



Certificate of Appointment

For a

Local Health Authority

I, Roger Harmon, 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, Dwight Allen Hines, II, who is licensed
by the Texas Board of Medical Examiners, was duly appointed as the Local Health Authority
for Johnson County, Texas.

Date term of office begins July 1, 20 14

Date term of office ends June 30, 20 16, 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 Johnson County

Board of Health for the _____ Public Health District

I certify to the above information on this the 9th day of June, 2014.

Handwritten signature of Roger Harmon in black ink, 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, Dwight Allen Hines, II, 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.

Dwight Allen Hines II

Affiant

203 S. 3rd St., Grandview, Texas 76050

Mailing Address

ZIP

(817) 866-2100 (817) 790-0913

(Area Code) Phone Number (day and evening)

dwight.hines@ahss.org

Email Address

SWORN TO and subscribed before me this 9th day of June, 2014.

Roger Harmon

Signature of Person Administering Oath

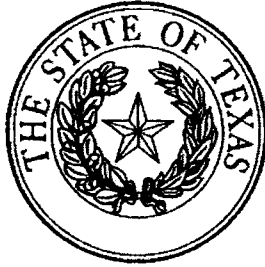
Roger Harmon

(Seal)

Printed Name

Johnson County Judge

Title



THE STATE OF TEXAS

Statement of Elected/Appointed Officer

(Please type or print legibly)

I Dwight Allen Hines, II 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.

Dwight Allen Hines, II
Affiant's Signature

Dwight Allen Hines, II

Printed Name

Johnson County Health Officer

Position to Which Elected/Appointed

Johnson County

City and/or County

SWORN TO and subscribed before me by affiant on this 9th day of June 2014.

Roger Harmon

Signature of Person Authorized to Administer
Oaths/Affidavits

(Seal)

Roger Harmon

Printed Name

Johnson County Judge

Title



TEXAS DEPARTMENT OF STATE HEALTH SERVICES

DAVID L. LAKEY, M.D.
COMMISSIONER

P.O. Box 149347
Austin, Texas 78714-9347
1-888-963-7111
TTY: 1-800-735-2989
www.dshs.state.tx.us

Local Health Authority Contact Information

Name: DWIGHT ALLEN HINES II MD Date: 6-5-14
County/City: Johnson / ALVARADO
Home Phone: (817) 975-9276 Home Fax: () -
Work Phone: (817) 866-2100 Work Fax: (817) 866-2169
Cell Phone: (817) 975-9276 Pager: () -
E-Mail Address: heatherhines@rocketmail.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 either Rosylyn Morris at 817-264-4502, rosylyn.morris@dshs.state.tx.us.

Thank you for your cooperation,

Rosylyn Morris
Texas Department of State Health Services
Health Service Region 2/3
1301 South Bowen Road, Suite 200
Arlington, TX 76013
817-264-4502