

| Unit Information | |
|---------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|----------------------------------------------------------------------------------------------------------------------------------------|
| Unit Type: Special District | Year: 2017 |
| Unit Name: Brevard County Health Facilities Authority | Unit Dependency: Dependent |
| Unit Status: Active | |
| <div>Location Information</div> <div>Name: Ms. Angela A. Abbott</div> <div>Title:</div> <div>Phone: (407) 267-5504</div> <div>Address:</div> <div>4420 South Washington Avenue Titusville, FL 32780</div> | <div>Contact Information</div> <div>Name:</div> <div>Title:</div> <div>Phone:</div> <div>Email:</div> <div>Address:</div> <div>,</div> |

| AFR Details | |
|----------------------|-----------|
| Original AFR | |
| AFR Status: | Certified |
| AFR Received Date: | 5/9/2018 |
| Audit Received Date: | 6/6/2018 |
| Submission Type: | |

| 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 2017

Expenditures Report for FYE 2017

**Data Element Worksheet Report for FYE: 2017, Brevard County
Health Facilities Authority**

Affiliates Report for FYE 2017