

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
OGLESBY KELLI PH#: 864-504-3555

Facility Email: MPANKEY@ASCSPARTANBURG.COM

Fac. Cont. Email: No Facility Contact Email on Record

Operating Rooms: 7

Endoscopy Rooms: 2

Procedure Rooms: 0

Total Number Units: 9

ASF-0064 / 04/30/2018

Spartanburg / Limited Liability

720 N PINE ST

SPARTANBURG, SC 29303-3127

AMBULATORY SURGERY CENTER OF SPARTANBURG LLC

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: ERIC@SURGERYAIKEN.COM

Fac. Cont. Email: ERIC@AIKENSURGERY.COM

Operating Rooms: 4

Endoscopy Rooms: 1

Procedure Rooms: 1

Total Number Units: 6

ASF-0096 / 11/30/2017

Aiken / Limited Liability

4211 TROLLEY LINE RD

AIKEN, SC 29801-2749

AMBULATORY SURGICAL CENTER OF AIKEN LLC

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

Operating Rooms: 3

Endoscopy Rooms: 0

Procedure Rooms: 2

Total Number Units: 5

ASF-0100 / 04/30/2018

Anderson / Limited Liability

PO BOX 1886

ANDERSON, SC 29622-1886

ANMED HEALTH MEDICUS SURGERY CENTER LLC

Certified For:

Ambulatory Surgical Facilities

DHEC Regulation 61-91

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 / 11/30/2018 Georgetown / Corporation PO BOX 2900 GEORGETOWN, SC 29442-2900 BAY MICROSURGICAL UNIT INC
Operating Rooms: 1 Endoscopy Rooms: 0 Procedure Rooms: 0 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: GBELLAMY@AIGASTRO.COM Fac. Cont. Email: No Facility Contact Email on Record	ASF-0104 / 01/31/2018 Richland / Ltd. Liability 1072 WILDWOOD CENTRE DR COLUMBIA, SC 29229-8420 BERKELEY ENDOSCOPY CENTER LLC
Operating Rooms: 0 Endoscopy Rooms: 2 Procedure Rooms: 0 Total Number Units: 2	Certified For:
BLUE RIDGE SURGERY CENTER 10630 CLEMSON BLVD STE 200 SENECA, SC 29678-4545 FACILITY #:864-482-5100 YOUNG MIKE PH#: 864-482-5100 Facility Email: SBUHLIG@AMSURG.COM Fac. Cont. Email: No Facility Contact Email on Record	ASF-0068 / 09/30/2018 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 Total Number Units: 2	Certified For:

Ambulatory Surgical Facilities

DHEC Regulation 61-91

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: TMAHONEY@USPI.COM Fac. Cont. Email: TERRI.MAHONEY@TENETHEALTH.COM	ASF-0075 / 10/31/2018 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 / 05/31/2018 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 / 11/30/2018 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:

Ambulatory Surgical Facilities

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Name of Facility
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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 / 07/31/2018
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 (Renewal Pending)
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: LWILLIS@USPI.COM
Fac. Cont. Email: LWILLIS@USPI.COM

ASF-0028 / 02/28/2018
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:

Ambulatory Surgical Facilities

DHEC Regulation 61-91

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 #:803-226-0434 LEE TERRY PH#: 803-226-0434 Facility Email: PGH12@ATT.NET Fac. Cont. Email: No Facility Contact Email on Record	ASF-0119 / 01/31/2018 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 / 08/31/2018 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 / 01/31/2018 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:

Ambulatory Surgical Facilities

DHEC Regulation 61-91

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 / 03/31/2018 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 / 06/30/2018 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 / 10/31/2018 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:

Ambulatory Surgical Facilities

DHEC Regulation 61-91

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 MARTIN CARLY PH#: 803-254-7732 Facility Email: CMARTIN@COLUMBIAEYECLINIC.COM Fac. Cont. Email: No Facility Contact Email on Record	ASF-0018 / 07/31/2018 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: CSEASE@COLUMBIAAGI.COM Fac. Cont. Email: CSEASE@COLUMBIAAGI.COM	ASF-0032 / 09/30/2018 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 JOHNSON NANCY PH#: 843-797-6800 Facility Email: LANDC@AMSURG.COM Fac. Cont. Email: No Facility Contact Email on Record	ASF-0098 / 03/31/2018 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:

