## **Unit Information**

Year: 2018

Unit Dependency: Dependent

Name: Ms. Cam McCoy

Phone: (407) 571-8093

225 Newburyport Ave

Address:

Title: Deputy Finance Director

Email: camccoy@altamonte.org

Altamonte Springs, FL 32701-3697

**Contact Information** 

Unit Type: Special District

Unit Name: Altamonte Springs Health Facilities Authority

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

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: Certified

AFR Received Date: 4/2/2019

Audit Received Date: 4/23/2019

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 2018** 

Expenditures Report for FYE 2018

Data Element Worksheet Report for FYE: 2018, Altamonte Springs Health Facilities Authority

Affiliates Report for FYE 2018