

Unit Information	
Unit Type: Special District	Year: 2020
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:
,	,

AFR Details	
Original AFR	
AFR Status:	Verified By DFS
AFR Received Date:	4/20/2021
Audit Received Date:	4/20/2021
Submission Type:	Electronic

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-top: 20px;">Have You Experienced a Financial Emergency in this year?</p> <p style="margin-top: 20px;">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 2020**

**Expenditures Report for FYE 2020**

**Data Element Worksheet Report for FYE: 2020, Altamonte Springs  
Health Facilities Authority**

**Affiliates Report for FYE 2020**