

| Unit Information                                       |                            |
|--|----------------------------|
| Unit Type: Special District                            | Year: 2016                 |
| Unit Name: Bradford County Health Facilities Authority | Unit Dependency: Dependent |
| Unit Status: Active                                    |                            |
| Location Information                                   | Contact Information        |
| Name: Ray Norman                                       | Name:                      |
| Title: City Clerk                                      | Title:                     |
| Phone: (904) 964-6280                                  | Phone:                     |
|  | Email:                     |
| Address:   | Address:                   |
| P. O. Drawer B<br>Starke, FL 32091-                    | ,                          |

| AFR Details          |            |
|----------------------|------------|
| Original AFR         |            |
| AFR Status:          | Certified  |
| AFR Received Date:   | 6/23/2017  |
| Audit Received Date: | 6/6/2017   |
| Submission Type:     | Electronic |

| Long-Term Debt Information |
|----------------------------|
| Long-Term Debt:            |

## Audit Information

Was an audit performed?

Audit Performed Date:

Auditor Name:

Address:

| Certification  |   |     |    |                          |                          |                          |                          |
|--|---|-----|----|--------------------------|--------------------------|--------------------------|--------------------------|
| Chief Financial Officer  | Chairman/Elected Official   |     |    |                          |                          |                          |                          |
| Name:  | Name:   |     |    |                          |                          |                          |                          |
| Title:   | Title:  |     |    |                          |                          |                          |                          |
| Have You Experienced a Financial Emergency in this year?             | <table border="1"> <thead> <tr> <th>Yes</th> <th>No</th> </tr> </thead> <tbody> <tr> <td><input type="checkbox"/></td> <td><input type="checkbox"/></td> </tr> <tr> <td><input type="checkbox"/></td> <td><input type="checkbox"/></td> </tr> </tbody> </table> | Yes | No | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| Yes  | No  |     |    |                          |                          |                          |                          |
| <input type="checkbox"/>   | <input type="checkbox"/>  |     |    |                          |                          |                          |                          |
| <input type="checkbox"/>   | <input type="checkbox"/>  |     |    |                          |                          |                          |                          |
| If Yes, Have You Compiled With Section 218.503(2), Florida Statutes? |   |     |    |                          |                          |                          |                          |

**Revenues Report for FYE 2016**

**Expenditures Report for FYE 2016**

**Data Element Worksheet Report for FYE: 2016, Bradford County  
Health Facilities Authority**

**Affiliates Report for FYE 2016**