County</u>	, Texas.
Date	term of office beginsApril 1, 2012	
Date	term of office ends <u>March 31, 2014</u> , u	nless removed by law.
The I	Local Health Authority has been appointed	and approved by the:
(Chec	k the appropriate designation below)	
	X Director, Austin/Travis Count	y Health and Human Services Department
	X City Council for the City of Aust	in, Texas
	XCommissioners Court for	<u>Travis</u> County
	Board of Health for the	Public Health District
I cert	ify to the above information on this the	day of March, 2012.
	Signature of appoin	



I, Jose G. Cabana	s, M.D. , do solemnly swear (or
affirm), that I will faith	fully 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 Constitut	ion 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 Esruary, 2012.
	Da // 3
	Signature of Person Administering Oath
(Seal)	Olga Hernandez Printed Name
(Doar)	A LIMPUM A IMMIN
OLGA HERNANDEZ	Notary Public for the State of Texas Title



Statement of Elected/Appointed Officer

to contribute any money or thing for the giving or withholding of	do solemnly swear (or affirm) that aid, offered, promised to pay, contributed, or promised of value, or promised any public office or employment a vote at the election at which I was elected or as a or confirmation, whichever the case may be, so help me Affianced 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 29 day of De brugrave.
	Signature of Person Authorized to Administer
	Oaths/Affidavits
(Seal)	
AVM	Olga Hernandez
OLGA HERNANDEZ Notary Public, State of Tenan Corrert, Eup. 01-19-13	Printed Name Notary Public for the State of Texas Title