

## Certificate of Appointment for a

## Health Authority

The Health Authority has been appointed and approved by the:

(Check the appropriate designation below)		
X Commissioners Court for	LAVACA COUNTY	County
Governing Body for the Munic	cipality of	
Director,		Health Department
Director,	P	ublic Health District
I, Wark Wyers (Check the appropriate designation below)	, ac	cting in my capacity as:
X County Judge or Designee Mayor or Designee Non-physician and the Local H	•	r
do hereby certify the physician, TIMOTHY by the Texas Board of Medical Examiners, wa  X Health Authority Health Authority Designee		
for the jurisdiction of <u>LAVACA COUNTY</u>		, Texas.
Date term of office begins APRIL 28	, <b>20</b> _ <u>22</u> _	
Date term of office ends APRIL 28	, 2024_, unless remov	ed by law.
I certify to the above information on this the		, <b>20</b> <u>22</u> .



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The Health Authority has been appointed and approved by the:

(Check the appropriate design	ation below)		
XCommissioner	s Court for	LAVACA	County
Governing Bo	dy for the Municip	ality of	
Director,			Health Department
Director,			_Public Health District
I, MARK MYERS			acting in my capacity as:
(Check the appropriate design	ation below)		
X County Judge	or Designee		
Mayor or Desi	ignee , and the Local He:	alth Department Dire	etor
Non-physician	and the Public He	ealth District Director	
do hereby certify the physici	an, RALPH A. W.	AGNER, MD	, who is licensed
by the Texas Board of Medic	al Examiners, was	duly appointed as the	(check as applicable),
X CO- Health Autho Health Autho			
for the jurisdiction of LAVACA			, Texas
Date term of office begins		, 20 <sub>22</sub>	
Date term of office ends AF	RIL 28	, 20 <sub>24</sub> , unless ren	noved by law.
I certify to the above informa	ation on this the	13TH day of JUNE	, 20 <u>22</u> .
	110/16		

Signature of Appointing Official

