

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 #:864-560-5800 PANKEY, MICHAEL E PH#: 864-560-5800 Facility Email: MPANKEY@SRHS.COM Fac. Cont. Email: MPANKEY@SRHS.COM	ASF-0064 / 04/30/2010 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 <hr/> 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: No Facility Email on Record Fac. Cont. Email: ERIC@AIKENSURGERY.COM	ASF-0096 / 11/30/2009 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 <hr/> Total Number Units: 6	Certified For:
ANMED HEALTH MEDICUS SURGERY CENTER 107 PROFESSIONAL CT ANDERSON, SC 29621-2052 FACILITY #:864-716-7900 KAY, ANGELA R PH#: 864-716-7900 Facility Email: LYNNREGORY@ANMEDHEALTH.ORG Fac. Cont. Email: ANGIEKAY@MEDICUS1.COM	ASF-0100 / 04/30/2010 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 <hr/> 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
ATLANTIC SURGERY CENTER 3911 HWY 17 UNIT B MURRELLS INLET, SC 29576-5014 FACILITY #:843-651-8211 PLY, JONATHAN PH#: 843-651-8211 Facility Email: No Facility Email on Record Fac. Cont. Email: No Facility Contact Email on Record	ASF-0085 / 07/31/2010 Georgetown / Limited Liability 3911 HWY 17 UNIT B MURRELLS INLET, SC 29576-5014 ATLANTIC SURGERY CENTER LLC
Operating Rooms: 1 Endoscopy Rooms: 0 Procedure Rooms: 1 <hr/> Total Number Units: 2	Certified For:
BAY MICROSURGICAL UNIT 1200 HIGHMARKET ST GEORGETOWN, SC 29440-3227 FACILITY #:843-546-8421 SPRING, JANET PH#: 843-777-8480 Facility Email: JSRING@COASTALEYEGROUP.COM Fac. Cont. Email: No Facility Contact Email on Record	ASF-0090 / 11/30/2009 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:
BEARWOOD AMBULATORY SURGERY CENTER 3031 N HWY 81 ANDERSON, SC 29621-3621 FACILITY #:864-226-7371 HOLDREDGE, SUSAN S PH#: 864-224-4765 Facility Email: No Facility Email on Record Fac. Cont. Email: No Facility Contact Email on Record	ASF-0021 / 12/31/2009 Anderson / Partnership 3031 N HWY 81 ANDERSON, SC 29621-3621 BEARWOOD AMBULATORY SURGERY CENTER PA
Operating Rooms: 1 Endoscopy Rooms: 0 Procedure Rooms: 0 <hr/> 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
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 / 01/31/2010 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 BROOME, SUZANNE PH#: 864-482-5100 Facility Email: SBROOME@BROA.COM Fac. Cont. Email: SBROOME@BROA.COM	ASF-0068 / 09/30/2010 Oconee / Ltd. Liability 10630 CLEMSON BLVD STE 200 SENECA, SC 29678-4545 BLUE RIDGE-CLEMSON ORTHOPAEDIC ASC LLC
Operating Rooms: 2 Endoscopy Rooms: 0 Procedure Rooms: 0 <hr/> Total Number Units: 2	Certified For:
BLUFFTON-OKATIE OUTPATIENT CENTER 40 OKATIE CENTER BLVD S STE 125 OKATIE, SC 29909-7510 FACILITY #:843-705-8804 MAHONEY, TERRI-MARIE PH#: 843-689-8206 Facility Email: TERRI.MAHONEY@TENETHEALTH.COM Fac. Cont. Email: TERRI.MAHONEY@TENETHEALTH.COM	ASF-0075 / 08/31/2010 Beaufort / Corporation 40 OKATIE CENTER BLVD S STE 125 OKATIE, SC 29909-7510 SOUTH CAROLINA HEALTH SERVICES INC
Operating Rooms: 2 Endoscopy Rooms: 1 Procedure Rooms: 0 <hr/> 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
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 / 05/31/2010 Aiken / Corporation 110 PEPPER HILL WAY AIKEN, SC 29801-2818 CASC ACQUISITION INC
Operating Rooms: 1 Endoscopy Rooms: 0 Procedure Rooms: 1 <hr/> 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: PAMS@SCCOAST.NET Fac. Cont. Email: PAMS@SCCOAST.NET	ASF-0077 / 11/30/2009 Horry / Ltd. Liability 101 SURGEONS DR MYRTLE BEACH, SC 29579-5198 CAROLINA BONE AND JOINT SURGERY CENTER LLC
Operating Rooms: 2 Endoscopy Rooms: 0 Procedure Rooms: 1 <hr/> Total Number Units: 3	Certified For:
CAROLINA SURGICAL CENTER 198 S HERLONG AVE ROCK HILL, SC 29732-1156 FACILITY #:803-327-4664 MILLER, CHARLES F PH#: 803-327-4664 Facility Email: LORI.WILLIS@TENETHEALTH.COM Fac. Cont. Email: KARENSTUBER@TENETHEALTH.COM	ASF-0028 / 02/28/2010 York / Limited Liability Limited Partnership PO BOX 3212 ROCK HILL, SC 29732-5212 ROCK HILL SURGICAL CENTER LP
