2-21-01

# STATE OF FLORIDA AGENCY FOR HEALTH CARE ADMINISTRATION 15 01

JOHN PARKS,

v.

Petitioner,

CASE NO.: 00-4376

RENDITION NO.: AHCA-01-087-FOF-SED

STATE OF FLORIDA, AGENCY FOR HEALTH CARE ADMINISTRATION,

Respondent.

# FINAL ORDER

This cause was referred to the Division of Administrative Hearings for a formal administrative hearing. The assigned Administrative Law Júdge ("ALJ") has submitted a Recommended Order to the Agency for Health Care Administration ("Agency"). The Recommended Order of February 21, 2001, entered herein is incorporated by reference.

# FINDINGS OF FACT

The Agency hereby adopts the findings of fact set forth in the Recommended Order.

### **CONCLUSIONS OF LAW**

The Agency hereby adopts the conclusions of law set forth in the Recommended Order.

Based on the foregoing, the Petitioner's request for an exemption is **DENIED**.

Tallahassee, Florida.

STATE OF FLORIDA, AGENCY FOR HEALTH CARE ADMINISTRATION

RUBEN J. KING-SHAW, JR., SECRETARY

A PARTY WHO IS ADVERSELY AFFECTED BY THIS FINAL ORDER IS ENTITLED TO A JUDICIAL REVIEW WHICH SHALL BE INSTITUTED BY FILING ONE COPY OF A NOTICE OF APPEAL WITH THE AGENCY CLERK OF AHCA, AND A SECOND COPY ALONG WITH THE FILING FEE AS PRESCRIBED BY LAW, WITH THE DISTRICT COURT OF APPEAL IN THE APPELLATE DISTRICT WHERE THE AGENCY MAINTAINS ITS HEADQUARTERS OR WHERE A PARTY RESIDES. REVIEW PROCEEDINGS SHALL BE CONDUCTED IN ACCORDANCE WITH THE FLORIDA APPELLATE RULES. THE NOTICE OF APPEAL MUST BE FILED WITHIN 30 DAYS OF RENDITION OF THE ORDER TO BE REVIEWED.

#### COPIES FURNISHED TO:

Tracey Cottle, Esquire Senior Attorney, Agency for Health Care Administration 2727 Mahan Drive, Suite 3431 Fort Knox Building III, MS 3 Tallahassee, Florida 32308

Carolyn S. Holifield Administrative Law Judge DOAH, The DeSoto Building 1230 Apalachee Parkway Tallahassee, Florida 32399-3060 John Parks 5647 19th Street Zephyrhills, Florida 33540

Background Screening Unit Agency for Health Care Administration 2727 Mahan Drive Tallahassee, Florida 32308

#### CERTIFICATE OF SERVICE

I HEREBY CERTIFY that a true and correct copy of the foregoing has been furnished via postage-paid U.S. Mail and/or Inter-office Mail to the above named person dated on 20, 2001.

R. S. Power, Agency Clerk State of Florida. Agency for Health Care Administration 2727 Mahan Drive, Suite 3431 Fort Knox Building III, MS 3 Tallahassee, Florida 32308 850/922-5865

power/14-Mar-01