

Ambulatory Surgical Facilities

DHEC Regulation 61-91

Name of Facility Location Street Location City, State Administrator	License#/Expiration County/Ownership Type Mailing Address Licensee
AMBULATORY SURGERY CENTER OF SPARTANBURG 720 N PINE ST SPARTANBURG, SC 29303-3127 FACILITY #:864-504-3555 PANKEY MICHAEL E PH#: 864-504-3521 Facility Email: MPANKEY@ASCSPARTANBURG.COM Fac. Cont. Email: MPANKEY@ASCSPARTANBURG.COM	ASF-0064 / 04/30/2017 Spartanburg / Limited Liability 720 N PINE ST SPARTANBURG, SC 29303-3127 AMBULATORY SURGERY CENTER OF SPARTANBURG LLC
Operating Rooms: 7 Endoscopy Rooms: 2 Procedure Rooms: 0 Total Number Units: 9	Certified For:
AMBULATORY SURGICAL CENTER OF AIKEN 4211 TROLLEY LINE RD AIKEN, SC 29801-2749 FACILITY #:803-648-2840 HINER ERIC A PH#: 803-648-2840 Facility Email: TODD@SURGERYAIKEN.COM Fac. Cont. Email: ERIC@AIKENSURGERY.COM	ASF-0096 / 11/30/2017 Aiken / Limited Liability 4211 TROLLEY LINE RD AIKEN, SC 29801-2749 AMBULATORY SURGICAL CENTER OF AIKEN LLC
Operating Rooms: 4 Endoscopy Rooms: 1 Procedure Rooms: 1 Total Number Units: 6	Certified For:
ANMED HEALTH MEDICUS SURGERY CENTER 107 PROFESSIONAL CT ANDERSON, SC 29621-2052 FACILITY #:864-716-7900 EATON ANGELA R PH#: 864-716-7900 Facility Email: ANGIEKAY@MEDICUS1.COM Fac. Cont. Email: ANGIEKAY@MEDICUS1.COM	ASF-0100 / 04/30/2017 Anderson / Limited Liability PO BOX 1886 ANDERSON, SC 29622-1886 ANMED HEALTH MEDICUS SURGERY CENTER LLC
Operating Rooms: 3 Endoscopy Rooms: 0 Procedure Rooms: 2 Total Number Units: 5	Certified For:

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Name of Facility Location Street Location City, State Administrator	License#/Expiration County/Ownership Type Mailing Address Licensee
BAY MICROSURGICAL UNIT 1200 HIGHMARKET ST GEORGETOWN, SC 29440-3227 FACILITY #:843-546-8421 SPRING JANET R PH#: 843-546-8421 Facility Email: JSPRING@COASTALEYEGROUP.COM Fac. Cont. Email: No Facility Contact Email on Record	ASF-0090 / 11/30/2017 Georgetown / Corporation PO BOX 2900 GEORGETOWN, SC 29442-2900 BAY MICROSURGICAL UNIT INC
Operating Rooms: 1 Endoscopy Rooms: 0 Procedure Rooms: 0 <hr/> Total Number Units: 1	Certified For:
BERKELEY ENDOSCOPY CENTER 1072 WILDWOOD CENTRE DR COLUMBIA, SC 29229-8420 FACILITY #:803-788-1120 CHOCKALINGAM SIVA K PH#: 803-788-1120 Facility Email: No Facility Email on Record Fac. Cont. Email: No Facility Contact Email on Record	ASF-0104 / 01/31/2017 Richland / Ltd. Liability 1072 WILDWOOD CENTRE DR COLUMBIA, SC 29229-8420 BERKELEY ENDOSCOPY CENTER LLC
Operating Rooms: 0 Endoscopy Rooms: 2 Procedure Rooms: 0 <hr/> Total Number Units: 2	Certified For:
BLUE RIDGE SURGERY CENTER 10630 CLEMSON BLVD STE 200 SENECA, SC 29678-4545 FACILITY #:864-482-5100 AUGUSTINE RN MARY H PH#: 864-482-5100 Facility Email: SBUHLIG@AMSURG.COM Fac. Cont. Email: No Facility Contact Email on Record	ASF-0068 / 09/30/2017 Oconee / Ltd. Liability 1A BURTON HILLS BLVD NASHVILLE, TN 37215-6187 BLUE RIDGE-CLEMSON ORTHOPAEDIC ASC LLC
Operating Rooms: 2 Endoscopy Rooms: 0 Procedure Rooms: 0 <hr/> Total Number Units: 2	Certified For:

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Name of Facility Location Street Location City, State Administrator	License#/Expiration County/Ownership Type Mailing Address Licensee
BLUFFTON OKATIE SURGERY CENTER 40 OKATIE CENTER BLVD S STE 125 OKATIE, SC 29909-7510 FACILITY #:843-705-8804 MAHONEY TERRI-MARIE PH#: 843-705-8804 Facility Email: TERRI.MAHONEY@TENETHEALTH.COM Fac. Cont. Email: TERRI.MAHONEY@TENETHEALTH.COM	ASF-0075 / 10/31/2017 Beaufort / Limited Liability 40 OKATIE CENTER BLVD S STE 125 OKATIE, SC 29909-7510 BLUFFTON OKATIE SURGERY CENTER LLC
Operating Rooms: 2 Endoscopy Rooms: 0 Procedure Rooms: 2 Total Number Units: 4	Certified For:
CAROLINA AMBULATORY SURGERY CENTER 110 PEPPER HILL WAY AIKEN, SC 29801-2818 FACILITY #:803-642-6060 HUTTO CHRISTY K PH#: 803-642-6060 Facility Email: CKHUTTORN@HOTMAIL.COM Fac. Cont. Email: DKROK@MAC.COM	ASF-0101 / 05/31/2017 Aiken / Corporation 110 PEPPER HILL WAY AIKEN, SC 29801-2818 CASC ACQUISITION INC
Operating Rooms: 1 Endoscopy Rooms: 0 Procedure Rooms: 1 Total Number Units: 2	Certified For:
CAROLINA BONE AND JOINT SURGERY CENTER 101 SURGEONS DR MYRTLE BEACH, SC 29579-5198 FACILITY #:843-236-6633 SKIPPER PAMELA W PH#: 843-236-6633 Facility Email: PSKIPPER@CAROLINABONE.COM Fac. Cont. Email: GKAPSHUC@SCCOAST.NET	ASF-0077 / 11/30/2017 Horry / Ltd. Liability 101 SURGEONS DR MYRTLE BEACH, SC 29579-5198 CAROLINA BONE AND JOINT SURGERY CENTER LLC
Operating Rooms: 3 Endoscopy Rooms: 0 Procedure Rooms: 1 Total Number Units: 4	Certified For:

