NOTICE OF MEETING

McAlester Regional Health Center Authority
Name of Board/Commission/Committee

Regular Meeting*	X	Rescheduled Regular Meeting***	
Special Meeting**		Continued or	
Emergency Meeting		Reconvened Meeting	

DATE	TIME	PLACE OF MEETING
5/6/2026	**4:00 PM**	**McAlester Regional Health Center Administration Board Room**

To be completed by person filing notice:

Name: **Julie Powell**

Title: **Interim President/CEO**

Address: **One Clark Bass Boulevard**
McAlester, OK 74501

Phone Number: **918-421-3955**

Filed in the office of the municipal clerk at 5/4/2026 a.m. /(p.m.) on 3:00

Signed: [signature] on behalf of City Clerk
Clerk/Deputy Clerk

* The Notice and the agenda of the meeting are to be posted at the principal office of the public body or, if there is no principal office, at the location of the meeting at least 24 hours in advance of the meeting, excluding Saturdays, Sundays and holidays.

** The Notice of the special meeting shall be given in writing, in person or by telephonic mea at least 48 hours before the meeting. The notice and the agenda of the special meeting ar to be posted at the principal office of the public body, or, if there is no principal office, at th location of the meeting at least 24 hours in advance of the meeting, excluding Saturdays, Sundays and holidays.

*** Notice of any change in the date, time or place of a rescheduled, regular meeting shall be given not less than 10 days prior to the implementation of such change.