

STATE OF FLORIDA  
AGENCY FOR HEALTH CARE ADMINISTRATION

FILED  
AHCA  
AGENCY CLERK

2017 APR 12 A 8:30

STATE OF FLORIDA, AGENCY FOR  
HEALTH CARE ADMINISTRATION,

Petitioner,

DOAH Case No. 15-3117MPI  
MPI CASE NO.: 2015-0002428  
C.I. NO.: 11-2538-000  
PROVIDER NO.: 010020000  
NPI NO.: 1780667923  
LICENSE NO.: 4411

vs.

SOUTH BROWARD HOSPITAL  
DISTRICT d/b/a MEMORIAL REGIONAL  
HOSPITAL,

RENDITION NO.: AHCA-17-0256<sup>S-MDO</sup>

Respondent.

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**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 10<sup>th</sup> day of April, 2017, in Tallahassee,  
Florida.

  
\_\_\_\_\_  
JUSTIN M. SENIOR, 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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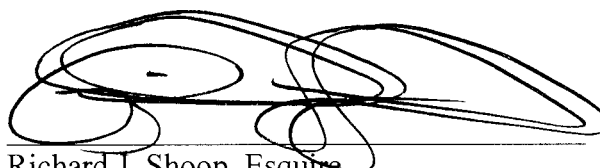
Health Quality Assurance  
(E-Mail)

Kelly Bennett, Chief, MPI  
(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 12<sup>th</sup> day of ~~March~~ April, 2017.



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