Ambulatory Surgical Facilities

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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

Operating Rooms: 0

Endoscopy Rooms: 3

Procedure Rooms: 0

Total Number Units: 3

ASF-0086 / 07/31/2018
Greenville / Ltd. Liability
1A BURTON HILLS BLVD
NASHVILLE, TN 37215-6187
GREENVILLE ASC LLC

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

Operating Rooms: 2

Endoscopy Rooms: 0

Procedure Rooms: 0

Total Number Units: 2

ASF-0070 / 03/31/2018
Florence / Ltd. Liability
400 N CASHUA DR
FLORENCE, SC 29501-2098
FLORENCE SURGERY AND LASER CENTER LLC

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: NSALLY@GHS.ORG

Fac. Cont. Email: NSALLY@GHS.ORG

Operating Rooms: 4

Endoscopy Rooms: 0

Procedure Rooms: 0

Total Number Units: 4

ASF-0132 / 10/31/2018
Greenville / Corporation
300 E MCBEE AVE STE 402
GREENVILLE, SC 29601-2890
UPSTATE AFFILIATE ORGANIZATION

Certified For:

Ambulatory Surgical Facilities

DHEC Regulation 61-91

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 #:864-797-1089 BROOKSHIRE TIM PH#: 864-454-2400 Facility Email: NSALLY@GHS.ORG Fac. Cont. Email: No Facility Contact Email on Record	ASF-0133 / 10/31/2018 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 ARMS DEBBIE PH#: 864-587-5768 Facility Email: NSALLY@GHS.ORG Fac. Cont. Email: No Facility Contact Email on Record	ASF-0134 / 10/31/2018 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 / 01/31/2018 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:

Ambulatory Surgical Facilities

DHEC Regulation 61-91

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: PAULINE@GASTROASSOCIATES.COM Fac. Cont. Email: RSWOYER@GASTROASSOCIATES.COM	ASF-0027 / 02/28/2018 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 / 08/31/2018 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 GREEN BRYAN T PH#: 864-227-3838 Facility Email: TINA.PONDER@GMAIL.COM Fac. Cont. Email: No Facility Contact Email on Record	ASF-0022 / 05/31/2018 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:

Ambulatory Surgical Facilities

DHEC Regulation 61-91

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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 / 02/28/2018
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 / 10/31/2018
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 / 09/30/2018
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:

Ambulatory Surgical Facilities

DHEC Regulation 61-91

Name of Facility
Location Street
Location City, State
Administrator

License#/Expiration
County/Ownership Type
Mailing Address
Licensee

LOWCOUNTRY AMBULATORY CENTER

1844 WALLACE SCHOOL RD
CHARLESTON, SC 29407-4822 FACILITY #:843-556-2545
NELSON PAIGE PH#: 843-556-2545
Facility Email: PNELSON.LAC@GMAIL.COM
Fac. Cont. Email: PNELSON.LAC@GMAIL.COM

ASF-0118 / 02/28/2018
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 / 08/31/2018
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 REGIONAL MEDICAL CENTER OF THE PEE DEE SURGERY CENTER

1005 E CHEVES ST
FLORENCE, SC 29506-2627 FACILITY #:843-777-6452
SALEEBY MARIE PH#: 843-777-6452
Facility Email: MSALEEBY@MCLEODHEALTH.ORG
Fac. Cont. Email: MSALEEBY@MCLEODHEALTH.ORG

ASF-0080 / 09/30/2018
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:

Ambulatory Surgical Facilities

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Name of Facility
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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
MINHAS BALBIR S PH#: 803-749-3770
Facility Email: MECIRMO@YAHOO.COM
Fac. Cont. Email: BALBMINH@AOL.COM