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Name of Facility Location Street Location City, State Administrator	License#/Expiration County/Ownership Type Mailing Address Licensee
CAROLINA COAST SURGERY CENTER 3545 HWY 17 BYPASS MURRELLS INLET, SC 29576 FACILITY #:843-299-1717 ANDREWS TAMMY PH#: 843-766-7103 Facility Email: TANDREWS@CAROLINACOASTSC.COM Fac. Cont. Email: No Facility Contact Email on Record	ASF-0121 / 07/31/2017 Georgetown / Limited Liability 3545 HWY 17 BYP STE 150 MURRELLS INLET, SC 29576 MURRELLS INLET ASC LLC
Operating Rooms: 2 Endoscopy Rooms: 0 Procedure Rooms: 2 Total Number Units: 4	Certified For:
CAROLINA COLONOSCOPY CENTER 2631 FOREST DR COLUMBIA, SC 29204-0000 FACILITY #:803-254-8449 BARTHOLOMEW DENISE PH#: 803-254-8449 Facility Email: DBARTHOLOMEW@COLONSC.COM Fac. Cont. Email: DBARTHOLOMEW@COLONSC.COM	ASF-0042 / 08/31/2017 Richland / Corporation 2631 FOREST DR COLUMBIA, SC 29204-0000 SOUTH CAROLINA MEDICAL ENDOSCOPY LLC
Operating Rooms: 0 Endoscopy Rooms: 2 Procedure Rooms: 0 Total Number Units: 2	Certified For:
CAROLINA SURGICAL CENTER 198 S HERLONG AVE ROCK HILL, SC 29732-1156 FACILITY #:803-327-4464 WILLIS LORI R PH#: 803-327-4664 Facility Email: LORI.WILLIS@TENETHEALTH.COM Fac. Cont. Email: No Facility Contact Email on Record	ASF-0028 / 02/28/2017 York / Limited Liability PO BOX 3212 ROCK HILL, SC 29732-5212 ROCK HILL SURGERY CENTER LLC
Operating Rooms: 4 Endoscopy Rooms: 0 Procedure Rooms: 0 Total Number Units: 4	Certified For:

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Name of Facility Location Street Location City, State Administrator	License#/Expiration County/Ownership Type Mailing Address Licensee
CENTER FOR COLON AND DIGESTIVE DISEASES 103 GREGG AVE NW STE 100 AIKEN, SC 29801-2709 FACILITY #:803-649-4699 COOPER HELEN PH#: 803-226-0434 Facility Email: PGH12@ATT.NET Fac. Cont. Email: PGH12@ATT.NET	ASF-0119 / 01/31/2017 Aiken / Limited Liability 103 GREGG AVE NW STE 100 AIKEN, SC 29801-2709 CENTER FOR COLON AND DIGESTIVE DISEASES LLC
Operating Rooms: 0 Endoscopy Rooms: 2 Procedure Rooms: 0 Total Number Units: 2	Certified For:
CENTER FOR ORTHOPAEDIC SURGERY 118 PROFESSIONAL PARK DR ROCK HILL, SC 29732-1178 FACILITY #:803-329-3134 ELKINS MARY F PH#: 803-329-3134 Facility Email: MARY.ELKINS@CAROLINASHEALTHCARE.ORG Fac. Cont. Email: MELKINS@C-OSACOM	ASF-0131 / 08/31/2017 York / Corporation 118 PROFESSIONAL PARK DR ROCK HILL, SC 29732-1178 CAROLINAS AMBULATORY SURGERY INC
Operating Rooms: 3 Endoscopy Rooms: 0 Procedure Rooms: 2 Total Number Units: 5	Certified For:
CHARLESTON ENDOSCOPY CENTER 1962 CHARLIE HALL BLVD CHARLESTON, SC 29414-5837 FACILITY #:843-722-8000 PUNTENEY WANDA M PH#: 843-722-8000 Facility Email: KIM.OWEN@CHARLESTONGI.COM Fac. Cont. Email: STEPHANIE.ANDREWS@CHARLESTONGI.COM	ASF-0079 / 01/31/2017 Charleston / Limited Liability 1962 CHARLIE HALL BLVD CHARLESTON, SC 29414-5837 CHARLESTON ENDOSCOPY CENTER LLC
Operating Rooms: 0 Endoscopy Rooms: 5 Procedure Rooms: 0 Total Number Units: 5	Certified For:

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Name of Facility Location Street Location City, State Administrator	License#/Expiration County/Ownership Type Mailing Address Licensee
CHARLESTON SURGERY CENTER 2690 LAKE PARK DR NORTH CHARLESTON, SC 29406-9108 FACILITY #:843-764-0992 MEDLEY HELENE PH#: 843-764-0992 Facility Email: HELENE.MEDLEY@SCASURGERY.COM Fac. Cont. Email: ROSINA.FEAGIN@HEALTHSOUTH.COM	ASF-0011 / 03/31/2017 Charleston / Limited Liability Limited Partnership 2690 LAKE PARK DR NORTH CHARLESTON, SC 29406-9108 CHARLESTON SURGERY CENTER LP
Operating Rooms: 4 Endoscopy Rooms: 1 Procedure Rooms: 1 Total Number Units: 6	Certified For:
COLLETON AMBULATORY SURGERY CENTER 304 MEDICAL PARK DR WALTERBORO, SC 29488-5743 FACILITY #:843-782-2700 BYNUM WILLIAM S PH#: 843-782-2700 Facility Email: WILLIAM.BYNUM@HCAHEALTHCARE.COM Fac. Cont. Email: No Facility Contact Email on Record	ASF-0035 / 06/30/2017 Colleton / Ltd. Liability 304 MEDICAL PARK DR WALTERBORO, SC 29488-5743 COLLETON AMBULATORY CARE LLC
Operating Rooms: 2 Endoscopy Rooms: 1 Procedure Rooms: 0 Total Number Units: 3	Certified For:
COLORECTAL ENDOSURGERY INSTITUTE OF THE CAROLINAS 1439 STUART ENGALS BLVD UNIT 100 MOUNT PLEASANT, SC 29464-3686 FACILITY #:843-531-6615 FENN CHRISTIE PH#: Facility Email: CFENN@COLONSURGEONSOFCCHARLESTON.COM Fac. Cont. Email: No Facility Contact Email on Record	ASF-0116 / 10/31/2017 Charleston / Limited Liability 1439 STUART ENGALS BLVD UNIT 100 MOUNT PLEASANT, SC 29464-3686 COLORECTAL ENDOSURGERY INSTITUTE OF THE CAROLINAS LLC
Operating Rooms: 0 Endoscopy Rooms: 2 Procedure Rooms: 0 Total Number Units: 2	Certified For:

