Unit Information	
cy: Dependent	
ontact Information	

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: 6/26/2015

Audit Received Date: 9/4/2015

Submission Type: Electronic

Long-Term Debt Information

Long-Term Debt:

Audit Information

Was an audit performed?

Audit Performed Date:

Auditor Name:

Address:

Thursday, May 16, 2024 Page 1 of 2

Revenues Report for FYE 2014

Expenditures Report for FYE 2014

Data Element Worksheet Report for FYE: 2014, Brevard County Health Facilities Authority

Affiliates Report for FYE 2014

Thursday, May 16, 2024 Page 2 of 2