

STATE OF FLORIDA  
AGENCY FOR HEALTH CARE ADMINISTRATION

FILED  
AHCA  
AGENCY CLERK

2014 MAY 19 P 2:45

**NORTHPORT HEALTH SERVICES OF FLORIDA, LLC.,  
d/b/a CRYSTAL RIVER HEALTH AND REHABILITATION  
CENTER,**

**Petitioner,**

**ENGAGEMENT NO.: NH11-137G**

RENDITION NO.: AHCA-14-0460-S-MDA

vs.

**STATE OF FLORIDA, AGENCY FOR  
HEALTH CARE ADMINISTRATION,**


**Respondent.**

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**FINAL ORDER**

THE PARTIES resolved all disputed issues and executed a settlement agreement, which is attached and incorporated by reference. The parties are directed to comply with the terms of the attached settlement agreement. Based on the foregoing, this file is **CLOSED**.

**DONE AND ORDERED** this 16<sup>th</sup> day of May, 2014, in Tallahassee, Leon County, Florida.

  
\_\_\_\_\_  
Elizabeth 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:

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**(Via Electronic Mail)**

Shena L. Grantham  
Assistant General Counsel

Mercedes Bosque, Audit Administrator  
(Interoffice mail)

Finance & Accounting  
(Interoffice mail)

**CERTIFICATE OF SERVICE**

I HEREBY CERTIFY that a true and correct copy of the foregoing has been served on the above named persons by Electronic Mail/U.S. Mail or interoffice mail as indicated on this the 17<sup>th</sup> day of May, 2014.



Richard Shoop, Agency Clerk  
State of Florida  
Agency for Health Care Administration  
2727 Mahan Drive, Building #3  
Tallahassee, Florida 32308-5403