Operating Rooms: 4 Endoscopy Rooms: 0 Procedure Rooms: 0 <hr/> 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 ORTHOPAEDIC SURGERY 118 PROFESSIONAL PARK DR ROCK HILL, SC 29732-1178 FACILITY #:803-329-3134 ELKINS, MARY F PH#: 803-329-3134 Facility Email: MELKINS@C-OSA.COM Fac. Cont. Email: MELKINS@C-OSA.COM	ASF-0105 / 05/31/2010 York / Ltd. Liability PO BOX 37655 ROCK HILL, SC 29732-0528 CENTER FOR ORTHOPAEDIC SURGERY LLC
Operating Rooms: 3 Endoscopy Rooms: 0 Procedure Rooms: 2 <hr/> Total Number Units: 5	Certified For:
CENTER FOR SPECIAL SURGERY 209 PATEWOOD DR STE 300 GREENVILLE, SC 29615-3592 FACILITY #:864-527-7700 BROWN, ASHLEY PH#: 864-527-7700 Facility Email: ABROWN@SYMBION.COM Fac. Cont. Email: No Facility Contact Email on Record	ASF-0067 / 09/30/2010 Greenville / Ltd. Liability 209 PATEWOOD DR STE 300 GREENVILLE, SC 29615-3592 CENTER FOR SPECIAL SURGERY LLC
Operating Rooms: 2 Endoscopy Rooms: 0 Procedure Rooms: 0 <hr/> Total Number Units: 2	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: No Facility Email on Record Fac. Cont. Email: STEPHANIE.ANDREWS@CHARLESTONGI.COM	ASF-0079 / 01/31/2010 Charleston / Limited Liability 1962 CHARLIE HALL BLVD CHARLESTON, SC 29414-5837 CHARLESTON ENDOSCOPY CENTER LLC
Operating Rooms: 0 Endoscopy Rooms: 4 Procedure Rooms: 0 <hr/> 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
CHARLESTON SURGERY CENTER 2690 LAKE PARK DR NORTH CHARLESTON, SC 29406-9108 FACILITY #:843-764-0992 MEDLEY, HELENE PH#: 843-764-0992 Facility Email: HELEN.MEDLEY@SCASURGERY.COM Fac. Cont. Email: ROSINA.FEAGIN@HEALTHSOUTH.COM	ASF-0011 / 03/31/2010 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 <hr/> Total Number Units: 6	Certified For:
COLLETON AMBULATORY SURGERY CENTER 304 MEDICAL PARK DR WALTERBORO, SC 29488-5743 FACILITY #:843-782-2700 BYNUM, W S PH#: 843-549-0700 Facility Email: WILLIAM.BYNUM@HCAHEALTHCARE.COM Fac. Cont. Email: No Facility Contact Email on Record	ASF-0035 / 06/30/2010 Colleton / Ltd. Liability 304 MEDICAL PARK DR WALTERBORO, SC 29488-5743 COLLETON AMBULATORY CARE LLC
Operating Rooms: 2 Endoscopy Rooms: 1 Procedure Rooms: 0 <hr/> Total Number Units: 3	Certified For:
COLUMBIA AMBULATORY SURGERY CENTER 338 HARBISON BLVD COLUMBIA, SC 29212-2248 FACILITY #:803-732-6180 OTT, VICKIE H PH#: 803-732-6180 Facility Email: No Facility Email on Record Fac. Cont. Email: ADMINV.@SC.RR.COM	ASF-0023 / 02/28/2010 Lexington / Corporation PO BOX 1876 IRMO, SC 29063-1876 COLUMBIA AMBULATORY SURGERY CENTER INC
Operating Rooms: 2 Endoscopy Rooms: 0 Procedure Rooms: 0 <hr/> 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 MCPHATTER, REBEKAH K PH#: 803-254-7732 Facility Email: BECKYMC@COLUMBIAEYECLINIC.COM Fac. Cont. Email: BECKYMC@COLUMBIAEYECLINIC.COM	ASF-0018 / 07/31/2010 Richland / Corporation PO BOX 290879 COLUMBIA, SC 29229-0015 COLUMBIA EYE SURGERY CENTER INC
Operating Rooms: 4 Endoscopy Rooms: 0 Procedure Rooms: 0 <hr/> Total Number Units: 4	Certified For:
COLUMBIA GASTROINTESTINAL ENDOSCOPY CENTER 2739 LAUREL ST STE 1B COLUMBIA, SC 29204-2028 FACILITY #:803-254-9588 SEASE, CINDY PH#: 803-254-9588 Facility Email: No Facility Email on Record Fac. Cont. Email: CSEASE@COLUMBIAGI.COM	ASF-0032 / 09/30/2010 Richland / Ltd. Liability 2739 LAUREL ST STE 1B COLUMBIA, SC 29204-2028 COLUMBIA ASC LLC
Operating Rooms: 0 Endoscopy Rooms: 4 Procedure Rooms: 0 <hr/> Total Number Units: 4	Certified For:
CROSS CREEK SURGERY CENTER 9 DOCTORS DR, CROSS CREEK MEDICAL PLAZA GREENVILLE, SC 29605-4266 FACILITY #:864-455-8400 WHITE, SUZANNE PH#: 864-455-8400 Facility Email: No Facility Email on Record Fac. Cont. Email: GHSNET.GHS.ORG/	ASF-0019 / 02/28/2010 Greenville / District 701 GROVE RD, ISC PLANNING-3RD FLOOR GREENVILLE, SC 29605-5611 GREENVILLE HOSPITAL SYSTEM
Operating Rooms: 4 Endoscopy Rooms: 0 Procedure Rooms: 0 <hr/> 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
