| Unit Information   |                            |  |
|--|----------------------------|--|
| Unit Type: Special District                              | Year: 2011                 |  |
| Unit Name: Brevard County Health Facilities<br>Authority | Unit Dependency: Dependent |  |
| Unit Status: Active                                      |                            |  |
| Location Information                                     | Contact Information        |  |
| Name: Ms. Angela A. Abbott                               | Name:                      |  |
| Title:   | Title:                     |  |
| Phone: (407) 267-5504                                    | Phone:                     |  |
|  | Email:                     |  |
| Address:   | Address:                   |  |
| 4420 South Washington Avenue<br>Titusville, FL 32780     | ,                          |  |
|  |                            |  |

| Certification                  |                                      |                           |  |
|--------------------------------|--------------------------------------|---------------------------|--|
| Chief Financial Officer        | Chairman/Elec                        | Chairman/Elected Official |  |
| Name:                          | Name:                                |                           |  |
| Title:                         | Title:                               |                           |  |
|                                |                                      | Yes No                    |  |
| Have You Experienced a Financi | ial Emergency in this year?          |                           |  |
| If Yes, Have You Compiled With | Section 218.503(2), Florida Statues? |                           |  |
|                                |                                      | I                         |  |
|                                |                                      |                           |  |

## AFR Details

## **Original AFR**

AFR Status: Certified

AFR Received Date: 5/3/2012

Audit Received Date: 6/21/2012

Submission Type: Electronic

## Long-Term Debt Information

Long-Term Debt:

## Audit Information

Was an audit performed?

Audit Performed Date:

Auditor Name:

Address:

**Revenues Report for FYE 2011** 

Expenditures Report for FYE 2011

Data Element Worksheet Report for FYE: 2011, Brevard County Health Facilities Authority

Affiliates Report for FYE 2011