Unit Information	
Year: 2013	
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: Certified

AFR Received Date: 6/25/2014

Audit Received Date: 6/20/2014

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, Bradford County Health Facilities Authority

Affiliates Report for FYE 2013

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