r: 2013
1. 2013
Dependency: Dependent
Contact Information
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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: Certified

AFR Received Date: 6/24/2014

Audit Received Date: 7/25/2014

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 2013** 

**Expenditures Report for FYE 2013** 

Data Element Worksheet Report for FYE: 2013, Brevard County Health Facilities Authority

**Affiliates Report for FYE 2013** 

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