DARLINGTON ENDOSCOPY CENTER 201 CASHUA ST DARLINGTON, SC 29532-3301 FACILITY #:843-393-7452 MAGNA, TONY R PH#: 843-393-8422 Facility Email: CORPORATE@PDHC.COM Fac. Cont. Email: CREDENTIALING@PDHC.COM	ASF-0054 / 04/30/2010 Darlington / Partnership 3400 WEST AVE COLUMBIA, SC 29203-6901 PEE DEE HEALTH CARE PA
Operating Rooms: 0 Endoscopy Rooms: 2 Procedure Rooms: 0 <hr/> Total Number Units: 2	Certified For:
ELMS ENDOSCOPY CENTER 2671 ELMS PLANTATION BLVD NORTH CHARLESTON, SC 29406-9165 FACILITY #:843-797-6800 HARLAN, DAVID A PH#: 843-797-6800 Facility Email: DHARLAND@ELMDIGESTIVESC.COM Fac. Cont. Email: DHARLAN@TRIDENTGASTRO.COM	ASF-0098 / 03/31/2010 Charleston / Ltd. Liability 2671 ELMS PLANTATION BLVD NORTH CHARLESTON, SC 29406-9165 ELMS ENDOSCOPY CENTER LLC
Operating Rooms: 0 Endoscopy Rooms: 3 Procedure Rooms: 0 <hr/> Total Number Units: 3	Certified For:
ENDOSCOPY CENTER OF THE UPSTATE 14 HAWTHORNE PARK CT GREENVILLE, SC 29615-3194 FACILITY #:864-331-0364 BAILEY, DEBORAH J PH#: 864-331-0364 Facility Email: No Facility Email on Record Fac. Cont. Email: DBAILEY@UPSTATEENDOSCOPY.COM	ASF-0086 / 07/31/2010 Greenville / Ltd. Liability 14 HAWTHORNE PARK CT GREENVILLE, SC 29615-3194 GREENVILLE ASC LLC
Operating Rooms: 0 Endoscopy Rooms: 3 Procedure Rooms: 0 <hr/> 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
FLORENCE SURGERY AND LASER CENTER 400 N CASHUA DR FLORENCE, SC 29501-2098 FACILITY #:843-664-9398 SELTZER, SAMUEL E PH#: 843-664-9398 Facility Email: LORIB@CCFS2020.COM Fac. Cont. Email: ESTEPHENS@CCFS2020.COM	ASF-0070 / 03/31/2010 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 <hr/> Total Number Units: 2	Certified For:
GRANDE DUNES SURGERY CENTER 1021 MEDICAL CIR STE 100 MYRTLE BEACH, SC 29572-4618 FACILITY #:843-449-7885 GARVEY, MARY M PH#: 843-449-7885 Facility Email: No Facility Email on Record Fac. Cont. Email: MARYGARVEY@HCAHEALTHCARE.COM	ASF-0069 / 01/31/2010 Horry / Ltd. Liability 1021 MEDICAL CIR STE 100 MYRTLE BEACH, SC 29572-4618 CAROLINA REGIONAL SURGERY CENTER LTD
Operating Rooms: 3 Endoscopy Rooms: 2 Procedure Rooms: 0 <hr/> Total Number Units: 5	Certified For:
GREENVILLE ENDOSCOPY CENTER 317 SAINT FRANCIS DR STE 150, DOCTORS BLDG GREENVILLE, SC 29601-3914 FACILITY #:864-239-6636 SWOYER, REBECCA K PH#: 864-232-7338 Facility Email: No Facility Email on Record Fac. Cont. Email: RSWOYS@AOL.COM	ASF-0027 / 02/28/2010 Greenville / Corporation PO BOX 8555 GREENVILLE, SC 29604-8555 GREENVILLE ENDOSCOPY CENTER INC
Operating Rooms: 0 Endoscopy Rooms: 3 Procedure Rooms: 0 <hr/> 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
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: No Facility Email on Record Fac. Cont. Email: RSWOYER@GASTROASSOCIATES.COM	ASF-0108 / 08/31/2010 Greenville / Corporation PO BOX 8555 GREENVILLE, SC 29604-8555 GREENVILLE ENDOSCOPY CENTER INC
Operating Rooms: 0 Endoscopy Rooms: 3 Procedure Rooms: 0 <hr/> Total Number Units: 3	Certified For:
GREENVILLE HOSPITAL SYSTEM OUTPATIENT SURGERY CENTER-PATEWOOD 200 PATEWOOD DR GREENVILLE, SC 29615-3593 FACILITY #:864-454-2600 JONES, SCOTT PH#: 864-295-3067 Facility Email: No Facility Email on Record Fac. Cont. Email: DAWN.GARRETT@HEALTHSOUTH.COM	ASF-0040 / 05/31/2010 Greenville / District 701 GROVE RD, ISC PLANNING-3RD FLOOR GREENVILLE, SC 29605-5611 GREENVILLE HOSPITAL SYSTEM
Operating Rooms: 6 Endoscopy Rooms: 2 Procedure Rooms: 0 <hr/> Total Number Units: 8	Certified For:
GREENVILLE SURGERY CENTER 5 MEMORIAL MEDICAL CT GREENVILLE, SC 29605-4449 FACILITY #:864-295-3067 STILLS, DENISE PH#: Facility Email: DONNA.HANKLINS@SCASURERY.COM Fac. Cont. Email: No Facility Contact Email on Record	ASF-0017 / 06/30/2010 Greenville / Limited Liability Limited Partnership PO BOX 328497 BIRMINGHAM, AL 35238-2497 GREENVILLE SURGERY CENTER LP
Operating Rooms: 4 Endoscopy Rooms: 0 Procedure Rooms: 0 <hr/> 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
