



FILED FOR RECORD

_____ O'CLOCK _____ M

Certificate of Appointment
for a
Health Authority

JUL 27 2022

VANESSA JAMES, County Clerk
JACK COUNTY, TEXAS

The Health Authority has been appointed and approved by the:

BY _____ DEPUTY

(Check the appropriate designation below)

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

I, Brian Keith Umphress, 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, Dr. Robert Henry Cooper, who is licensed
by the Texas Board of Medical Examiners, was duly appointed as the (check as applicable),

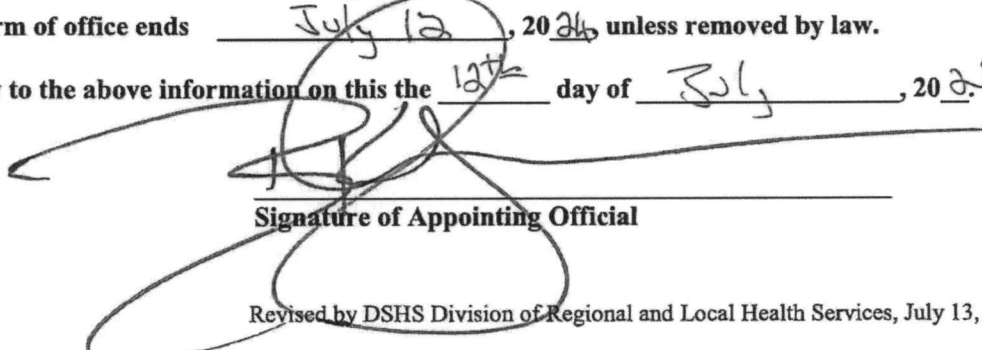
☒ Health Authority
☐ Health Authority Designee

for the jurisdiction of Jack County, Texas.

Date term of office begins July 12, 2022

Date term of office ends July 12, 2026 unless removed by law.

I certify to the above information on this the 12th day of July, 2022



Signature of Appointing Official



THE STATE OF TEXAS

Statement of Elected/Appointed Officer

(Please type or print legibly)

I Dr. Robert Henry Cooper 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.

Robert Cooper

Affiant's Signature

Dr. Robert Henry Cooper

Printed Name

County Health Authority

Position to Which Elected/Appointed

Jack County

City and/or County

SWORN TO and subscribed before me by affiant on this 12th day of July 2022



Brian Keith Umphress

Signature of Person Authorized to Administer Oaths/Affidavits

Brian Keith Umphress

Printed Name

Jack County Judge

Title



OATH OF OFFICE

For Health Authorities in the State of Texas

I, Dr. Robert Henry Cooper, 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.

Robert Cooper
Affiant

215 Chisholm Tr, Jackboro, Tx 76458
Mailing Address ZIP

(940) 567-6633
(Area Code) Phone Number (day and evening)

robcooper@fhtexas.com
Email Address

SWORN TO and subscribed before me this 12th day of July, 2016



Brian Keith Umphress
Signature of Person Administering Oath

Brian Keith Umphress
Printed Name

County Judge of Jack County
Title



Health Authority Contact Information

Name: Dr. Robert H. Cooper

Date: 7/12/22

County/City: Jack

Office Address: 215 Chisholm Tr., J'boro, TX 76458

Mailing Address: SAME AS ABOVE

Work Phone: 940-567-6633

Work Fax:

Cell Phone:

Faith Comm. Hospital
24/Emergency: 940-567-6633

E-Mail Address: rcooper@fch.texas.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,