



Certificate of Appointment for a Health Authority

The Health Authority has been appointed and approved by the:

(Check the appropriate designation below)

☒ Commissioners Court for Fort Bend County
☐ Governing Body for the Municipality of _____
☐ Director, _____ Health Department
☐ Director, _____ Public Health District

I, KP George, acting in my capacity as:

(Check the appropriate designation below)

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

do hereby certify the physician, Benjamin Oei, MD, who is licensed by the Texas Board of Medical Examiners, was duly appointed as the (check as applicable),

☐ Health Authority
☒ Health Authority Designee
for the jurisdiction of Fort Bend County, Texas.

Date term of office begins October 1, 2021

Date term of office ends October 31, 2022, unless removed by law.

I certify to the above information on this the 7 day of December, 2021.

KP George
Signature of Appointing Official