

Unit Information	
Unit Type: Special District	Year: 2020
Unit Name: Altamonte Springs Health Facilities Authority	Unit Dependency: Dependent
Unit Status: Active	
Location Information	Contact Information
Name:	Name:
Title:	Title:
Phone:	Phone:
	Email:
Address:	Address:
,	,

AFR Details
Original AFR
AFR Status: Verified By DFS
AFR Received Date: 4/20/2021
Audit Received Date: 4/20/2021
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:						
	<table><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"/>						
Have You Experienced a Financial Emergency in this year?							
If Yes, Have You Compiled With Section 218.503(2), Florida Statutes?							

Revenues Report for FYE 2020

Expenditures Report for FYE 2020

**Data Element Worksheet Report for FYE: 2020, Altamonte Springs
Health Facilities Authority**

Affiliates Report for FYE 2020