Unit Information	
Year: 2018	
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 Emergence If Yes, Have You Compiled With Section 218.	

AFR Details

Original AFR

AFR Status: Certified

AFR Received Date: 5/8/2019

Audit Received Date: 5/31/2019

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 2018

Expenditures Report for FYE 2018

Data Element Worksheet Report for FYE: 2018, Brevard County Health Facilities Authority

Affiliates Report for FYE 2018

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