

| Unit Information                                       |                            |
|--------------------------------------------------------|----------------------------|
| Unit Type: Special District                            | Year: 2014                 |
| Unit Name: Bradford County Health Facilities Authority | Unit Dependency: Dependent |
| Unit Status: Active                                    |                            |
| Location Information                                   | Contact Information        |
| Name: Ray Norman                                       | Name:                      |
| Title: City Clerk                                      | Title:                     |
| Phone: (904) 964-6280                                  | Phone:                     |
|                                                        | Email:                     |
| Address:                                               | Address:                   |
| P. O. Drawer B<br>Starke, FL 32091-                    | ,                          |

| AFR Details                    |
|--------------------------------|
| Original AFR                   |
| AFR Status: Certified          |
| AFR Received Date: 6/29/2015   |
| Audit Received Date: 6/22/2015 |
| 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:                    |                          |
|                                                                     | Yes                       | No                       |
| Have You Experienced a Financial Emergency in this year?            | <input type="checkbox"/>  | <input type="checkbox"/> |
| If Yes, Have You Compiled With Section 218.503(2), Florida Statues? | <input type="checkbox"/>  | <input type="checkbox"/> |

**Revenues Report for FYE 2014**

**Expenditures Report for FYE 2014**

**Data Element Worksheet Report for FYE: 2014, Bradford County  
Health Facilities Authority**

**Affiliates Report for FYE 2014**