## **Unit Information**

Unit Type: Special District

Unit Name: Alachua County Health Facilities Authority

Unit Status: Active

### Location Information

Name: Mr. John H. Haswell

Title: Registered Agent

Phone: (352) 376-5226

Address:

726 NE 1st Street Gainesville, FL 32601 Year: 2015

Unit Dependency: Dependent

## **Contact Information**

Name: Mr. John H. Haswell

Title: Attorney

Phone: (352) 376-5226

Email: clhpalaw@aol.com

Address:

Post Office Box 5877 Gainesville, FL 32627-5877

Certification	
Chairman/Elected Official	
Name: F. Parker Lawrence	
Title: Chairman of Government Board	
Yes No	
ncy in this year?	
r	

#### AFR Details

#### **Original AFR**

AFR Status: Certified

AFR Received Date: 8/12/2016

Audit Received Date:

Submission Type: Electronic

# Long-Term Debt Information

Long-Term Debt: \$0

#### Audit Information

Was an audit performed? No

Audit Performed Date:

Auditor Name:

Address:

**Revenues Report for FYE 2015** 

Expenditures Report for FYE 2015

Data Element Worksheet Report for FYE: 2015, Alachua County Health Facilities Authority

Number Title	Amount
1 Unreserved Fund Balance	0
2 Restricted Net Assets	0
3 Cash and Investments	0
4 Cash and Investments	0
5 Current Liabilities	0
6 Current Liabilities	0
7 Long-Term Debt	0
8 Total Revenues	0
9 Intergovernmental Revenues	0
10 Total Expenditures	0
11 Debt Service Expenditures	0
12 Total Operating (Proprietary) Revenues	0
13 Intergovernmental Revenues	0
14 Total Operating (Proprietary) Expenses	0

Affiliates Report for FYE 2015