

Unit Information	
Unit Type: Special District	Year: 2014
Unit Name: Altamonte Springs Health Facilities Authority	Unit Dependency: Dependent
Unit Status: Active	
Location Information	Contact Information
Name: Mrs. Patsy Wainwright	Name: Ms. Cam McCoy
Title: Registered Agent	Title: Deputy Finance Director
Phone: (407) 571-8093	Phone: (407) 571-8093
	Email: camccoy@altamonte.org
Address:	Address:
225 Newburyport Avenue Altamonte Springs, FL 32701-3697	225 Newburyport Ave Altamonte Springs, FL 32701-3697

AFR Details	
Original AFR	
AFR Status: Certified	
AFR Received Date: 3/20/2015	
Audit Received Date: 7/31/2015	
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 2014**

**Expenditures Report for FYE 2014**

**Data Element Worksheet Report for FYE: 2014, Altamonte Springs  
Health Facilities Authority**

**Affiliates Report for FYE 2014**