

| Unit Information | |
|--|----------------------------|
| Unit Type: Special District | Year: 2016 |
| 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: | 6/23/2017 |
| Audit Received Date: | 6/6/2017 |
| 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 | Chairman/Elected Official | | | | | | |
| Name: | Name: | | | | | | |
| Title: | Title: | | | | | | |
| <p>Have You Experienced a Financial Emergency in this year?</p> <p>If Yes, Have You Compiled With Section 218.503(2), Florida Statutes?</p> | | | | | | | |
| | <table border="1"> <thead> <tr> <th>Yes</th> <th>No</th> </tr> </thead> <tbody> <tr> <td><input type="checkbox"/></td> <td><input type="checkbox"/></td> </tr> <tr> <td><input type="checkbox"/></td> <td><input type="checkbox"/></td> </tr> </tbody> </table> | Yes | No | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| Yes | No | | | | | | |
| <input type="checkbox"/> | <input type="checkbox"/> | | | | | | |
| <input type="checkbox"/> | <input type="checkbox"/> | | | | | | |

Revenues Report for FYE 2016

Expenditures Report for FYE 2016

**Data Element Worksheet Report for FYE: 2016, Bradford County
Health Facilities Authority**

Affiliates Report for FYE 2016