STATE OF FLORIDA AGENCY FOR HEALTH CARE ADMINISTRATION



2018 JUN 25 A 10:

DOAH No.: 18-1326

PSL REHABILITATION AND HEALTH CARE, LLC d/b/a PORT SAINT LUCIE REHABILITAITON AND HEALTHCARE

Petitioner,	DOAH No.: 18-1326
v.	AHCA No.: 2016012561 RENDITION NO.: AHCA- 18 - 0390-8-OLC
STATE OF FLORIDA AGENCY FOR HEALTH CARE ADMINISTRATION,	11211101110111011110111101111011110111
Respondent.	/
<u>FINAL</u>	ORDER
	em Change of Ownership Application Incomplete and all other matters of record, the Agency for Health s:
1. The Agency issued the attached Ne entered into the attached Settlement Agreement, wh Final Order. (Ex. 2)	OI to the Petitioner. (Ex. 1) The parties have since nich is adopted and incorporated by reference into this
limited to: closing documents, bills of dale, operat	y documents and third party forms, including but no ions transfer agreements, proof of financial ability to gency to deem the Change of Ownership ("CHOW").
3. Should Petitioner fail to provide the necessary to deem the application complete by application shall be deemed incomplete and denied	e Agency with each and every application document close of business on August 11, 2018, Petitioner's.
4. The Agency shall continue processing documentation from Petitioner.	ng the CHOW application upon receipt of all required
ORDERED at Tallahassee, Florida, on this	25 day of <u>June</u> , 2018.
ORDERED at Tallahassee, Florida, on this	July The

Justin M. Sentor, Secretary

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 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 CERTIFY that a true and	correct copy of this Final	Order was served on t	the below-named
persons by the method designated on	this 25 day of) une	, 2018.

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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Facilities Intake Unit	Agency for Health Care Administration
Agency for Health Care Administration	(Electronic Mail)
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