GREENWOOD ENDOSCOPY CENTER 103 LINER DR GREENWOOD, SC 29649-2311 FACILITY #:864-227-3838 RAMAGE III, ALBERT A PH#: 864-227-3838 Facility Email: TINA.PONDER@GMAIL.COM Fac. Cont. Email: TINAPONDER@GMAIL.COM	ASF-0022 / 05/31/2010 Greenwood / Corporation 103 LINER DR GREENWOOD, SC 29649-2311 GREENWOOD ENDOSCOPY CENTER INC
Operating Rooms: 0 Endoscopy Rooms: 4 Procedure Rooms: 0 <hr/> Total Number Units: 4	Certified For:
JERVEY EYE CENTER 1 DOCTORS DR GREENVILLE, SC 29605-4266 FACILITY #:864-250-6487 BERRIOS, CHERYL R PH#: 864-250-6487 Facility Email: CBERRIOS@JERVEY.COM Fac. Cont. Email: CBERRIOS@JERVEY.COM	ASF-0038 / 02/28/2010 Greenville / Limited Liability 1 DOCTORS DR GREENVILLE, SC 29605-4266 JERVEY EYE CENTER LLC
Operating Rooms: 3 Endoscopy Rooms: 0 Procedure Rooms: 3 <hr/> Total Number Units: 6	Certified For:
LAKE MURRAY ENDOSCOPY CENTER 190 PARKRIDGE DR STE 100 COLUMBIA, SC 29212-1748 FACILITY #:803-407-6767 SEASE, CINDY G PH#: 803-407-6767 Facility Email: No Facility Email on Record Fac. Cont. Email: CSEASE@COLUMBIAGI.COM	ASF-0076 / 10/31/2010 Lexington / Ltd. Liability 190 PARKRIDGE DR STE 100 COLUMBIA, SC 29212-1748 COLUMBIA ASC NORTHWEST LLC
Operating Rooms: 0 Endoscopy Rooms: 2 Procedure Rooms: 0 <hr/> 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
LASER AND SKIN SURGERY CENTER 15 HOSPITAL CENTER BLVD STE 2 HILTON HEAD ISLAND, SC 29926-2760 FACILITY #:843-689-9200 BUNDY, A THOMAS PH#: Facility Email: HHDERM@MAC.COM Fac. Cont. Email: No Facility Contact Email on Record	ASF-0059 / 09/30/2010 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 <hr/> Total Number Units: 2	Certified For:
LOW COUNTRY OUTPATIENT SURGERY CENTER 93 SPRINGVIEW LN UNIT A SUMMERVILLE, SC 29485-8154 FACILITY #:843-285-6065 MCQUISTON, JOYCE A PH#: 843-285-6060 Facility Email: No Facility Email on Record Fac. Cont. Email: JOYCE.MCQUISTON@LOWCOUNTRYORTHO.COM	ASF-0089 / 08/31/2010 Dorchester / Limited Liability 93 SPRINGVIEW LN UNIT A SUMMERVILLE, SC 29485-8154 LOW COUNTRY OUTPATIENT SURGERY CENTER LLC
Operating Rooms: 2 Endoscopy Rooms: 0 Procedure Rooms: 2 <hr/> Total Number Units: 4	Certified For:
MCLEOD AMBULATORY SURGERY CENTER 604 E CHEVES ST FLORENCE, SC 29506-2627 FACILITY #:843-669-3822 SEGARS, MARIE G PH#: 843-669-3822 Facility Email: BALLEEN@MCLEODHEALTH.ORG Fac. Cont. Email: BALLEEN@MCLEODHEALTH.ORG	ASF-0080 / 09/30/2009 (Renewal Pending) 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 <hr/> 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
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: BSM@MIDLANDSENDOSCOPY.ORG Fac. Cont. Email: BALBMINH@AOL.COM	ASF-0093 / 02/28/2010 Lexington / Ltd. Liability PO BOX 94 COLUMBIA, SC 29202-0094 MIDLANDS ENDOSCOPY CENTER LLC
Operating Rooms: 0 Endoscopy Rooms: 2 Procedure Rooms: 0 <hr/> Total Number Units: 2	Certified For:
MIDLANDS ORTHOPAEDICS SURGERY CENTER 1930 BLANDING ST COLUMBIA, SC 29201-3520 FACILITY #:803-461-4740 RUTLEDGE, BELINDA PH#: 803-256-4107 Facility Email: MIDLANDSORTHOAEDICS.COM Fac. Cont. Email: BELINDAR@MIDLANDSORTHO.COM	ASF-0102 / 07/31/2010 Richland / Ltd. Liability 1930 BLANDING ST COLUMBIA, SC 29201-3520 MIDLANDS ORTHOPAEDIC SURGERY CENTER LLC
Operating Rooms: 3 Endoscopy Rooms: 0 Procedure Rooms: 2 <hr/> Total Number Units: 5	Certified For:
MOORE ORTHOPAEDIC CLINIC OUTPATIENT SURGERY CENTER 104 SALUDA POINTE DR STE 200 LEXINGTON, SC 29072-7295 FACILITY #:803-227-8080 CARDOVANO, JANET PH#: 803-227-8000 Facility Email: JANET.CORDOVANO@MOORECLINIC.COM Fac. Cont. Email: SEAN.MCNALLY@MOORECLINIC.COM	ASF-0109 / 12/31/2009 Lexington / Ltd. Liability 104 SALUDA POINTE DR STE 200 LEXINGTON, SC 29072-7295 MOORE ORTHOPAEDIC CLINIC OUTPATIENT SURGERY CENTER LLC
Operating Rooms: 2 Endoscopy Rooms: 0 Procedure Rooms: 1 <hr/> 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
OCEAN AMBULATORY SURGERY CENTER 839 82ND PKWY MYRTLE BEACH, SC 29572-4614 FACILITY #:843-692-2100 COWAN, KATHERYN PH#: 843-692-2100 Facility Email: KCOWAN@OCEANASC.COM Fac. Cont. Email: KCOWAN@NEOSPINE.COM	ASF-0095 / 10/31/2010 Horry / Ltd. Liability 839 82ND PKWY MYRTLE BEACH, SC 29572-4614 OASC LLC
