FILED AHCA AGENCY CLERK

STATE OF FLORIDA AGENCY FOR HEALTH CARE ADMINISTRATION

2014 JUN - 3 A 9:55

STATE OF FLORIDA, AGENCY FOR HEALTH CARE ADMINISTRATION,

Petitioner,

vs.

NATIONAL NURSING POOL INC.,

Respondent.

CASE NO. 14-0933MPI PROVIDER NO. 651424300 NPI NO. 1083692826 C.I. No. 12-2364-000 License No. 20743096 RENDITION NO.: AHCA- 14 - 0488 -S-MDO

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	E AND	ORDERED	this	2 mg	day of	N	lune	′
2014,	in	Talla	ahassee,	Leon	County	. Flori	_da.		

ZABETH DUDEK 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:

Robert E. Meale Administrative Law Judge Division of Administrative Hearings The DeSoto Building 1230 Apalachee Parkway Tallahassee, Florida 32399-3060

Karen A. Brodeen, Asst. Attorney General PL-01, The Capitol Tallahassee, FL, 32399-1050 Karen.Brodeen@myfloridalegal.com

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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 and 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 3^{rd} day of -, 2014.

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RİCHARD 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