



# Certificate of Appointment

for a

## Health Authority

The Health Authority has been appointed and approved by the:

(Put an "X" by the appropriate designation below)

Commissioners Court for Galveston County County

Governing Body for the Municipality of \_\_\_\_\_

Director, \_\_\_\_\_ Health Department

Director, \_\_\_\_\_ Public Health District

I, Mark Henry, 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, Philip Keiser, 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 Galveston County, Texas.

Date term of office begins September 28, 2024

Date term of office ends September 27, 2026, unless removed by law.

I certify to the above information on this the 14th day of October, 2024.

  
Signature of Appointing Official



## THE STATE OF TEXAS

### Statement of Elected/Appointed Officer

(Please type or print legibly)

I Philip Keiser, MD 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.

Philip Keiser MD  
Affiant's Signature

Amanda Wolff  
Printed Name

Local Health Authority  
Position to Which Elected/Appointed

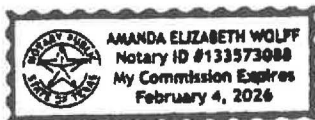
Galveston County  
City and/or County

SWORN TO and subscribed before me by affiant on this 28 day of September 2020 24

Amanda Wolff  
Signature of Person Authorized to Administer Oaths/Affidavits

Amanda Wolff  
Printed Name

Executive Office Manager  
Title



(Seal)

**FILED AND RECORDED**

Instrument Number: 2024046460

Recording Fee: 0.00

Number Of Pages: 2

Filing and Recording Date: 10/15/2024 10:40AM

I hereby certify that this instrument was FILED on the date and time stamped hereon and RECORDED in the OFFICIAL PUBLIC RECORDS of Galveston County, Texas.



A handwritten signature in black ink that reads "Dwight D. Sullivan". The signature is written in a cursive style and is positioned above a horizontal line.

**Dwight D. Sullivan, County Clerk  
Galveston County, Texas**

NOTICE: It is a crime to intentionally or knowingly file a fraudulent court record or instrument with the clerk.

**DO NOT DESTROY** - *Warning, this document is part of the Official Public Record.*



# OATH OF OFFICE

## For Health Authorities in the State of Texas

I, Philip Keiser, 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.

Philip Keiser, MD  
Affiant\*

Philip Keiser, MD  
Preferred Name (e.g. "J. Paul Doe")

PO Box 939 La Marque, TX 77568  
Mailing Address\*

J5372  
ZIP\* Texas Medical License Number\*

409-938-2273  
Phone Number (Emergency/After Hours)\*

Are you a deputy/backup HA?

pkeiser@gchd.org  
Email Address (Official, if you have one)\*

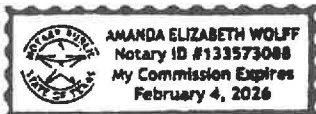
awolff@gchd.org (assistant)  
Additional Email Address

SWORN TO and subscribed before me this 28 day of September, 2024

Amanda Wolff  
Signature of Person Administering Oath

Amanda Wolff  
Printed Name

Executive Office Manager  
Title



(Seal)

\*=denotes required field

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*Dwight D. Sullivan*

**Dwight D. Sullivan, County Clerk  
Galveston County, Texas**

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