

### Unit Information

Unit Type: Special District      Year: 2010  
Unit Name: Altamonte Springs Health Facilities Auth      Unit Dependency: Dependent  
Unit Status: Active

#### Location Information

Name: Mrs. Patsy Wainwright  
Title: Registered Agent  
Phone: (407) 571-8093  
  
Address:  
225 Newburyport Avenue  
Altamonte Springs, FL 32701-3697

#### Contact Information

Name: Ms. Cam McCoy  
Title: Deputy Finance Director  
Phone: (407) 571-8093  
Email: camccoy@altamonte.org  
  
Address:  
225 Newburyport Ave  
Altamonte Springs, FL 32701-3697

### AFR Details

#### Original AFR

AFR Status: Certified  
AFR Received Date: 3/25/2011  
Audit Received Date: 10/4/2011  
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

Name:  
Title:

#### Chairman/Elected Official

Name:  
Title:

Have You Experienced a Financial Emergency in this year?

Yes	No
<input type="checkbox"/>	<input type="checkbox"/>

If Yes, Have You Compiled With Section 218.503(2), Florida Statutes?

<input type="checkbox"/>	<input type="checkbox"/>
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**Revenues Report for FYE 2010**

**Expenditures Report for FYE 2010**

**Data Element Worksheet Report for FYE: 2010, Altamonte Springs  
Health Facilities Auth**

**Affiliates Report for FYE 2010**