CERTIFICATE OF INTERESTED PARTIES

FORM 1295

Complete Nos. 1 - 4 and 6 if there are interested parties.
Complete Nos. 1, 2, 3, 5, and 6 if there are no interested parties.

OFFICE USE ONLY
CERTIFICATION OF FILING

Certificate Number:
2026-1459471

Date Filed:
05/08/2026

Date Acknowledged:

1 Name of business entity filing form, and the city, state and country of the business entity's place of business.

Doctors Hospital at Renaissance, Ltd.
Edinburg, TX United States

2 Name of governmental entity or state agency that is a party to the contract for which the form is being filed.

Hidalgo County Sheriff's Office

3 Provide the identification number used by the governmental entity or state agency to track or identify the contract, and provide a description of the services, goods, or other property to be provided under the contract.

26-0067
Hidalgo County for Professional Physicians Services for HCSO New Hires.

4 Name of Interested Party	City, State, Country (place of business)	Nature of Interest (check applicable)	
		Controlling	Intermediary
Singh, Manish	Edinburg, TX United States	X	
Cantu, Alonzo	McAllen, TX United States	X	
Cardenas, Carlos	Edinburg, TX United States	X	
Castaneda, Marissa	Edinburg, TX United States	X	
Phillips, Andrew	Edinburg, TX United States	X	

5 Check only if there is NO Interested Party. ☐

6 UNSWORN DECLARATION

My name is Manish Singh, and my date of birth is [redacted].

My address is 5501 S. McColl Rd, Edinburg (city), TX (state), 78539 (zip code), USA (country).

I declare under penalty of perjury that the foregoing is true and correct.

Executed in Hidalgo County, State of TX, on the 12th day of May (month), 20 26 (year).

Signature of authorized agent of contracting business entity
(Declarant)

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2026-1459471

Date Filed:
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Date Acknowledged:
07/09/2026

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Castaneda, Marissa	Edinburg, TX United States	X	
Phillips, Andrew	Edinburg, TX United States	X	

5 Check only if there is NO Interested Party. ☐

6 UNSWORN DECLARATION

My name is _____, and my date of birth is _____.

My address is _____, _____, _____, _____, _____.
(city) (state) (zip code) (country)

I declare under penalty of perjury that the foregoing is true and correct.

Executed in _____County, State of _____, on the _____day of _____, 20_____.
(month) (year)

_____
Signature of authorized agent of contracting business entity
(Declarant)