

| Unit Information                                      |                            |
|-------------------------------------------------------|----------------------------|
| Unit Type: Special District                           | Year: 2012                 |
| Unit Name: Brevard County Health Facilities Authority | Unit Dependency: Dependent |
| Unit Status: Active                                   |                            |
| Location Information                                  | Contact Information        |
| Name: Ms. Angela A. Abbott                            | Name:                      |
| Title:                                                | Title:                     |
| Phone: (407) 267-5504                                 | Phone:                     |
|                                                       | Email:                     |
| Address:                                              | Address:                   |
| 4420 South Washington Avenue<br>Titusville, FL 32780  | ,                          |

| AFR Details                    |
|--------------------------------|
| Original AFR                   |
| AFR Status: Certified          |
| AFR Received Date: 5/6/2013    |
| Audit Received Date: 7/24/2013 |
| 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 2012**

**Expenditures Report for FYE 2012**

**Data Element Worksheet Report for FYE: 2012, Brevard County  
Health Facilities Authority**

**Affiliates Report for FYE 2012**