



THE STATE OF TEXAS

Statement of Elected/Appointed Officer

(Please type or print legibly)

I Ivan Melendez, M.D. 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.

Affiant's Signature

Ivan Melendez, M.D.

Printed Name

Hidalgo County Health Authority

Position to Which Elected/Appointed

Hidalgo

City and/or County

SWORN TO and subscribed before me by affiant on this 16 **day of** December **20** 25.

Signature of Person Authorized to Administer Oaths/Affidavits

Richard F. Cortez

Printed Name

Hidalgo County Judge

Title

(Seal)



OATH OF OFFICE

For Health Authorities in the State of Texas

I, Ivan Melendez, M.D., 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.

Ivan Gilberto Melendez Baez, M.D.

Affiant*

Ivan Melendez

Preferred Name (e.g. "J. Paul Doe")

1304 S. 25th Ave Edinburg, TX 78542-7205

Mailing Address*

ZIP*

H5188

Texas Medical License Number*

(956) 212-0902

Phone Number (Emergency/After Hours)*

Deputy Health Authority

Are you a deputy/backup HA?

ivanmelendez1960@hotmail.com

Email Address (Official, if you have one)*

Additional Email Address

SWORN TO and subscribed before me this 16 day of December, 2025.

Signature of Person Administering Oath

Richard F. Cortez

Printed Name

Hidalgo County Judge

Title

(Seal)

*=denotes required field



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 Hidalgo **County**

Governing Body for the Municipality of _____

Director, _____ **Health Department**

Director, _____ **Public Health District**

I, Richard F. Cortez, 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, Ivan Melendez, M.D., 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 Hidalgo County, Texas.

Date term of office begins December 8, 2025

Date term of office ends December 7, 2027, unless removed by law.

I certify to the above information on this the 16 day of December, 2025.

Signature of Appointing Official