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:
,	,

Certification	
Chief Financial Officer	Chairman/Elected Official
Name:	Name:
Title:	Title:
	Yes No
Have You Experienced a Financial Emergency in this year?  If Yes, Have You Compiled With Section 218.503(2), Florida Statues?	

## **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:

Sunday, May 19, 2024 Page 1 of 2

**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** 

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