

Unit Information	
Unit Type: Special District	Year: 2016
Unit Name: Bradford County Health Facilities Authority	Unit Dependency: Dependent
Unit Status: Active	

  

Location Information	Contact Information
Name: Ray Norman	Name:
Title: City Clerk	Title:
Phone: (904) 964-6280	Phone:
	Email:
Address:	Address:
P. O. Drawer B Starke, FL 32091-	,

AFR Details	
Original AFR	
AFR Status:	Certified
AFR Received Date:	6/23/2017
Audit Received Date:	6/6/2017
Submission Type:	Electronic

Long-Term Debt Information	
Long-Term Debt:	

## Audit Information

Was an audit performed?

Audit Performed Date:

Auditor Name:

Address:

Certification							
Chief Financial Officer	Chairman/Elected Official						
Name:	Name:						
Title:	Title:						
Have You Experienced a Financial Emergency in this year?	<table border="1"> <thead> <tr> <th>Yes</th> <th>No</th> </tr> </thead> <tbody> <tr> <td><input type="checkbox"/></td> <td><input type="checkbox"/></td> </tr> <tr> <td><input type="checkbox"/></td> <td><input type="checkbox"/></td> </tr> </tbody> </table>	Yes	No	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Yes	No						
<input type="checkbox"/>	<input type="checkbox"/>						
<input type="checkbox"/>	<input type="checkbox"/>						
If Yes, Have You Compiled With Section 218.503(2), Florida Statutes?							

**Revenues Report for FYE 2016**

**Expenditures Report for FYE 2016**

**Data Element Worksheet Report for FYE: 2016, Bradford County  
Health Facilities Authority**

**Affiliates Report for FYE 2016**