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Name of Facility Location Street Location City, State Administrator	License#/Expiration County/Ownership Type Mailing Address Licensee
COLUMBIA EYE SURGERY CENTER 1920 PICKENS ST COLUMBIA, SC 29201-2632 FACILITY #:803-254-7732 MURPHY MARY T RN PH#: 803-254-7732 Facility Email: CMARTIN@COLUMBIAEYECLINIC.COM Fac. Cont. Email: TMURPHY@COLUMBIAEYECLINIC.COM	ASF-0018 / 07/31/2017 Richland / Corporation 1920 PICKENS ST COLUMBIA, SC 29201-2632 COLUMBIA EYE SURGERY CENTER INC
Operating Rooms: 4 Endoscopy Rooms: 0 Procedure Rooms: 2 Total Number Units: 6	Certified For:
COLUMBIA GASTROINTESTINAL ENDOSCOPY CENTER 2739 LAUREL ST STE 1B COLUMBIA, SC 29204-2028 FACILITY #:803-254-9588 SEASE RN CINDY G PH#: 803-254-9588 Facility Email: SBUHLIG@AMSURG.COM Fac. Cont. Email: CSEASE@COLUMBIAGI.COM	ASF-0032 / 09/30/2017 Richland / Ltd. Liability 1A BURTON HILLS BLVD NASHVILLE, TN 37215-6187 COLUMBIA ASC LLC
Operating Rooms: 0 Endoscopy Rooms: 4 Procedure Rooms: 0 Total Number Units: 4	Certified For:
ELMS ENDOSCOPY CENTER 2671 ELMS PLANTATION BLVD NORTH CHARLESTON, SC 29406-9165 FACILITY #:843-797-6800 WAGNER TONYA K PH#: Facility Email: LANDC@AMSURG.COM Fac. Cont. Email: No Facility Contact Email on Record	ASF-0098 / 03/31/2017 Charleston / Ltd. Liability 1A BURTON HILLS BLVD NASHVILLE, TN 37215-6187 ELMS ENDOSCOPY CENTER LLC
Operating Rooms: 0 Endoscopy Rooms: 3 Procedure Rooms: 0 Total Number Units: 3	Certified For:

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Name of Facility Location Street Location City, State Administrator	License#/Expiration County/Ownership Type Mailing Address Licensee
ENDOSCOPY CENTER OF THE UPSTATE 14 HAWTHORNE PARK CT GREENVILLE, SC 29615-3194 FACILITY #:864-331-0364 ANDREWS STEPHANIE PH#: Facility Email: No Facility Email on Record Fac. Cont. Email: No Facility Contact Email on Record	ASF-0086 / 07/31/2017 Greenville / Ltd. Liability 1A BURTON HILLS BLVD NASHVILLE, TN 37215-6187 GREENVILLE ASC LLC
Operating Rooms: 0 Endoscopy Rooms: 3 Procedure Rooms: 0 Total Number Units: 3	Certified For:
FLORENCE SURGERY AND LASER CENTER 400 N CASHUA DR FLORENCE, SC 29501-2098 FACILITY #:843-664-9398 SELTZER SAMUEL E PH#: 843-664-9393 Facility Email: MSTOKES@CCFS2020.COM Fac. Cont. Email: ESTEPHENS@CCFS2020.COM	ASF-0070 / 03/31/2017 Florence / Ltd. Liability 400 N CASHUA DR FLORENCE, SC 29501-2098 FLORENCE SURGERY AND LASER CENTER LLC
Operating Rooms: 2 Endoscopy Rooms: 0 Procedure Rooms: 0 Total Number Units: 2	Certified For:
GHS CROSS CREEK SURGERY CENTER 9 DOCTORS DR, CROSS CREEK MEDICAL PLAZA GREENVILLE, SC 29605-4266 FACILITY #:864-455-8400 JOHNSON PAUL PH#: 864-455-8400 Facility Email: PSAWICKI@GHS.ORG Fac. Cont. Email: NSALLY@GHS.ORG	ASF-0132 / 10/31/2017 Greenville / Corporation 300 E MCBEE AVE STE 402 GREENVILLE, SC 29601-2890 UPSTATE AFFILIATE ORGANIZATION
Operating Rooms: 4 Endoscopy Rooms: 0 Procedure Rooms: 0 Total Number Units: 4	Certified For:

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Name of Facility Location Street Location City, State Administrator	License#/Expiration County/Ownership Type Mailing Address Licensee
GHS PATEWOOD OUTPATIENT SURGERY CENTER 200 PATEWOOD DR GREENVILLE, SC 29615-3593 FACILITY #:864-454-2400 HAINES BEVERLY PH#: 864-454-2600 Facility Email: BHAINES@GHS.ORG Fac. Cont. Email: No Facility Contact Email on Record	ASF-0133 / 10/31/2017 Greenville / Corporation 200 PATEWOOD DR GREENVILLE, SC 29615-3593 UPSTATE AFFILIATE ORGANIZATION
Operating Rooms: 6 Endoscopy Rooms: 2 Procedure Rooms: 0 Total Number Units: 8	Certified For:
GHS SURGERY CENTER - SPARTANBURG 1413 JOHN B WHITE SR BLVD STE D SPARTANBURG, SC 29306-3995 FACILITY #:864-587-5768 TROUT BARBRA A PH#: 864-587-5768 Facility Email: NSALLY@GHS.ORG Fac. Cont. Email: NSALLY@GHS.ORG	ASF-0134 / 10/31/2017 Spartanburg / Corporation 1413 JOHN B WHITE SR BLVD STE D SPARTANBURG, SC 29306-3995 UPSTATE AFFILIATE ORGANIZATION
Operating Rooms: 2 Endoscopy Rooms: 0 Procedure Rooms: 0 Total Number Units: 2	Certified For:
GRANDE DUNES SURGERY CENTER 1021 MEDICAL CIR STE 100 MYRTLE BEACH, SC 29572-4618 FACILITY #:843-449-7885 ROBERTS MISTY T PH#: 843-449-7885 Facility Email: MISTY.ROBERTS@HCAHEALTHCARE.COM Fac. Cont. Email: MISTY.ROBERTS2@HCAHEALTHCARE.COM	ASF-0069 / 01/31/2017 Horry / Ltd. Liability 1021 MEDICAL CIR STE 100 MYRTLE BEACH, SC 29572-4618 CAROLINA REGIONAL SURGERY CENTER LTD
Operating Rooms: 3 Endoscopy Rooms: 1 Procedure Rooms: 1 Total Number Units: 5	Certified For:

