Unit Information		
Unit Type: Special District	Year: 2017	
Unit Name: Altamonte Springs Health Facilities Authority	Unit Dependency: Dependent	
Unit Status: Active		
Location Information	Contact Information	
Name: Mrs. Patsy Wainwright	Name: Ms. Cam McCoy	
Title: Registered Agent	Title: Deputy Finance Director	
Phone: (407) 571-8093	Phone: (407) 571-8093	
	Email: camccoy@altamonte.org	
Address:	Address:	
225 Newburyport Avenue Altamonte Springs, FL 32701-3697	225 Newburyport Ave Altamonte Springs, FL 32701-3697	
	I	

Certification		
Chief Financial Officer	Chairman/Elected Official	
Name:	Name:	
Title:	Title:	
	Yes No	
Have You Experienced a Financial Emergence If Yes, Have You Compiled With Section 218.		

## **AFR Details**

## **Original AFR**

AFR Status: Certified

AFR Received Date: 4/9/2018

Audit Received Date: 7/20/2018

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 2017** 

**Expenditures Report for FYE 2017** 

Data Element Worksheet Report for FYE: 2017, Altamonte Springs Health Facilities Authority

Affiliates Report for FYE 2017

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