Unit Information	
Year: 2019	
Unit Dependency: Dependent	
Contact Information	
Name:	
Title:	
Phone:	
Email:	
Address:	
,	

Certification		
Chief Financial Officer	Chairman/Elected Official	
Name:	Name:	
Title:	Title:	
	Yes No	
Have You Experienced a Financial Emergency in this year?  If Yes, Have You Compiled With Section 218.503(2), Florida Statues?		

## **AFR Details**

## **Original AFR**

AFR Status: Verified By DFS

AFR Received Date: 8/4/2020

Audit Received Date: 8/3/2020

Submission Type: Electronic

## **Long-Term Debt Information**

Long-Term Debt:

## **Audit Information**

Was an audit performed?

Audit Performed Date:

Auditor Name:

Address:

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**Revenues Report for FYE 2019** 

**Expenditures Report for FYE 2019** 

Data Element Worksheet Report for FYE: 2019, Bradford County Health Facilities Authority

**Affiliates Report for FYE 2019** 

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