

### Unit Information

Unit Type: Special District

Year: 2016

Unit Name: Altamonte Springs Health Facilities  
Authority

Unit Dependency: Dependent

Unit Status: Active

### Location Information

Name: Mrs. Patsy Wainwright

Title: Registered Agent

Phone: (407) 571-8093

Address:

225 Newburyport Avenue  
Altamonte Springs, FL 32701-3697

### Contact Information

Name: Ms. Cam McCoy

Title: Deputy Finance Director

Phone: (407) 571-8093

Email: camccoy@altamonte.org

Address:

225 Newburyport Ave  
Altamonte Springs, FL 32701-3697

### AFR Details

#### Original AFR

AFR Status: Certified

AFR Received Date: 3/29/2017

Audit Received Date: 10/12/2017

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

Name:

Title:

#### Chairman/Elected Official

Name:

Title:

Yes No

Have You Experienced a Financial Emergency in this year?

☐☐

If Yes, Have You Compiled With Section 218.503(2), Florida Statutes?

☐☐

**Revenues Report for FYE 2016**

**Expenditures Report for FYE 2016**

**Data Element Worksheet Report for FYE: 2016, Altamonte Springs  
Health Facilities Authority**

**Affiliates Report for FYE 2016**