



# Certificate of Appointment

For a

## Local Health Authority

I, Robert E. Hebert, 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, Mary desVignes-Kendrick, MD, MPH, who is licensed by the Texas Board of Medical Examiners, was duly appointed as the Local Health Authority for Fort Bend County, Texas.

Date term of office begins October 4, 2011

Date term of office ends October 4, 2013, unless removed by law.

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

*(Check the appropriate designation below)*

- Director, \_\_\_\_\_  
 City Council for the City of \_\_\_\_\_  
 Commissioners Court for Fort Bend County  
 Board of Health for the \_\_\_\_\_ Public Health District

I certify to the above information on this the 4 day of October, 2011

A handwritten signature in cursive script, appearing to read "Robert E. Hebert", written over a horizontal line.

Signature of appointing official

*(See reverse side for instructions)*



# OATH OF OFFICE

## For Local Health Authorities in the State of Texas

I, Mary desVignes-Kendrick, MD, MPH, 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.

M. desVignes-Kendrick

Affiant

4520 Reading Road, Suite A, Rosenberg, TX 77471  
Mailing Address ZIP

281-238-3233  
(Area Code) Phone Number (day and evening)

md.kendrick@co.fort-bend.tx.us  
Email Address

SWORN TO and subscribed before me this 4 day of October, 2011.

Robert E. Hebert

Signature of Person Administering Oath

Robert E. Hebert  
Printed Name

(Seal)

County Judge, Fort Bend County, Texas  
Title



## Contact Information for Local Health Authority

Name of Jurisdiction (County, City, or Health District): Fort Bend County

Health Authority Name: Mary desVignes-Kendrick, MD

Work Address (street, city, zip code) 4520 Reading Road, Suite A, Rosenberg, Texas, 77471

Work Phone 281-238-3512

Work Fax 281-238-3355

Home Phone 281-499-0391

Cell Phone 832-473-2455

24/7 Phone 832-473-2455

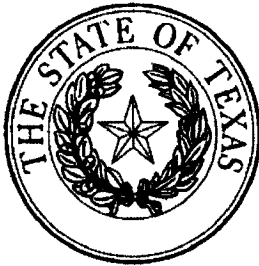
Email md.kendrick@co.fort-bend.tx.us

Any additional contact information \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

**Thank you for your commitment to a healthier Southeast Texas!**



**THE STATE OF TEXAS**

**Statement of Elected/Appointed Officer**

(Please type or print legibly)

I MARY desVIGNES-KENDRICK 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.

Mary desVignes-Kendrick

**Affianced Signature**

M. desVIGNES-KENDRICK

**Printed Name**

DIRECTOR - FORT BEND COUNTY HEALTH & HUMAN SERVICES

**Position to Which Elected/Appointed**

FORT BEND COUNTY

**City and/or County**

SWORN TO and subscribed before me by affiant on this 3<sup>rd</sup> day of October 2011.

Ninfa Vasquez

**Signature of Person Authorized to Administer Oaths/Affidavits**

Ninfa Vasquez

**Printed Name**

**Title**