Operating Rooms: 2 Endoscopy Rooms: 0 Procedure Rooms: 1 <hr/> Total Number Units: 3	Certified For:
OUTPATIENT SURGERY CENTER OF HILTON HEAD 190 PEMBROKE DR HILTON HEAD ISLAND, SC 29926-2389 FACILITY #:843-682-5001 THOMAS, RICHARD E PH#: 843-682-5050 Facility Email: SLUBA@HHISURGERY.COM Fac. Cont. Email: RTHOMAS@HHISURGERY.COM	ASF-0092 / 01/31/2010 Beaufort / Ltd. Liability 190 PEMBROKE DR HILTON HEAD ISLAND, SC 29926-2389 OUTPATIENT SURGERY CENTER OF HILTON HEAD LLC
Operating Rooms: 2 Endoscopy Rooms: 2 Procedure Rooms: 0 <hr/> Total Number Units: 4	Certified For:
OUTPATIENT SURGERY CENTER OF LEXINGTON MEDICAL CENTER IN IRMO 7035 SAINT ANDREWS RD COLUMBIA, SC 29212-1175 FACILITY #:803-749-0977 SIPE, ROGER L PH#: 803-749-0977 Facility Email: No Facility Email on Record Fac. Cont. Email: MJMURPHY@LEXHEALTH.ORG	ASF-0013 / 11/30/2009 Richland / County 7035 SAINT ANDREWS RD COLUMBIA, SC 29212-1175 LEXINGTON COUNTY HEALTH SERVICES DISTRICT INC
Operating Rooms: 4 Endoscopy Rooms: 0 Procedure Rooms: 0 <hr/> 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
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: No Facility Email on Record Fac. Cont. Email: No Facility Contact Email on Record	ASF-0057 / 08/31/2010 Lexington / County 811 W MAIN ST LEXINGTON, SC 29072-2500 LEXINGTON COUNTY HEALTH SERVICES DISTRICT INC
Operating Rooms: 4 Endoscopy Rooms: 1 Procedure Rooms: 0 <hr/> Total Number Units: 5	Certified For:
PALMETTO ENDOSCOPY CENTER 2073 CHARLIE HALL BLVD CHARLESTON, SC 29414-5834 FACILITY #:843-571-0643 RUFF, CYNTHIA A PH#: 843-571-0643 Facility Email: No Facility Email on Record Fac. Cont. Email: CRUFF@PALMETTODIGESTIVE.COM	ASF-0084 / 02/28/2010 Charleston / Limited Liability 2073 CHARLIE HALL BLVD CHARLESTON, SC 29414-5834 PALMETTO ENDOSCOPY CENTER LLC
Operating Rooms: 0 Endoscopy Rooms: 2 Procedure Rooms: 0 <hr/> 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 / 02/28/2010 Richland / Limited Liability 109 BLARNEY DR COLUMBIA, SC 29223-6244 PALMETTO SURGERY CENTER LLC
Operating Rooms: 4 Endoscopy Rooms: 0 Procedure Rooms: 0 <hr/> 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
PARKRIDGE SURGERY CENTER 190 PARKRIDGE DR STE 108 COLUMBIA, SC 29212-1748 FACILITY #:803-407-4940 KEENE, EMILIE M PH#: 803-407-4940 Facility Email: EMILIE.KEENE@PALMETTOHEALTH.ORG Fac. Cont. Email: CLAYFOWLER@PALMETTOHEALTH.ORG	ASF-0078 / 11/30/2009 Lexington / Ltd. Liability 190 PARKRIDGE DR STE 108 COLUMBIA, SC 29212-1748 PARKRIDGE SURGERY CENTER LLC
Operating Rooms: 4 Endoscopy Rooms: 0 Procedure Rooms: 2 <hr/> Total Number Units: 6	Certified For:
PARKWAY SURGERY CENTER 827 82ND PKWY MYRTLE BEACH, SC 29572-4607 FACILITY #:843-286-2020 ROBERTS, MISTY T PH#: 843-286-2020 Facility Email: MROBERTS@GRANDSTRANDUROLOGY.COM Fac. Cont. Email: MROBERTS@GRANDSTRANDUROLOGY.COM	ASF-0061 / 10/31/2009 (Renewal Pending) Horry / Ltd. Liability 827 82ND PKWY MYRTLE BEACH, SC 29572-4607 PARKWAY SURGERY CENTER LLC
Operating Rooms: 2 Endoscopy Rooms: 0 Procedure Rooms: 0 <hr/> Total Number Units: 2	Certified For:
PHYSICIAN SURGERY CENTER AT ANMED HEALTH 100 HEALTHY WAY STE 1220 ANDERSON, SC 29621-7916 FACILITY #:864-512-4030 MCCLAIN, ANGELA PH#: 864-512-1699 Facility Email: ANGELA.MCCLAIN@ANMEDHEALTH.ORG Fac. Cont. Email: ANGELA.MCCLAIN@ANMEDHEALTH.ORG	ASF-0111 / 06/30/2010 Anderson / Limited Liability 100 HEALTHY WAY STE 1220 ANDERSON, SC 29621-7916 PHYSICIAN SURGERY CENTER AT ANMED HEALTH LLC
Operating Rooms: 3 Endoscopy Rooms: 0 Procedure Rooms: 1 <hr/> 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
PHYSICIANS SURGERY CENTER OF FLORENCE 1580 FREEDOM BLVD STE 300 FLORENCE, SC 29505-6074 FACILITY #:843-674-2500 O'LOUGHLIN, JAMES F PH#: 843-674-5000 Facility Email: MMETAXAS@CAROLINASHOSPITAL.COM Fac. Cont. Email: No Facility Contact Email on Record	ASF-0107 / 08/31/2010 Florence / Corporation QHG OF SOUTH CAROLINA INC
