

| Unit Information                                       |                            |
|--------------------------------------------------------|----------------------------|
| Unit Type: Special District                            | Year: 2018                 |
| 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: 6/27/2019   |  |
| Audit Received Date: 6/21/2019 |  |
| Submission Type: Electronic    |  |

| Long-Term Debt Information |
|----------------------------|
| Long-Term Debt:            |

## Audit Information

Was an audit performed?

Audit Performed Date:

Auditor Name:

Address:

| <b>Certification</b>                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                 |                                  |     |    |  |  |  |  |
|----------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|----------------------------------|-----|----|--|--|--|--|
| <b>Chief Financial Officer</b>                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                       | <b>Chairman/Elected Official</b> |     |    |  |  |  |  |
| Name:                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                | Name:                            |     |    |  |  |  |  |
| Title:                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                               | Title:                           |     |    |  |  |  |  |
| <div style="display: flex; justify-content: space-between; align-items: flex-start;"> <div style="width: 70%;"> <p style="margin-bottom: 20px;">Have You Experienced a Financial Emergency in this year?</p> <p>If Yes, Have You Compiled With Section 218.503(2), Florida Statutes?</p> </div> <div style="width: 25%; text-align: center;"> <table border="1" style="margin: auto; border-collapse: collapse;"> <thead> <tr> <th style="padding: 5px;">Yes</th> <th style="padding: 5px;">No</th> </tr> </thead> <tbody> <tr> <td style="height: 40px; width: 40px;"></td> <td style="height: 40px; width: 40px;"></td> </tr> <tr> <td style="height: 40px; width: 40px;"></td> <td style="height: 40px; width: 40px;"></td> </tr> </tbody> </table> </div> </div> |                                  | Yes | No |  |  |  |  |
| Yes                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                  | No                               |     |    |  |  |  |  |
|                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                      |                                  |     |    |  |  |  |  |
|                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                      |                                  |     |    |  |  |  |  |

**Revenues Report for FYE 2018**

**Expenditures Report for FYE 2018**

**Data Element Worksheet Report for FYE: 2018, Bradford County  
Health Facilities Authority**

**Affiliates Report for FYE 2018**