### **Unit Information**

Year: 2020

Unit Dependency: Dependent

Unit Type: Special District

Unit Name: Altamonte Springs Health Facilities Authority

Unit Status: Active

## **Location Information**

Contact Information

Name:	Name:
Title:	Title:
Phone:	Phone:
	Email:
Address:	Address:
,	,

Certification	
Chief Financial Officer	Chairman/Elected Official
Name:	Name:
Title:	Title:
	Yes No
Have You Experienced a Financial Emergency in this year?	

## AFR Details

#### **Original AFR**

AFR Status: Verified By DFS

AFR Received Date: 4/20/2021

Audit Received Date: 4/20/2021

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 2020** 

Expenditures Report for FYE 2020

Data Element Worksheet Report for FYE: 2020, Altamonte Springs Health Facilities Authority

Affiliates Report for FYE 2020