## STATE OF FLORIDA AGENCY FOR HEALTH CARE ADMINISTRATION



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STATE OF FLORIDA, AGENCY FOR HEALTH CARE ADMINISTRATION,

Petitioner,

DOAH Case No. 15-0469MPI MPI CASE NO.: 2015-0002436

C.I. NO.: 11-2579-000

**PROVIDER NO.: 010214800** 

NPI NO.: 1265469605 LICENSE NO.: 4207

LICENSE NO.: 4207

RENDITION NO.: AHCA-\7 - 0328-S-MDO

vs.

FMC HOSPITAL LTD.,

Respondent.

## **FINAL ORDER**

THE PARTIES resolved all disputed issues and executed a Settlement Agreement. 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 on this the \_\_\_\_\_ day of \_\_\_\_\_\_, 2017, in Tallahassee, Florida.

JUSTIN M. SENIOR, SECRETARY
Agency for Health Care Administration

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Agency for Health Care Administration vs. FMC Hospital Ltd. (C. I. No.: 11-2579-000; MPI Case No.: 2015-0002436)

Final Order

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:

FMC Hospital Ltd., 4660 Communication Ave Boca Raton, FL 33431-4487 (U.S. mail)

Joseph M. Goldstein, Esquire Shutts & Bowen LLP 200 East Broward Blvd., Suite 2100 Fort Lauderdale, FL 33301 jgoldstein@shutts.com (E-Mail)

Kelly Bennett, Chief, MPI (E-Mail)

Joanne B. Erde, Esquire Duane Morris, LLP 200 South Biscayne Blvd., Suite 3400 Miami, Florida 33131 jerde@duanemorris.com (E-Mail)

Health Quality Assurance (E-Mail)

Bureau of Financial Services (E-Mail)

## **CERTIFICATE OF SERVICE**

I HEREBY CERTIFY that a true and correct copy of the foregoing has been furnished to the above named addressees by U.S. Mail or other designated method on this the day of

**\_\_\_**, 2017.

Richard J. Shoop, Esquire

Agency Clerk State of Florida

Agency for Health Care Administration

2727 Mahan Drive, MS #3

Tallahassee, Florida 32308-5403

(850) 412-3689/FAX (850) 921-0158