## STATE OF FLORIDA AGENCY FOR HEALTH CARE ADMINISTRATION



2017 APR 17 P 3: 40

AGENCY FOR HEALTH CARE ADMINISTRATION,

Petitioners.

VS.

DOAH Case No. 15-3111MPI MPI CASE NO.: 2015-0002421

C.I. NO.: 11-2478-000

PROVIDER NO.: 010460400

NPI NO.: 1568493641<sup>(\*)</sup> LICENSE NO.: 4313

RENDITION NO.: AHCA- 17 -0281 -S-MDO

LIFEMARK HOSPITAL OF FLORIDA INC. D/B/A PALMETTO GENERAL HOSPITAL.

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 15th day of 1, 2017, in Tallahassee, Florida.

WSTIN M. SENIOR, SYCRETARY Agency for Health Care Administration

<sup>(\*)</sup> The NPI No. is correct as on 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:

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Health Quality Assurance (E-Mail)

Bureau of Financial Services (E-Mail)

## **CERTIFICATE OF SERVICE**

I I	HEREB'	Y CERTIFY	Y that	a true a	and c	correct	copy	of the	foregoi	ng h	as been	furnish	ned to
the above	named	addressees	by U	.S. Ma	il or	other	desigi	nated	method	on t	his the	17 Ed	ay of

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