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Lowndes County Board/Agency Appointee Information Sheet - Submission #96

Date Submitted: 11/1/2021

Date:

11/1/2021

Board/Agency Applying For:

Hospital Authority Board

Last Name

MATHIS

First Name

SUZANNE

Street Address

City/State/Zip

LAKELAND, GA 31635

Phone Number

Email Address

Occupation

ATTORNEY

Professional Experience

Practice of Law for 36 years

Knowledge & Skills

I've been on the Advisory Board for South Georgia Medical Center- Lakeland. I've been on the Foundation Board for South Georgia Medical Center-Lakeland.

What knowledge or skills do you possess that would contribute to the Board/Agency to which you are requesting to be appointed?

Please list the Board/Agency that you have been or are currently a member of:

Member of the Advisory Board for South Georgia Medical Center-Lakeland