

STATE OF FLORIDA
AGENCY FOR HEALTH CARE ADMINISTRATION

FILED
AHCA
AGENCY CLERK

STATE OF FLORIDA, AGENCY FOR
HEALTH CARE ADMINISTRATION 2014 APR 2 AM 11 03

2014 MAR 31 P 3 38

Petitioner,
vs.

DIVISION OF CASE NO. 13-1500MPI
ADMINISTRATIVE PROVIDER NO. 076496500
HEARINGS NPI NO. 1508901083
C.I. No. 11-3253-000

SOLUTIONS DENTAL OFFICE

RENDITION NO.: AHCA- 14 - 0276 -S-MDO

Respondent.

FINAL ORDER

THE PARTIES resolved all disputed issues and executed a Stipulation and Agreement. The parties are directed to comply with the terms of the attached Stipulation and Agreement. Based on the foregoing, this file is **CLOSED**.

DONE AND ORDERED this 28th day of March,
2014, in Tallahassee, Leon County, Florida.

Elizabeth Dux
ELIZABETH DUDEX, SECRETARY
Agency for Health Care Administration

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 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:

Todd P. Resavage
Administrative Law Judge
Division of Administrative Hearings
The DeSoto Building
1230 Apalachee Parkway
Tallahassee, Florida 32399-3060

Solutions Dental Office
ATTN: Ana
3095 S. Military Trail, Suite 22
Lake Worth, Florida 33463
Email address: solutionsdentaloffice@gmail.com

Agency for Health Care Administration
Debora E. Fridie, Assistant General Counsel, MS #3

Agency for Health Care Administration
Division of Health Quality Assurance

Agency for Health Care Administration
Home Care Unit, MS #34

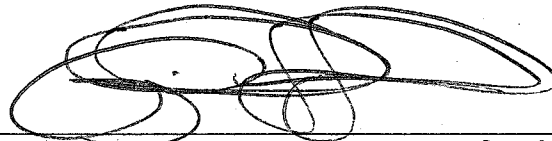
Agency for Health Care Administration
Bureau of Financial Services, MS #14

Agency for Health Care Administration
Bureau of Medicaid Program Integrity, MS #6

Florida Department of Health

CERTIFICATE OF SERVICE

I HEREBY CERTIFY that a true and correct copy of the foregoing Final Order was furnished by United States Mail, interoffice mail, or email transmission to the above-referenced addressees this 31ST day of March, 2014.



RICHARD J. SHOOP, Agency Clerk
Agency for Health Care
Administration
2727 Mahan Drive, MS #3
Tallahassee, Florida 32308
Telephone No. (850)-412-3630
Fax No. (850)-921-0158