

Unit Information	
Unit Type: Special District	Year: 2015
Unit Name: Bradford County Health Facilities Authority	Unit Dependency: Dependent
Unit Status: Active	

Location Information	Contact Information
Name: Ray Norman	Name:
Title: City Clerk	Title:
Phone: (904) 964-6280	Phone:
	Email:
Address:	Address:
P. O. Drawer B Starke, FL 32091-	,

AFR Details	
Original AFR	
AFR Status: Certified	
AFR Received Date: 6/30/2016	
Audit Received Date: 6/17/2016	
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	Chairman/Elected Official						
Name:	Name:						
Title:	Title:						
Have You Experienced a Financial Emergency in this year? If Yes, Have You Compiled With Section 218.503(2), Florida Statutes? <table style="margin-left: auto; margin-right: auto;"> <tr> <th style="padding: 5px;">Yes</th> <th style="padding: 5px;">No</th> </tr> <tr> <td style="text-align: center; padding: 10px;"><input style="width: 40px; height: 40px;" type="checkbox"/></td> <td style="text-align: center; padding: 10px;"><input style="width: 40px; height: 40px;" type="checkbox"/></td> </tr> <tr> <td style="text-align: center; padding: 10px;"><input style="width: 40px; height: 40px;" type="checkbox"/></td> <td style="text-align: center; padding: 10px;"><input style="width: 40px; height: 40px;" type="checkbox"/></td> </tr> </table>		Yes	No	<input style="width: 40px; height: 40px;" type="checkbox"/>	<input style="width: 40px; height: 40px;" type="checkbox"/>	<input style="width: 40px; height: 40px;" type="checkbox"/>	<input style="width: 40px; height: 40px;" type="checkbox"/>
Yes	No						
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Revenues Report for FYE 2015

Expenditures Report for FYE 2015

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

Affiliates Report for FYE 2015