

#12



FILED FOR RECORD
AT 10:30 O'CLOCK A.M.

FEB 08 2021

SHERRY DOWD, County Clerk
NAVARRO COUNTY, TEXAS
BY [Signature] DEPUTY

OATH OF OFFICE

For Health Authorities in the State of Texas

I, John Updegrave, 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.

[Signature]
Affiant
2457 NE CROSBY CORNWALL 75109
Mailing Address ZIP
903 654 0457
(Area Code) Phone Number (day and evening)
updegrave@gmail.com
Email Address

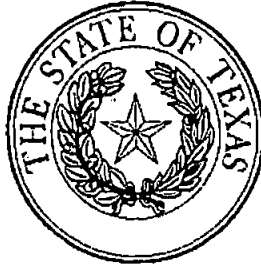
SWORN TO and subscribed before me this 1st day of February, 2021.

[Signature]
Signature of Person Administering Oath

H. M. DAVENPORT, Jr.
Printed Name

NAVARRO County Judge
Title

(Seal)



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SHERRY DOWD, County Clerk
NAVARRO COUNTY, TEXAS
BY Sherry Dowd DEPUTY

THE STATE OF TEXAS

Statement of Elected/Appointed Officer

(Please type or print legibly)

I John Updegrave 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.

[Handwritten Signature]
Affiant's Signature

John Updegrave
Printed Name

Health Authority Navarro County
Position to Which Elected/Appointed

Navarro County
City and/or County

SWORN TO and subscribed before me by affiant on this 1 day of February 2021.

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

(Seal)

H.M. Davenport, Jr.
Printed Name

Navarro County Judge
Title



FILED FOR RECORD
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SHERRY DOWD, County Clerk
NAVARRO COUNTY, TEXAS
BY [Signature] DEPUTY

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 NAVARRO County
- Governing Body for the Municipality of _____
- Director, _____ Health Department
- Director, _____ Public Health District

I, H. M. DAVENPORT, Jr., 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, JOHN UPDEGROVE 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 NAVARRO COUNTY, Texas.

Date term of office begins FEBRUARY 1, 2021

Date term of office ends JANUARY 31, 2023, unless removed by law.

I certify to the above information on this the 1 day of FEBRUARY, 2021.

[Signature]
Signature of Appointing Official



Health Authority Contact Information

Name: JOHN UPDEGROVE Date: 1 Feb 2021

County/City: CORSICANA NAVARRO COUNTY

Office Address: _____

Mailing Address: 2457 NE CR 0080

Home Phone: 903 872 9205 Home Fax: _____

Work Phone: _____ Work Fax: _____

Cell Phone: 903 654 0457 24/Emergency: 903 654 0457

E-Mail Address: jupdegrove@gmail.com

These numbers will be kept confidential and only those with authority will be contacting you. It is very important that we contact you in case of an event. If you should have to change your contact information please contact Samuel Savala, 817-264-4502, samuel.savala@dshs.texas.gov

Thank you for your cooperation,

Samuel Savala
Texas Department of State Health Services
Public Health Region 2/3 Headquarters
Regional Administration Administrative Assistant IV
1301 S. Bowen Rd Ste. 200, Arlington, Texas 76013
817.264.4502 (Office)
817.264.4506 (Fax)
817.822.7824 (Work Cell)

FILED FOR RECORD
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SHERRY DOWD, County Clerk
NAVARRO COUNTY, TEXAS
BY [Signature] DEPUTY