Operating Rooms: 4 Endoscopy Rooms: 2 Procedure Rooms: 2 <hr/> Total Number Units: 8	Certified For:
PHYSICIANS' EYE SURGERY CENTER 2060 CHARLIE HALL BLVD STE 301 CHARLESTON, SC 29414-6066 FACILITY #:843-571-4800 ROBINSON, REBECCA C PH#: 843-571-4800 Facility Email: ROBINSONB@EYESURGERYCENTEROFCHARLESTON.C Fac. Cont. Email: ROBINSONB@EYESURGERYCENTEROFCHARLESTON.C	ASF-0097 / 12/31/2009 Charleston / Limited Liability 2060 CHARLIE HALL BLVD STE 301 CHARLESTON, SC 29414-6066 PHYSICIANS' EYE SURGERY CENTER LLC
Operating Rooms: 2 Endoscopy Rooms: 0 Procedure Rooms: 0 <hr/> Total Number Units: 2	Certified For:
RIVERTOWN SURGERY CENTER 822 FARRAR DR, RIVERTOWN MEDICAL PARK CONWAY, SC 29526-8747 FACILITY #:843-347-9587 FARLEY, KENNETH R PH#: 843-347-9587 Facility Email: K FARLEY@COASTALUROLOGY.COM Fac. Cont. Email: BSMITH@COASTALUROLOGY.COM	ASF-0073 / 01/31/2010 Horry / Ltd. Liability 822 FARRAR DR, RIVERTOWN MEDICAL PARK CONWAY, SC 29526-8747 COASTAL CAROLINA CENTERS OF UROLOGY AND SURGERY 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
ROPER BERKELEY AMBULATORY SURGERY CENTER 730 STONEY LANDING RD MONCKS CORNER, SC 29461-2948 FACILITY #:843-899-7700 HORVATH RN, LISA PH#: 843-899-7700 Facility Email: BRENDA.MYERS@RSFH.COM Fac. Cont. Email: No Facility Contact Email on Record	ASF-0063 / 02/28/2010 Berkeley / Corporation 730 STONEY LANDING RD MONCKS CORNER, SC 29461-2948 ROPER HOSPITAL INC
Operating Rooms: 3 Endoscopy Rooms: 0 Procedure Rooms: 1 <hr/> Total Number Units: 4	Certified For:
ROPER WEST ASHLEY SURGERY CENTER 18 FARMFIELD AVE CHARLESTON, SC 29407-7704 FACILITY #:843-763-3763 SAMPLE, MARIA I PH#: 843-763-3763 Facility Email: MARIA.SAMPLE@RSFH.COM Fac. Cont. Email: MARIA.SAMPLE@ROPERSAINTFRANCIS.COM	ASF-0049 / 06/30/2010 Charleston / Corporation 18 FARMFIELD AVE CHARLESTON, SC 29407-7704 ROPER HOSPITAL INC
Operating Rooms: 3 Endoscopy Rooms: 0 Procedure Rooms: 1 <hr/> Total Number Units: 4	Certified For:
RSFH JAMES ISLAND SURGERY CENTER 325 FOLLY RD STE 200 CHARLESTON, SC 29412-2507 FACILITY #:843-789-1550 SAMPLE, MARIA I PH#: 843-789-1550 Facility Email: MARIA.SAMPLE@RSFH.COM Fac. Cont. Email: No Facility Contact Email on Record	ASF-0114 / 09/30/2010 Charleston / Limited Liability 325 FOLLY RD STE 200 CHARLESTON, SC 29412-2507 RSFH JAMES ISLAND SURGERY CENTER LLC
Operating Rooms: 4 Endoscopy Rooms: 0 Procedure Rooms: 2 <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
SEACOAST MEDICAL CENTER AMBULATORY SURGERY 4000 HWY 9 E LITTLE RIVER, SC 29566-7833 FACILITY #:843-390-8100 GREEN, H ARNOLD PH#: 843-390-8100 Facility Email: No Facility Email on Record Fac. Cont. Email: HAGREEN@SCCOAST.NET	ASF-0051 / 09/30/2010 Horry / District 4000 HWY 9 E LITTLE RIVER, SC 29566-7833 LORIS COMMUNITY HOSPITAL DISTRICT
Operating Rooms: 3 Endoscopy Rooms: 0 Procedure Rooms: 0 <hr/> Total Number Units: 3	Certified For:
SOUTH CAROLINA ENDOSCOPY CENTER LLC 131 SUMMERPLACE DR WEST COLUMBIA, SC 29169-3058 FACILITY #:803-794-4585 ORTH, DOREEN D PH#: 803-796-0642 Facility Email: DORTH@SCGASTRO.COM Fac. Cont. Email: DORTH@SCGASTRO.COM	ASF-0036 / 12/31/2009 Lexington / Limited Liability 131 SUMMERPLACE DR WEST COLUMBIA, SC 29169-3058 CLASS PROPERTIES LLC
Operating Rooms: 0 Endoscopy Rooms: 4 Procedure Rooms: 0 <hr/> Total Number Units: 4	Certified For:
SOUTH CAROLINA ENDOSCOPY CENTER NORTHEAST LLC 11 GATEWAY CORNERS PARK COLUMBIA, SC 29203-8902 FACILITY #:803-462-2300 ORTH, DOREEN D PH#: 803-462-2300 Facility Email: DORTH@SCGASTRO.COM Fac. Cont. Email: DORTH@SCGASTRO.COM	ASF-0074 / 05/31/2010 Richland / Ltd. Liability 11 GATEWAY CORNERS PARK COLUMBIA, SC 29203-8902 CLASS PROPERTIES NORTHEAST LLC
Operating Rooms: 0 Endoscopy Rooms: 5 Procedure Rooms: 0 <hr/> 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
