



THE STATE OF TEXAS

Statement of Elected/Appointed Officer

(Please type or print legibly)

I Joseph Gill, M.D. 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.

Joseph P. Gill
Affiant's Signature

JOSEPH P. GILL
Printed Name

Alternate Local Health Authority
Position to Which Elected/Appointed

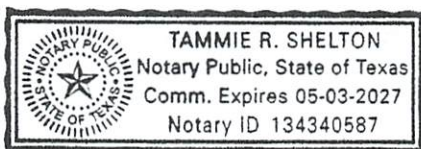
Fort Bend County, TX
City and/or County

SWORN TO and subscribed before me by affiant on this 17 day of January 2024.

[Signature]
Signature of Person Authorized to Administer
Oaths/Affidavits

Letitia Cole-Lewis, MD
Printed Name

HHS Director & Local Health Authority
Title



(Seal)



OATH OF OFFICE

For Health Authorities in the State of Texas

I, Joseph Gill, do solemnly swear (or affirm), that I will faithfully execute the duties of the office of Health Authority (HA) 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.

Joseph Gill M.D.
Affiant*

Joseph Gill
Preferred Name (e.g. "J. Paul Doe")

2506 Baywater Canyon Dr. Pearland, TX 775
Mailing Address* ZIP*

52312
Texas Medical License Number*

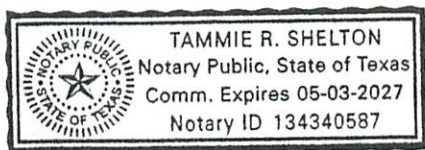
919-270-7019
Phone Number (Emergency/After Hours)*

Yes
Are you a deputy/backup HA?

joseph.gill@fortbendcountytexas.gov
Email Address (Official, if you have one)*

Additional Email Address

SWORN TO and subscribed before me this 17 day of January, 2024.



[Signature]
Signature of Person Administering Oath

Letosha Gale-Lowe, M.D.
Printed Name

HHS Director & Local Health Authority
Title

(Seal)

*=denotes required field



Certificate of Appointment

for a

Alternate Health Authority

The Alternate Health Authority has been appointed and approved by the: *(Put an "X" by the appropriate designation below)*

_____ Commissioners Court for _____ County

_____ Governing Body for the Municipality of Fort Bend County

☒ Director, Fort Bend County Health Department

_____ Director, _____ Public Health District

I, Letasha Gale-Lowe, MD, acting in my capacity
as: *(Put an "X" by 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, Joseph Ceilly, MD, who is licensed
by the Texas Board of Medical Examiners, was duly appointed as the (check as applicable),

☒ Alternate Health Authority

_____ Health Authority Designee

for the jurisdiction of Fort Bend County, Texas.

Date term of office begins January 17,, 2021

Date term of office ends January 17,, 2026, unless removed by law.

I certify to the above information on this the 17 day of January, 2021.



Signature of Appointing Official