ASF-0093 / 02/28/2018
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 #:803-461-4760
EASLEY KELLY PH#: 803-461-4760
Facility Email: KELLYE@MIDLANDSORTHO.COM
Fac. Cont. Email: No Facility Contact Email on Record

ASF-0136 / 09/30/2018
Richland / Limited Liability
1930 BLANDING ST
COLUMBIA, SC 29201-3520
MIDLANDS ORTHOPAEDICS 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 / 12/31/2018
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:

Ambulatory Surgical Facilities

DHEC Regulation 61-91

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
PFISTER CYNTHIA J PH#: 843-682-5050
Facility Email: CINDY.PFISTER@SCASURGERY.COM
Fac. Cont. Email: CINDY.PFISTER@SCASURGERY.COM

ASF-0092 / 01/31/2018
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 / 11/30/2018
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 / 08/31/2018
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:

Ambulatory Surgical Facilities

DHEC Regulation 61-91

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: RBRISSON@PALMETTODIGESTIVE.COM
Fac. Cont. Email: No Facility Contact Email on Record

ASF-0084 / 02/28/2018
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 / 08/31/2018
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 / 02/28/2018
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:

Ambulatory Surgical Facilities

DHEC Regulation 61-91

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 / 10/31/2018
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
BLANTON JENNIFER PH#: 843-571-4800
Facility Email: SBULIG@AMSURG.COM
Fac. Cont. Email: No Facility Contact Email on Record

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
MALAER GARY PH#: 843-674-6700
Facility Email: RHARDWICK@CAROLINASHOSPITAL.COM
Fac. Cont. Email: No Facility Contact Email on Record

ASF-0107 / 08/31/2018
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

DHEC Regulation 61-91

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 / 06/30/2018
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
VICK ALISON PH#: 843-347-9587
Facility Email: GMCCURDY@RIVERTOWNSURGERYCENTER.COM
Fac. Cont. Email: GMCCURDY@RIVERTOWNSURGERYCENTER.COM

ASF-0073 / 01/31/2018
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 / 01/31/2018
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

DHEC Regulation 61-91

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 / 02/28/2018 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 / 10/31/2018 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 / 12/31/2018 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:

Ambulatory Surgical Facilities

DHEC Regulation 61-91

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 / 05/31/2018
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 / 01/31/2018
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

DHEC Regulation 61-91

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 / 11/30/2018 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 / 02/28/2018 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: CWILDMAN@TSLCAPP.COM Fac. Cont. Email: CWILDMAN@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

DHEC Regulation 61-91

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: AMANDA_ATKINSON@CHS.NET Fac. Cont. Email: No Facility Contact Email on Record	ASF-0110 / 02/28/2018 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 / 12/31/2018 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 / 04/30/2018 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

DHEC Regulation 61-91

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 / 05/31/2018 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 / 08/31/2018 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 #:843-520-8602 MAXWELL PAM PH#: 843-520-8602 Facility Email: ATANNER@TIDELANDSHEALTH.ORG Fac. Cont. Email: ATANNER@TIDELANDSHEALTH.ORG	ASF-0106 / 08/31/2018 Georgetown / Corporation GEORGETOWN MEMORIAL HOSPITAL
Operating Rooms: 0 Endoscopy Rooms: 1 Procedure Rooms: 0 Total Number Units: 1	Certified For:

Ambulatory Surgical Facilities

DHEC Regulation 61-91

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 / 08/31/2018 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 FISK JOYCE PH#: 843-797-8992 Facility Email: KATHY.SULC@HCAHEALTHCARE.COM Fac. Cont. Email: No Facility Contact Email on Record	ASF-0024 / 05/31/2018 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 / 06/30/2018 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

DHEC Regulation 61-91

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 SOSNOWSKI VALERIE PH#: 864-458-7141 Facility Email: GEOFFREY_HIBBERT@BSHSI.ORG Fac. Cont. Email: No Facility Contact Email on Record	ASF-0050 / 09/30/2018 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 / 09/30/2018 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 / 03/31/2018 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:

Ambulatory Surgical Facilities

DHEC Regulation 61-91

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 / 06/30/2018
 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