SOUTH CAROLINA MEDICAL ENDOSCOPY CENTER 1735 TAYLOR ST COLUMBIA, SC 29201-3452 FACILITY #:803-254-8449 LLOYD, STEPHEN PH#: 803-254-8449 Facility Email: SCENDOSCOPY@GMAIL.COM Fac. Cont. Email: SCENDOSCOPY@GMAIL.COM	ASF-0042 / 08/31/2010 Richland / Corporation 1735 TAYLOR ST COLUMBIA, SC 29201-3452 SOUTH CAROLINA MEDICAL ENDOSCOPY CENTER INC
Operating Rooms: 0 Endoscopy Rooms: 2 Procedure Rooms: 0 <hr/> Total Number Units: 2	Certified For:
SOUTHEASTERN SPINE INSTITUTE AMBULATORY SURGERY CENTER 1106 CHUCK DAWLEY BLVD STE 100 MOUNT PLEASANT, SC 29464-4195 FACILITY #:843-849-1551 FISCHER, JOSEPH O PH#: 843-849-1551 Facility Email: JOEY.FISCHER@SOUTHEASTERNSPINE.COM Fac. Cont. Email: JOEY.FISCHER@SOUTHEASTERNSPINE.COM	ASF-0112 / 11/30/2009 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 <hr/> Total Number Units: 3	Certified For:
SPARTANBURG UROLOGY SURGICENTER 391 SERPENTINE DR STE 330 SPARTANBURG, SC 29303-3080 FACILITY #:864-585-2002 SIZEMORE, RICHARD T PH#: 864-585-2002 Facility Email: RICK_SIZEMORE@YAHOO.COM Fac. Cont. Email: RICK_SIZEMORE@YAHOO.COM	ASF-0026 / 02/28/2010 Spartanburg / Limited Liability Limited Partnership 391 SERPENTINE DR STE 330 SPARTANBURG, SC 29303-3080 SPARTANBURG UROLOGY SURGICENTER LP
Operating Rooms: 2 Endoscopy Rooms: 0 Procedure Rooms: 0 <hr/> 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
STRAND GASTROINTESTINAL ENDOSCOPY CENTER 945 82ND PKWY STE 2 MYRTLE BEACH, SC 29572-4610 FACILITY #:843-839-2581 GATHINGS, SALLIE PH#: 843-839-2581 Facility Email: SGATHINGS-SGIEC@SC.RR.COM Fac. Cont. Email: No Facility Contact Email on Record	ASF-0062 / 11/30/2009 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 <hr/> 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 LUTZ RN, CAREY A PH#: 886-938-9836 Facility Email: No Facility Email on Record Fac. Cont. Email: No Facility Contact Email on Record	ASF-0103 / 11/30/2009 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 <hr/> Total Number Units: 3	Certified For:
SURGERY CENTER AT EDGEWATER 2536 LENGERS WAY FORT MILL, SC 29707-7126 FACILITY #:803-802-9500 BASHORE, ROBERT S PH#: 803-286-1481 Facility Email: ROBERT_BASHORE@CHS.NET Fac. Cont. Email: ANGELA_MARCHI@CHS.NET	ASF-0110 / 02/28/2010 Lancaster / Ltd. Liability 2536 LENGERS WAY FORT MILL, SC 29707-7126 CAROLINA SURGERY CENTER LLC
Operating Rooms: 3 Endoscopy Rooms: 2 Procedure Rooms: 0 <hr/> 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
SURGERY CENTER AT PELHAM 2755 S HWY 14 GREER, SC 29650-4902 FACILITY #:864-560-6556 HAZEN, BILL PH#: 864-560-5555 Facility Email: BHAZEN@PELHAMASC.COM Fac. Cont. Email: BHAZEN@PELHAMASC.COM	ASF-0091 / 12/31/2009 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 <hr/> Total Number Units: 6	Certified For:
SURGERY CENTER AT SELF MEMORIAL HOSPITAL 101 ACADEMY AVE GREENWOOD, SC 29646-3869 FACILITY #:864-725-7500 HINRICH, CAROL A PH#: 864-725-7500 Facility Email: CAROLHINRICH@TOSCGREENWOOD.COM Fac. Cont. Email: CAROLHINRICH@TOSCGREENWOOD.COM	ASF-0055 / 05/31/2010 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 <hr/> Total Number Units: 5	Certified For:
SURGERY CENTER OF BEAUFORT 1033 RIBAUT RD BEAUFORT, SC 29902-5436 FACILITY #:843-322-5800 EVEC, CAROLYN A PH#: 843-322-5800 Facility Email: CEVEC@BEAUFORTSURGERY.COM Fac. Cont. Email: CEVEC@BEAUFORTSURGERY.COM	ASF-0048 / 06/30/2010 Beaufort / Limited Liability 1033 RIBAUT RD BEAUFORT, SC 29902-5436 SURGERY CENTER OF BEAUFORT LLC
Operating Rooms: 3 Endoscopy Rooms: 2 Procedure Rooms: 0 <hr/> 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
SURGERY CENTER OF CHARLESTON 1849 SAVAGE RD CHARLESTON, SC 29407-4726 FACILITY #:843-576-2607 TRUSLOW, DAWN G PH#: 843-576-2607 Facility Email: DTRUSLOW@CHARLESTONENT.COM Fac. Cont. Email: DTRUSLOW@CHARLESTONENT.COM	ASF-0072 / 12/31/2009 Charleston / Limited Liability 1849 SAVAGE RD CHARLESTON, SC 29407-4726 CHARLESTON ENT ASSOCIATES LLC
Operating Rooms: 1 Endoscopy Rooms: 1 Procedure Rooms: 0 <hr/> Total Number Units: 2	Certified For:
