Unit Information			
Unit Type: Special District	Year: 2021		
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: 3/31/2022

Audit Received Date: 3/31/2022

Submission Type: Electronic

# **Long-Term Debt Information**

Long-Term Debt:

## **Audit Information**

Was an audit performed?

Audit Performed Date:

Auditor Name:

Address:

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Revenues	Report fo	or FYE 202	21
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**Expenditures Report for FYE 2021** 

Data Element Worksheet Report for FYE: 2021, Altamonte Springs Health Facilities Authority

Affiliates Report for FYE 2021

## **Supplemental Information Report for FYE 2021**

Compensation

Total Employees	Total Employee Compensation Earned or Awarded	Total Contractors	Total Contractor Compensation Earned or Awarded
0	0	0	0

Construction Projects

Millage Rates

Special Assessments

Bonds

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