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Name of Facility Location Street Location City, State Administrator	License#/Expiration County/Ownership Type Mailing Address Licensee
GREENVILLE ENDOSCOPY CENTER 317 SAINT FRANCIS DR STE 150 GREENVILLE, SC 29601-3914 FACILITY #:864-239-6636 SWOYER REBECCA K PH#: 864-232-7338 Facility Email: TAMMIEW@GASTROASSOCIATES.COM Fac. Cont. Email: RSWOYS@AOL.COM	ASF-0027 / 02/28/2017 Greenville / Corporation PO BOX 8555 GREENVILLE, SC 29604-8555 GREENVILLE ENDOSCOPY CENTER INC
Operating Rooms: 0 Endoscopy Rooms: 3 Procedure Rooms: 0 Total Number Units: 3	Certified For:
GREENVILLE ENDOSCOPY CENTER AT PATEWOOD 200 PATEWOOD DR STE B 100 GREENVILLE, SC 29615 FACILITY #:864-232-7338 SWOYER REBECCA K PH#: 864-232-7338 Facility Email: RSWOYER@GASTROASSOCIATES.COM Fac. Cont. Email: RSWOYER@GASTROASSOCIATES.COM	ASF-0108 / 08/31/2017 Greenville / Corporation PO BOX 8555 GREENVILLE, SC 29604-8555 GREENVILLE ENDOSCOPY CENTER INC
Operating Rooms: 0 Endoscopy Rooms: 3 Procedure Rooms: 0 Total Number Units: 3	Certified For:
GREENWOOD ENDOSCOPY CENTER 103 LINER DR GREENWOOD, SC 29646-2311 FACILITY #:864-227-3838 RAMAGE III ALBERT A PH#: 864-227-3838 Facility Email: TINA.PONDER@GMAIL.COM Fac. Cont. Email: LAURAALICEYOUNG@GMAIL.COM	ASF-0022 / 05/31/2017 Greenwood / Corporation 103 LINER DR GREENWOOD, SC 29649-2311 GREENWOOD ENDOSCOPY CENTER INC
Operating Rooms: 0 Endoscopy Rooms: 4 Procedure Rooms: 0 Total Number Units: 4	Certified For:

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JERVEY EYE CENTER 1 DOCTORS DR GREENVILLE, SC 29605-4266 FACILITY #:864-250-6484 FARMER LISA L PH#: 864-250-6487 Facility Email: LFARMER@JERVEY.COM Fac. Cont. Email: No Facility Contact Email on Record	ASF-0038 / 02/28/2017 Greenville / Limited Liability 1 DOCTORS DR GREENVILLE, SC 29605-4266 JERVEY EYE CENTER LLC
Operating Rooms: 3 Endoscopy Rooms: 0 Procedure Rooms: 3 Total Number Units: 6	Certified For:
LAKE MURRAY ENDOSCOPY CENTER 100 PALMETTO HEALTH PKWY STE 100 COLUMBIA, SC 29212-1748 FACILITY #:803-407-6767 SEASE RN CINDY G PH#: 803-407-6767 Facility Email: LANDC@AMSURG.COM Fac. Cont. Email: CSEASE@COLUMBIAGI.COM	ASF-0076 / 10/31/2017 Lexington / Ltd. Liability 1A BURTON HILLS BLVD NASHVILLE, TN 37215-6187 COLUMBIA ASC NORTHWEST LLC
Operating Rooms: 0 Endoscopy Rooms: 2 Procedure Rooms: 0 Total Number Units: 2	Certified For:
LASER AND SKIN SURGERY CENTER 15 HOSPITAL CENTER BLVD STE 2 HILTON HEAD ISLAND, SC 29926-2760 FACILITY #:843-689-9200 BUNDY ALBERT THOMAS PH#: 843-689-9200 Facility Email: HHDERM@ICLOUD.COM Fac. Cont. Email: No Facility Contact Email on Record	ASF-0059 / 09/30/2017 Beaufort / Ltd. Liability 15 HOSPITAL CENTER BLVD STE 2 HILTON HEAD ISLAND, SC 29926-2760 DERMATOLOGY SURGERY CENTER LLC
Operating Rooms: 2 Endoscopy Rooms: 0 Procedure Rooms: 0 Total Number Units: 2	Certified For:

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LOWCOUNTRY AMBULATORY CENTER 1844 WALLACE SCHOOL RD CHARLESTON, SC 29407-4822 FACILITY #:843-556-2545 NELSON PAIGE PH#: 843-556-2545 Facility Email: LTAYLOR@PRACTICEPARTNERS.ORG Fac. Cont. Email: No Facility Contact Email on Record	ASF-0118 / 02/28/2017 Charleston / Limited Liability 1844 WALLACE SCHOOL RD CHARLESTON, SC 29407-4822 LOWCOUNTRY AMBULATORY CENTER LLC
Operating Rooms: 2 Endoscopy Rooms: 0 Procedure Rooms: 1 Total Number Units: 3	Certified For:
LOWCOUNTRY OUTPATIENT SURGERY CENTER 93 SPRINGVIEW LN UNIT A SUMMERVILLE, SC 29485-8154 FACILITY #:843-285-6065 MCQUISTON JOYCE A PH#: 843-285-6065 Facility Email: JMCQUISTON@LOWCOUNTRYORTHOCOM Fac. Cont. Email: JOYCE.MCQUISTON@LOWCOUNTRYORTHOCOM	ASF-0089 / 08/31/2017 Dorchester / Limited Liability 93 SPRINGVIEW LN UNIT A SUMMERVILLE, SC 29485-8154 LOWCOUNTRY OUTPATIENT SURGERY CENTER LLC
Operating Rooms: 3 Endoscopy Rooms: 0 Procedure Rooms: 2 Total Number Units: 5	Certified For:
MCLEOD AMBULATORY SURGERY CENTER 604 E CHEVES ST FLORENCE, SC 29506-2627 FACILITY #:843-777-6451 SALEEBY MARIE PH#: 843-777-6451 Facility Email: BALLEEN@MCLEODHEALTH.ORG Fac. Cont. Email: BALLEEN@MCLEODHEALTH.ORG	ASF-0080 / 09/30/2017 Florence / Non-Profit Corporation 604 E CHEVES ST FLORENCE, SC 29506-2627 MCLEOD REGIONAL MEDICAL CENTER OF THE PEE DEE INC
Operating Rooms: 2 Endoscopy Rooms: 0 Procedure Rooms: 0 Total Number Units: 2	Certified For:

