

Unit Information

Unit Type: Special District Year: 2016
Unit Name: Altamonte Springs Health Facilities Authority 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: 3/29/2017
Audit Received Date: 10/12/2017
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

Name:
Title:

Chairman/Elected Official

Name:
Title:

| | Yes | No |
|--|--------------------------|--------------------------|
| Have You Experienced a Financial Emergency in this year? | <input type="checkbox"/> | <input type="checkbox"/> |
| If Yes, Have You Compiled With Section 218.503(2), Florida Statutes? | <input type="checkbox"/> | <input type="checkbox"/> |

Revenues Report for FYE 2016

Expenditures Report for FYE 2016

**Data Element Worksheet Report for FYE: 2016, Altamonte Springs
Health Facilities Authority**

Affiliates Report for FYE 2016