STATE OF FLORIDA AGENCY FOR HEALTH CARE ADMINISTRATION

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ANGA AGEGIY DI FPH

STATE OF FLORIDA, AGENCY FOR HEALTH CARE ADMINISTRATION,

Petitioner,

v.

AHCA NO. 2015009390 RENDITION NO.: AHCA- 16-0391

DOAH CASE NO. 15-5655

-FOF-OLC

GAINESVILLE WOMAN CARE, LLC d/b/a BREAD & ROSES WELL WOMAN CARE,

Respondent.

_____/

FINAL ORDER

This cause was referred to the Division of Administrative Hearings where the assigned Administrative Law Judge (ALJ), Lawrence P. Stevenson, conducted a formal administrative hearing. At issue in this case is whether Respondent provided services in excess of the scope of its license by providing abortions to five patients beyond the first trimester of pregnancy, and, if so, what penalty should be imposed. The Recommended Order dated April 28, 2016, is attached to this Final Order and incorporated herein by reference.

RULING ON EXCEPTIONS

The parties did not file any exceptions to the Recommended Order.

FINDINGS OF FACT

The Agency adopts the findings of fact set forth in the Recommended Order.

CONCLUSIONS OF LAW

The Agency adopts the conclusions of law set forth in the Recommended Order.

<u>ORDER</u>

Based upon the foregoing, the Agency hereby dismisses the September 3, 2015 Administrative Complaint that was issued in this matter. The parties shall govern themselves accordingly.

DONE and ORDERED this 1 day of *Hire*, 2016, in Tallahassee, Florida.

JDEK. SECRETARY ELIZABETI AGENCY FOR HEALTH CARE ADMINISTRATION

NOTICE OF RIGHT TO JUDICIAL REVIEW

A PARTY WHO IS ADVERSELY AFFECTED BY THIS FINAL ORDER IS ENTITLED TO JUDICIAL REVIEW, WHICH SHALL BE INSTITUTED BY FILING THE ORIGINAL NOTICE OF APPEAL WITH THE AGENCY CLERK OF AHCA, AND A COPY, ALONG WITH THE FILING FEE 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 THE RENDITION OF THE ORDER TO BE REVIEWED.

CERTIFICATE OF SERVICE

I HEREBY CERTIFY that a true and correct copy of the foregoing Final Order has been

furnished by the designated method to the persons named below on this Zuday of

_____, 2016.

RICHARD J. SHOOP, Agency Clerk Agency for Health Care Administration 2727 Mahan Drive, MS #3 Tallahassee, FL 32308 (850) 412-3630

COPIES FURNISHED TO:

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