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Name of Facility Location Street Location City, State Administrator	License#/Expiration County/Ownership Type Mailing Address Licensee
MIDLANDS ENDOSCOPY CENTER 1 WELLNESS BLVD STE 111 IRMO, SC 29063-2873 FACILITY #:803-749-3770 KUDCHADKAR MD ANIL PH#: 803-749-3770 Facility Email: MECIRMO@YAHOO.COM Fac. Cont. Email: MECIRMO@YAHOO.COM	ASF-0093 / 02/28/2017 Lexington / Ltd. Liability PO BOX 94 COLUMBIA, SC 29202-0094 MIDLANDS ENDOSCOPY CENTER LLC
Operating Rooms: 0 Endoscopy Rooms: 2 Procedure Rooms: 0 Total Number Units: 2	Certified For:
MIDLANDS ORTHOPAEDICS SURGERY CENTER 1930 BLANDING ST COLUMBIA, SC 29201-3520 FACILITY #:803-461-4740 EASLEY KELLY PH#: Facility Email: KELLYE@MIDLANDSORTHO.COM Fac. Cont. Email: No Facility Contact Email on Record	ASF-0102 / 07/31/2017 Richland / Ltd. Liability 1930 BLANDING ST COLUMBIA, SC 29201-3520 MIDLANDS ORTHOPAEDIC SURGERY CENTER LLC
Operating Rooms: 4 Endoscopy Rooms: 0 Procedure Rooms: 1 Total Number Units: 5	Certified For:
MOORE ORTHOPAEDIC CLINIC OUTPATIENT SURGERY CENTER 104 SALUDA POINTE DR LEXINGTON, SC 29072 FACILITY #:803-939-5050 MERRITT RN STACI H PH#: 803-227-8083 Facility Email: SMERRITT@MOOREASC.COM Fac. Cont. Email: No Facility Contact Email on Record	ASF-0109 / 12/31/2017 Lexington / Ltd. Liability 104 SALUDA POINTE DR LEXINGTON, SC 29072 MOORE ORTHOPAEDIC CLINIC OUTPATIENT SURGERY CENTER LLC
Operating Rooms: 4 Endoscopy Rooms: 0 Procedure Rooms: 1 Total Number Units: 5	Certified For:

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Name of Facility Location Street Location City, State Administrator	License#/Expiration County/Ownership Type Mailing Address Licensee
OUTPATIENT SURGERY CENTER OF HILTON HEAD 190 PEMBROKE DR HILTON HEAD ISLAND, SC 29926-2389 FACILITY #:843-682-5050 LUBA SCOTT A PH#: 843-682-5050 Facility Email: SCOTT.LUBA@SCASURGERY.COM Fac. Cont. Email: No Facility Contact Email on Record	ASF-0092 / 01/31/2017 Beaufort / Ltd. Liability 190 PEMBROKE DR HILTON HEAD ISLAND, SC 29926-2389 OUTPATIENT SURGERY CENTER OF HILTON HEAD LLC
Operating Rooms: 3 Endoscopy Rooms: 2 Procedure Rooms: 2 Total Number Units: 7	Certified For:
OUTPATIENT SURGERY CENTER OF LEXINGTON MEDICAL CENTER IN IRMO 7035 SAINT ANDREWS RD COLUMBIA, SC 29212-1175 FACILITY #:803-749-0924 SIPE ROGER L PH#: 803-749-0977 Facility Email: TMFALCONE@LEXHEALTH.ORG Fac. Cont. Email: PAZARZUELA@LEXHEALTH.ORG	ASF-0013 / 11/30/2017 Richland / Non-Profit Corporation 2720 SUNSET BLVD WEST COLUMBIA, SC 29169-4810 LEXINGTON COUNTY HEALTH SERVICES DISTRICT INC
Operating Rooms: 4 Endoscopy Rooms: 0 Procedure Rooms: 0 Total Number Units: 4	Certified For:
OUTPATIENT SURGERY CENTER OF LEXMEDCTR-LEXINGTON 811 W MAIN ST LEXINGTON, SC 29072-2500 FACILITY #:803-358-6100 SIPE ROGER L PH#: 803-358-6100 Facility Email: MDDAWKINS@LEXHEALTH.ORG Fac. Cont. Email: MDDAWKINS@LEXHEALTH.ORG	ASF-0057 / 08/31/2017 Lexington / Non-Profit Corporation 2720 SUNSET BLVD WEST COLUMBIA, SC 29169-4810 LEXINGTON COUNTY HEALTH SERVICES DISTRICT INC
Operating Rooms: 4 Endoscopy Rooms: 1 Procedure Rooms: 0 Total Number Units: 5	Certified For:

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Name of Facility Location Street Location City, State Administrator	License#/Expiration County/Ownership Type Mailing Address Licensee
PALMETTO ENDOSCOPY CENTER 2073 CHARLIE HALL BLVD CHARLESTON, SC 29414-5834 FACILITY #:843-571-0643 BRISSON RICHARD PH#: 843-571-0643 Facility Email: RBRISSEON@PALMETTODIGESTIVE.COM Fac. Cont. Email: No Facility Contact Email on Record	ASF-0084 / 02/28/2017 Charleston / Limited Liability 2073 CHARLIE HALL BLVD CHARLESTON, SC 29414-5834 PALMETTO ENDOSCOPY CENTER LLC
Operating Rooms: 0 Endoscopy Rooms: 2 Procedure Rooms: 0 Total Number Units: 2	Certified For:
PALMETTO ENDOSCOPY SUITE 1520 TAYLOR ST STE 250 COLUMBIA, SC 29201-2926 FACILITY #:803-509-5710 BEST RN GLENDA PH#: 803-509-5710 Facility Email: GBPALMETTOENDO@YAHOO.COM Fac. Cont. Email: No Facility Contact Email on Record	ASF-0115 / 08/31/2017 Richland / Limited Liability 1520 TAYLOR ST STE 250 COLUMBIA, SC 29201-2926 PALMETTO ENDOSCOPY SUITE LLC
Operating Rooms: 0 Endoscopy Rooms: 2 Procedure Rooms: 0 Total Number Units: 2	Certified For:
PALMETTO SURGERY CENTER 109 BLARNEY DR COLUMBIA, SC 29223-6244 FACILITY #:803-865-8200 MCCLAMROCK FLEET L PH#: 803-865-8200 Facility Email: FLEET@PALMETTOSURGERYCENTER.COM Fac. Cont. Email: FLEET@PALMETTOSURGERYCENTER.COM	ASF-0046 / 02/28/2017 Richland / Limited Liability 109 BLARNEY DR COLUMBIA, SC 29223-6244 PALMETTO SURGERY CENTER LLC
Operating Rooms: 5 Endoscopy Rooms: 0 Procedure Rooms: 0 Total Number Units: 5	Certified For:

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Name of Facility Location Street Location City, State Administrator	License#/Expiration County/Ownership Type Mailing Address Licensee
PARKWAY SURGERY CENTER 827 82ND PKWY MYRTLE BEACH, SC 29572-4607 FACILITY #:843-286-2020 TABACCO-FURINO KRISTAN PH#: 843-286-2020 Facility Email: KTABACCOFURINO@PKWYSURG.COM Fac. Cont. Email: KTABACCOFURINO@PKWYSURG.COM	ASF-0061 / 10/31/2017 Horry / Ltd. Liability 827 82ND PKWY MYRTLE BEACH, SC 29572-4607 PARKWAY SURGERY CENTER LLC
Operating Rooms: 2 Endoscopy Rooms: 0 Procedure Rooms: 1 Total Number Units: 3	Certified For:
PHYSICIANS EYE SURGERY CENTER 2060 CHARLIE HALL BLVD STE 301 CHARLESTON, SC 29414-6066 FACILITY #:843-571-4800 ROBINSON REBECCAC PH#: 843-571-4800 Facility Email: SBULIG@AMSURG.COM Fac. Cont. Email: ROBINSONB@EYESURGERYCENTEROFCHARLESTON.C	ASF-0097 / 12/31/2017 Charleston / Limited Liability 1A BURTON HILLS BLVD NASHVILLE, TN 37215-6187 PHYSICIANS EYE SURGERY CENTER LLC
Operating Rooms: 4 Endoscopy Rooms: 0 Procedure Rooms: 1 Total Number Units: 5	Certified For:
PHYSICIANS SURGERY CENTER OF FLORENCE 1580 FREEDOM BLVD STE 300 FLORENCE, SC 29505-6074 FACILITY #:843-674-6700 CRAVEN DARCY PH#: 843-674-2500 Facility Email: RHARDWICK@CAROLINASHOSPITAL.COM Fac. Cont. Email: DCRAVEN@CAROLINASHOSPITAL.COM	ASF-0107 / 08/31/2017 Florence / Corporation PO BOX 100550 FLORENCE, SC 29501-0550 QHG OF SOUTH CAROLINA INC
Operating Rooms: 4 Endoscopy Rooms: 2 Procedure Rooms: 2 Total Number Units: 8	Certified For:

Ambulatory Surgical Facilities

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Name of Facility Location Street Location City, State Administrator	License#/Expiration County/Ownership Type Mailing Address Licensee
PIEDMONT SURGERY CENTER 5 MEMORIAL MEDICAL CT GREENVILLE, SC 29605-4449 FACILITY #:864-272-3409 STILLS DENISE PH#: 864-272-3409 Facility Email: DSTILLS@ASCOA.COM Fac. Cont. Email: No Facility Contact Email on Record	ASF-0017 / 06/30/2017 Greenville / Limited Liability Limited Partnership 5 MEMORIAL MEDICAL CT GREENVILLE, SC 29605-4449 GREENVILLE SURGERY CENTER LP
Operating Rooms: 4 Endoscopy Rooms: 0 Procedure Rooms: 0 Total Number Units: 4	Certified For:
RIVERTOWN SURGERY CENTER 822 FARRAR DR, RIVERTOWN MEDICAL PARK CONWAY, SC 29526-8747 FACILITY #:843-347-9587 GASQUE HOPE PH#: 843-347-9587 Facility Email: GMCCURDY@RIVERTOWNSURGERYCENTER.COM Fac. Cont. Email: No Facility Contact Email on Record	ASF-0073 / 01/31/2017 Horry / Ltd. Liability 822 FARRAR DR, RIVERTOWN MEDICAL PARK CONWAY, SC 29526-8747 COASTAL CAROLINA CENTERS OF UROLOGY AND SURGERY LLC
Operating Rooms: 3 Endoscopy Rooms: 0 Procedure Rooms: 3 Total Number Units: 6	Certified For:
ROPER HOSPITAL AMBULATORY SURGERY & PAIN MANAGEMENT JAMES ISLAND 325 FOLLY RD STE 200 CHARLESTON, SC 29412-2507 FACILITY #:843-789-1550 GETSINGER ROBYN PH#: 843-789-1550 Facility Email: ROBYN.GETSINGER@RSFH.COM Fac. Cont. Email: No Facility Contact Email on Record	ASF-0114 / 01/31/2017 Charleston / Non-Profit Corporation 325 FOLLY RD STE 200 CHARLESTON, SC 29412-2507 ROPER HOSPITAL INC
Operating Rooms: 4 Endoscopy Rooms: 0 Procedure Rooms: 2 Total Number Units: 6	Certified For:

Ambulatory Surgical Facilities

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Name of Facility Location Street Location City, State Administrator	License#/Expiration County/Ownership Type Mailing Address Licensee
ROPER HOSPITAL AMBULATORY SURGERY BERKELEY 730 STONEY LANDING RD MONCKS CORNER, SC 29461-2948 FACILITY #:843-719-5585 MANNARINO SHERRIE PH#: Facility Email: SHERRIE.MANNARINO@RSFH.COM Fac. Cont. Email: No Facility Contact Email on Record	ASF-0063 / 02/28/2017 Berkeley / Non-Profit Corporation 730 STONEY LANDING RD MONCKS CORNER, SC 29461-2948 ROPER HOSPITAL INC
Operating Rooms: 3 Endoscopy Rooms: 0 Procedure Rooms: 1 Total Number Units: 4	Certified For:
ROPER ST FRANCIS EYE CENTER 18 FARMFIELD AVE CHARLESTON, SC 29407-7700 FACILITY #:843-958-2625 STEPHENS MICHELLE PH#: 843-958-2625 Facility Email: MICHELLE.STEPHENS@RSFH.COM Fac. Cont. Email: MICHELLE.STEPHENS@RSFH.COM	ASF-0049 / 10/31/2017 Charleston / Limited Liability 18 FARMFIELD AVE CHARLESTON, SC 29407-7700 LOWCOUNTRY SURGERY CENTER LLC
Operating Rooms: 3 Endoscopy Rooms: 0 Procedure Rooms: 1 Total Number Units: 4	Certified For:
SOUTH CAROLINA ENDOSCOPY CENTER 131 SUMMERPLACE DR WEST COLUMBIA, SC 29169-3058 FACILITY #:803-794-4585 EDMONDSON DOREEN O PH#: 803-794-4585 Facility Email: DORTH@SCGASTRO.COM Fac. Cont. Email: No Facility Contact Email on Record	ASF-0036 / 12/31/2017 Lexington / Ltd. Liability 131 SUMMERPLACE DR WEST COLUMBIA, SC 29169-3058 SOUTH CAROLINA ENDOSCOPY CENTER LLC
Operating Rooms: 0 Endoscopy Rooms: 4 Procedure Rooms: 0 Total Number Units: 4	Certified For:

