STATE OF FLORIDA AGENCY FOR HEALTH CARE ADMINISTRATION

FILED AHCA AGENCY CLERK

STATE OF FLORIDA, AGENCY FOR HEALTH CARE ADMINISTRATION,

2014 FEB 13 P 1: 44

Petitioner,

v,	C.I. NO.: 10-9593-000
CENTRAL FLORIDA GROUP HOMES, LLC.,	PROVIDER NO.: 6805981-96 DOAH CASE NO.: 13-1209MPI
Respondent.	LICENSE NO.: N/A NPI NO.: 1043362031 RENDITION NO.: AHCA- 14-0116-s-mdo
CENTRAL FLORIDA GROUP HOMES, LLC.,	
Petitioner,	
v.	CASE NO.: 12-1599RU
STATE OF FLORIDA, AGENCY FOR HEALTH CARE ADMINISTRATION,	
Respondent.	
/	
FINAL ORD	<u>ER</u>
THE PARTIES resolved all disputed issues and	executed a Settlement Agreement. The
parties are directed to comply with the terms of the attac	hed Settlement Agreement (Attachment A).
Based on the foregoing, this file is CLOSED.	
DONE AND ORDERED on this day of	<i>February</i> , 2014, in
Tallahassee, Florida.	beth Dudek, Secretary
	ncy for Health Care Administration

NOTICE OF RIGHT TO JUDICIAL REVIEW

A PARTY WHO IS ADVERSELY AFFECTED BY THIS FINAL ORDER IS ENTITLED TO 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 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.

CERTIFICATE OF SERVICE

I CERTIFY that a true and correct copy of this Final Order was served on the below-

named persons by the method designated on this 135

Richard Shoop, Agency Clerk Agency for Health Care Administration 2727 Mahan Drive, Mail Stop #3 Tallahassee, Florida 32308-5403

Telephone: (850) 412-3630

Richard Zenuch, Chief, Medicaid
Program Integrity
(Interoffice Mail)
Finance and Accounting
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