## STATE OF FLORIDA AGENCY FOR HEALTH CARE ADMINISTRATION



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DELTONA ALF MANAGEMENT, LLC, d/b/a GOLD CHOICE DELTONA,

Petitioner,	DOAH No. 17-4324
v. STATE OF FLORIDA, AGENCY FOR	AHCA NO. 2017005315 RENDITION NO.: AHCA-17 - りらつみs-olc
HEALTH CARE ADMINISTRATION,	
Respondent.	
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## **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 The Agency issued the Petitioner ("the Applicant") the attached Notice of Intent to Deem Application Incomplete and Withdrawn from Further Consideration. (Ex. 1) The parties 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. If the Agency has not already completed its review of the application, it shall resume its review of the application. The Applicant shall pay the Agency an administrative fee of \$1,000.00 within 30 days of the entry of this Final Order. If payment has already been made, the cancelled check acts as your receipt and no further payment is required. Otherwise, a check made payable to the "Agency for Health Care Administration" 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

ORDERED in Tallahassee, Florida, on this 18 day of Symbol , 2017.

Justin M. Senior, Secretary

Agency for Health Care Administration

## **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**

> Richard J. Shoop, Agency Clerk Agency for Health Care Administration 2727 Mahan Drive, Mail Stop #3 Tallahassee, Florida 32308-5403 Telephone (850) 412-3630

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