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Name of Facility Location Street Location City, State Administrator	License#/Expiration County/Ownership Type Mailing Address Licensee
SOUTH CAROLINA ENDOSCOPY CENTER NORTHEAST LLC 11 GATEWAY CORNERS PARK COLUMBIA, SC 29203-8902 FACILITY #:803-462-2300 EDMONDSON DOREEN O PH#: 803-794-4585 Facility Email: DORTH@SCGASTRO.COM Fac. Cont. Email: No Facility Contact Email on Record	ASF-0074 / 05/31/2017 Richland / Ltd. Liability 11 GATEWAY CORNERS PARK COLUMBIA, SC 29203-8902 CLASS PROPERTIES NORTHEAST LLC
Operating Rooms: 0 Endoscopy Rooms: 5 Procedure Rooms: 0 Total Number Units: 5	Certified For:
SOUTHEASTERN SPINE INSTITUTE AMBULATORY SURGERY CENTER 1106 CHUCK DAWLEY BLVD STE 100 MOUNT PLEASANT, SC 29464-4195 FACILITY #:843-849-1551 EDDINGS ELIZABETH A PH#: 843-849-1551 Facility Email: ELIZABETH.EDDINGS@SOUTHEASTERNSPINE.COM Fac. Cont. Email: No Facility Contact Email on Record	ASF-0112 / 11/30/2017 Charleston / Limited Liability 1106 CHUCK DAWLEY BLVD STE 100 MOUNT PLEASANT, SC 29464-4195 SOUTHEASTERN SPINE INSTITUTE AMBULATORY SURGERY CENTER LLC
Operating Rooms: 2 Endoscopy Rooms: 0 Procedure Rooms: 1 Total Number Units: 3	Certified For:
SPARTANBURG SURGERY CENTER 391 SERPENTINE DR STE 200 SPARTANBURG, SC 29303-3079 FACILITY #:864-585-2002 SIZEMORE RICHARD T PH#: 864-585-2002 Facility Email: RICK.SIZEMORE@UROLOGYCENTER.NET Fac. Cont. Email: RICK.SIZEMORE@SPARTANBURGSURGERY.COM	ASF-0026 / 01/31/2017 Spartanburg / Limited Liability Limited Partnership 391 SERPENTINE DR STE 200 SPARTANBURG, SC 29303-3079 SPARTANBURG UROLOGY SURGICENTER LP
Operating Rooms: 4 Endoscopy Rooms: 0 Procedure Rooms: 2 Total Number Units: 6	Certified For:

Ambulatory Surgical Facilities

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Name of Facility Location Street Location City, State Administrator	License#/Expiration County/Ownership Type Mailing Address Licensee
STRAND GASTROINTESTINAL ENDOSCOPY CENTER 945 82ND PKWY STE 2 MYRTLE BEACH, SC 29572-4610 FACILITY #:843-839-2581 KELLEY CHRISTINE T PH#: 843-839-2581 Facility Email: CHRISTINE.KELLEY@STRANDGASTRO.COM Fac. Cont. Email: No Facility Contact Email on Record	ASF-0062 / 11/30/2017 Horry / Corporation 945 82ND PKWY STE 2 MYRTLE BEACH, SC 29572-4610 STRAND GASTROINTESTINAL ENDOSCOPY INC
Operating Rooms: 0 Endoscopy Rooms: 2 Procedure Rooms: 0 Total Number Units: 2	Certified For:
SUMMERVILLE ENDOSCOPY CENTER 328 MIDLAND PKWY SUMMERVILLE, SC 29485 FACILITY #:843-722-8000 PUNTENEY WANDA W PH#: 843-722-8000 Facility Email: KIM.OWEN@CHARLESTONGI.COM Fac. Cont. Email: No Facility Contact Email on Record	ASF-0120 / 02/28/2017 Dorchester / 1962 CHARLIE HALL BLVD CHARLESTON, SC 29414-5740 SUMMERVILLE ENDOSCOPY CENTER LLC
Operating Rooms: 0 Endoscopy Rooms: 2 Procedure Rooms: 0 Total Number Units: 2	Certified For:
SURGERY AND LASER CENTER AT PROFESSIONAL PARK 136 PROFESSIONAL PARK RD CLINTON, SC 29325-7623 FACILITY #:864-938-9836 WILDMAN CAREY A PH#: 864-938-9836 Facility Email: DBABB@TSLCAPP.COM Fac. Cont. Email: CLUTZ@TSLCAPP.COM	ASF-0103 / 11/30/2017 Laurens / Ltd. Liability 136 PROFESSIONAL PARK RD CLINTON, SC 29325-7623 SURGERY AND LASER CENTER AT PROFESSIONAL PARK LLC
Operating Rooms: 2 Endoscopy Rooms: 0 Procedure Rooms: 1 Total Number Units: 3	Certified For:

Ambulatory Surgical Facilities

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Name of Facility Location Street Location City, State Administrator	License#/Expiration County/Ownership Type Mailing Address Licensee
SURGERY CENTER AT EDGEWATER 2536 LENGERS WAY FORT MILL, SC 29707-7126 FACILITY #:803-802-9500 ATKINSON AMANDA PH#: 803-802-9500 Facility Email: ATKINSON@CHS.NET Fac. Cont. Email: No Facility Contact Email on Record	ASF-0110 / 02/28/2017 Lancaster / Ltd. Liability 2536 LENGERS WAY FORT MILL, SC 29707-7126 CAROLINA SURGERY CENTER LLC
Operating Rooms: 3 Endoscopy Rooms: 1 Procedure Rooms: 1 Total Number Units: 5	Certified For:
SURGERY CENTER AT PELHAM 2755 S HWY 14 GREER, SC 29650-4902 FACILITY #:864-334-2400 HAZEN BILL PH#: 864-334-2400 Facility Email: DMJACHE@PELHAMASC.COM Fac. Cont. Email: BHAZEN@PELHAMASC.COM	ASF-0091 / 12/31/2017 Spartanburg / Ltd. Liability 2755 S HWY 14 GREER, SC 29650-4902 SURGERY CENTER AT PELHAM LLC
Operating Rooms: 4 Endoscopy Rooms: 2 Procedure Rooms: 0 Total Number Units: 6	Certified For:
SURGERY CENTER OF CHARLESTON 1849 SAVAGE RD CHARLESTON, SC 29407-4726 FACILITY #:843-576-2600 HAWKINS AMANDA PH#: 843-576-2617 Facility Email: AHAWKINS@CHARLESTONENT.COM Fac. Cont. Email: No Facility Contact Email on Record	ASF-0117 / 04/30/2017 Charleston / Limited Liability 1849 SAVAGE RD CHARLESTON, SC 29407-4726 CHARLESTON ENT ASSOCIATES LLC
Operating Rooms: 4 Endoscopy Rooms: 0 Procedure Rooms: 0 Total Number Units: 4	Certified For:

