## STATE OF FLORIDA AGENCY FOR HEALTH CARE ADMINISTRATION

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VS.

STATE OF FLORIDA, AGENCY FOR HEALTH CARE ADMINISTRATION,

AHCA No. 2016000140 License No. 12136 File No. 11968236

RENDITION NO.: AHCA- 16 -0268 -S-OLC

Respondent.		

## FINAL ORDER

THIS CAUSE came on for consideration before the Agency for Health Care Administration ("the Agency"), which finds and concludes as follows:

- 1. The Agency issued the Petitioner the attached Notice of Intent to Deny. (Ex. 1). The parties have since entered into the attached Settlement Agreement (Ex. 2), which is adopted and incorporated by reference.
- 2. The parties shall comply with the terms of the Settlement Agreement. The Petitioner shall pay the Agency \$4,000.00. If full payment has been made, the cancelled check acts as receipt of payment and no further payment is required. If full payment has not been made, payment is due within 90 days of the Final Order. Overdue amounts are subject to statutory interest and may be referred to collections. A check made payable to the "Agency for Health Care Administration" and containing the AHCA ten-digit case number should be sent to:

Central Intake Unit Agency for Health Care Administration 2727 Mahan Drive, Mail Stop 61 Tallahassee, Florida 32308

3. The Notice of Intent is withdrawn. If the Agency has not already completed its review of the application, it shall resume its review of the application.

## NOTICE OF RIGHT TO JUDICIAL REVIEW

A party that is adversely affected by this Final Order is entitled to seek 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 of 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.

## **CERTIFICATE OF SERVICE**

I HEREBY CERTIFY that a true and correct copy of this Final Order was served on the belownamed persons by the method designated on this // day of , 2016.

Richard J. Shoop, Agency Clerk Agency for Health Care Administration 2727 Mahan Drive, Mail Stop 3 Tallahassee, Florida 32308 Telephone (850) 412-3630

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