Ambulatory Surgical Facilities

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Name of Facility Location Street Location City, State Administrator	License#/Expiration County/Ownership Type Mailing Address Licensee
SURGERY CENTER OF THE LAKELANDS 101 ACADEMY AVE GREENWOOD, SC 29646-3869 FACILITY #:864-725-7500 HINRICHS CAROL A PH#: 864-725-7500 Facility Email: CHINRICHS@SCLAKELANDS.COM Fac. Cont. Email: CAROLHINRICHS@TOSCGREENWOOD.COM	ASF-0055 / 05/31/2017 Greenwood / Ltd. Liability 101 ACADEMY AVE GREENWOOD, SC 29646-3869 SURGERY CENTER AT SELF MEMORIAL HOSPITAL LLC
Operating Rooms: 5 Endoscopy Rooms: 0 Procedure Rooms: 0 Total Number Units: 5	Certified For:
SYNERGY SPINE CENTER 457-D BY PASS 123 SENECA, SC 29678-0842 FACILITY #:864-882-8850 MCMILLAN III MARION R PH#: 864-882-8850 Facility Email: MRMMD3@GMAIL.COM Fac. Cont. Email: No Facility Contact Email on Record	ASF-0066 / 08/31/2017 Oconee / Corporation 457-D BY PASS 123 SENECA, SC 29678-0842 SYNERGY SPINE CENTER PA
Operating Rooms: 2 Endoscopy Rooms: 0 Procedure Rooms: 0 Total Number Units: 2	Certified For:
TIDELANDS GEORGETOWN ENDOSCOPY CENTER 2361 N FRASER ST GEORGETOWN, SC 29440-6410 FACILITY #:843-436-1000 MAXWELL PAM PH#: 843-520-8602 Facility Email: ATANNER@TIDELANDSHEALTH.ORG Fac. Cont. Email: ATANNER@TIDELANDSHEALTH.ORG	ASF-0106 / 08/31/2017 Georgetown / Non-Profit Corporation 2361 N FRASER ST GEORGETOWN, SC 29440-6410 TIDELANDS GEORGETOWN MEMORIAL HOSPITAL
Operating Rooms: 0 Endoscopy Rooms: 1 Procedure Rooms: 0 Total Number Units: 1	Certified For:

Ambulatory Surgical Facilities

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Name of Facility Location Street Location City, State Administrator	License#/Expiration County/Ownership Type Mailing Address Licensee
TIDELANDS WACCAMAW SURGERY CENTER 3911 HWY 17 BYPASS UNIT B MURRELLS INLET, SC 29576-5014 FACILITY #:843-651-8211 RESETAR GAYLE PH#: 843-652-8211 Facility Email: GRESETAR@TIDELANDSHEALTH.ORG Fac. Cont. Email: GRESETAR@TIDELANDSHEALTH.ORG	ASF-0085 / 08/31/2017 Georgetown / Non-Profit Corporation 3911 HWY 17 UNIT B MURRELLS INLET, SC 29576-5014 WACCAMAW COMMUNITY HOSPITAL (INC)
Operating Rooms: 1 Endoscopy Rooms: 0 Procedure Rooms: 1 Total Number Units: 2	Certified For:
TRIDENT AMBULATORY SURGERY CENTER 9313 MEDICAL PLAZA DR STE 102 CHARLESTON, SC 29406-9153 FACILITY #:843-797-8992 SULC KATHY PH#: 843-797-8992 Facility Email: KATHY.SULC@HCAHEALTHCARE.COM Fac. Cont. Email: KATHY.SULC@HCAHEALTHCARE.COM	ASF-0024 / 05/31/2017 Charleston / Limited Liability Partnership 9313 MEDICAL PLAZA DR STE 102 CHARLESTON, SC 29406-9153 TRIDENT AMBULATORY SURGERY CENTER LP
Operating Rooms: 6 Endoscopy Rooms: 0 Procedure Rooms: 0 Total Number Units: 6	Certified For:
UPSTATE ENDOSCOPY CENTER 1922 MCCONNELL SPRINGS RD STE B ANDERSON, SC 29621-2642 FACILITY #:864-716-6555 ATKINS DEBORAH A PH#: 864-716-6555 Facility Email: DEBORAH.ATKINS@ANMEDHEALTH.ORG Fac. Cont. Email: LYNNGREGORY@ANMEDHEALTH.ORG	ASF-0083 / 06/30/2017 Anderson / Ltd. Liability 1922 MCCONNELL SPRINGS RD STE B ANDERSON, SC 29621-2642 ANMED ENTERPRISES INC UPSTATE ENDOSCOPY CENTER LLC
Operating Rooms: 0 Endoscopy Rooms: 2 Procedure Rooms: 0 Total Number Units: 2	Certified For:

Ambulatory Surgical Facilities

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Name of Facility Location Street Location City, State Administrator	License#/Expiration County/Ownership Type Mailing Address Licensee
UPSTATE SURGERY CENTER 10 ENTERPRISE BLVD STE 109 GREENVILLE, SC 29615-3534 FACILITY #:864-458-7141 BROOKS KELLI J PH#: 864-254-5850 Facility Email: GEOFFREY_HIBBERT@BSHSI.ORG Fac. Cont. Email: No Facility Contact Email on Record	ASF-0050 / 09/30/2017 Greenville / Ltd. Liability 10 ENTERPRISE BLVD STE 109 GREENVILLE, SC 29615-3534 UPSTATE SURGERY CENTER LLC
Operating Rooms: 2 Endoscopy Rooms: 0 Procedure Rooms: 0 <hr/> Total Number Units: 2	Certified For:
UROLOGY SURGERY CENTER 139 SUMMERPLACE DR WEST COLUMBIA, SC 29169-3058 FACILITY #:803-796-9968 LAMB MD DAVID F PH#: 803-796-9968 Facility Email: LISA.CRUMPTON@CAROLINAUROLOGY.COM Fac. Cont. Email: No Facility Contact Email on Record	ASF-0043 / 09/30/2017 Lexington / Ltd. Liability 139 SUMMERPLACE DR WEST COLUMBIA, SC 29169-3058 UROLOGY SURGERY CENTER LLC
Operating Rooms: 2 Endoscopy Rooms: 0 Procedure Rooms: 2 <hr/> Total Number Units: 4	Certified For:
WESMARK AMBULATORY SURGERY CENTER 420 W WESMARK BLVD SUMTER, SC 29150-1983 FACILITY #:803-905-5590 CHAMPION STEPHANIE PH#: 803-905-5590 Facility Email: SCHAMPION@WESMARKSURGERYCENTER.COM Fac. Cont. Email: PROYAL@SUMTERUROLOGICAL.COM	ASF-0081 / 03/31/2017 Sumter / Ltd. Liability 420 W WESMARK BLVD SUMTER, SC 29150-1983 WESMARK AMBULATORY SURGERY CENTER LLC
Operating Rooms: 2 Endoscopy Rooms: 0 Procedure Rooms: 4 <hr/> Total Number Units: 6	Certified For:

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Name of Facility
Location Street
Location City, State
Administrator

License#/Expiration
County/Ownership Type
Mailing Address
Licensee

YORK COUNTY ENDOSCOPY CENTER
 164 GLENWOOD DR
 ROCK HILL, SC 29732-2865 FACILITY #:803-325-9010
 EDWARDS PONTI PH#: 803-325-9010
Facility Email: PONTI.EDWARDS@COVENANTSP.COM
Fac. Cont. Email: PONTI.EDWARDS@COVENANTSP.COM

ASF-0113 / 06/30/2017
 York / Limited Liability
 401 COMMERCE ST STE 600
 NASHVILLE, TN 37219-2518
 YORK COUNTY OUTPATIENT ENDOSCOPY CENTER LLC

Operating Rooms: 0
Endoscopy Rooms: 3
Procedure Rooms: 0
Total Number Units: 3

Certified For:

Total Number of Facilities: 73

Total Number of Units: 285