TRIDENT EYE SURGERY CENTER 9297 MEDICAL PLAZA DR STE C CHARLESTON, SC 29406-9136 FACILITY #:843-824-5024 SMITH, LOUISE MICHELLE PH#: 843-258-8905 Facility Email: MARGARET.CHAPPELL@HCAHEALTHCARE.COM Fac. Cont. Email: No Facility Contact Email on Record	ASF-0039 / 04/30/2010 Charleston / Limited Liability Limited Partnership 9297 MEDICAL PLAZA DR STE C CHARLESTON, SC 29406-9136 TRIDENT EYE SURGERY CENTER LP
Operating Rooms: 2 Endoscopy Rooms: 0 Procedure Rooms: 0 <hr/> Total Number Units: 2	Certified For:
TRIDENT SURGERY CENTER 9313 MEDICAL PLAZA DR STE 102 CHARLESTON, SC 29406-9153 FACILITY #:843-797-8992 CHAPPELL, MARGARET K PH#: 843-797-8992 Facility Email: MARGARET.CHAPPELL@HCAHEALTHCARE.COM Fac. Cont. Email: MARGARET.CHAPPELL@HCAHEALTHCARE.COM	ASF-0024 / 05/31/2010 Charleston / Limited Liability Limited Partnership 9313 MEDICAL PLAZA DR STE 102 CHARLESTON, SC 29406-9153 TRIDENT AMBULATORY SURGERY CENTER LP
Operating Rooms: 4 Endoscopy Rooms: 0 Procedure Rooms: 0 <hr/> 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
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 / 06/30/2010 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 <hr/> Total Number Units: 2	Certified For:
UPSTATE PAIN MANAGEMENT & SURGERY CENTER 457-D BY PASS 123, N PARK SENECA, SC 29678-0842 FACILITY #:864-882-8850 MCMILLAN III, MARION R PH#: 864-886-9888 Facility Email: TAMMY@FOOTHILLSPAIN.COM Fac. Cont. Email: No Facility Contact Email on Record	ASF-0066 / 08/31/2010 Oconee / Corporation PO BOX 858 SENECA, SC 29679-0858 BLUE RIDGE MEDICAL SPECIALTIES PA
Operating Rooms: 2 Endoscopy Rooms: 0 Procedure Rooms: 0 <hr/> Total Number Units: 2	Certified For:
UPSTATE SURGERY CENTER 10 ENTERPRISE BLVD STE 109 GREENVILLE, SC 29615-3534 FACILITY #:864-458-7141 HUNTER, LAOLA M PH#: 864-458-7141 Facility Email: No Facility Email on Record Fac. Cont. Email: MHUNTER@STFRANCISHEALTH.ORG	ASF-0050 / 09/30/2010 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:

Ambulatory Surgical Facilities

DHEC Regulation 61-91

Name of Facility Location Street Location City, State Administrator	License#/Expiration County/Ownership Type Mailing Address Licensee
UROLOGY SURGERY CENTER 139 SUMMERPLACE DR WEST COLUMBIA, SC 29169-3058 FACILITY #:803-796-9968 WATSON, BARBARA M PH#: 803-796-9968 Facility Email: BWATSON@LEXINGTONURO.COM Fac. Cont. Email: BWATSON@LEXINGTONURO.COM	ASF-0043 / 09/30/2010 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:
WACCAMAW ENDOSCOPY CENTER 2361 N FRASER ST GEORGETOWN, SC 29440-6410 FACILITY #:843-527-3428 TANNER, ARLENE PH#: 843-436-1000 Facility Email: A.TANNER@GIENDOCENTER.COM Fac. Cont. Email: A.TANNER@GIENDOCENTER.COM	ASF-0106 / 08/31/2010 Georgetown / Limited Liability 2361 N FRASER ST GEORGETOWN, SC 29440-6410 WACCAMAW ENDOSCOPY CENTER LLC
Operating Rooms: 0 Endoscopy Rooms: 1 Procedure Rooms: 0 <hr/> Total Number Units: 1	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: SCHAMPIION@WESMARKSURGERYCENTER.COM Fac. Cont. Email: PROYAL@SUMTERUROLOGICAL.COM	ASF-0081 / 03/31/2010 Sumter / Ltd. Liability 410 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
WESTSIDE EYE CENTER LLC ASC 1413 JOHN B WHITE SR BLVD STE D SPARTANBURG, SC 29306-3995 FACILITY #:864-574-7767 PEARSON, XAVIER PH#: 864-574-7767 Facility Email: XPEARSON@EASTSIDEYECCENTER.COM Fac. Cont. Email: No Facility Contact Email on Record	ASF-0087 / 08/31/2009 (Renewal Pending) Spartanburg / Ltd. Liability 735 E MAIN ST SPARTANBURG, SC 29302-1281 WESTSIDE EYE CENTER LLC
Operating Rooms: 2 Endoscopy Rooms: 0 Procedure Rooms: 0 <hr/> Total Number Units: 2	Certified For:

YORK COUNTY ENDOSCOPY CENTER 164 GLENWOOD DR ROCK HILL, SC 29732-2865 FACILITY #:803-325-9010 BOTT, STEPHEN T PH#: 803-324-7607 Facility Email: DDA3@COMPORIUM.NET Fac. Cont. Email: No Facility Contact Email on Record	ASF-0113 / 06/30/2010 York / Limited Liability 164 GLENWOOD DR ROCK HILL, SC 29732-2865 YORK COUNTY ENDOSCOPY CENTER LLC
Operating Rooms: 0 Endoscopy Rooms: 2 Procedure Rooms: 0 <hr/> Total Number Units: 2	Certified For:

Total Number of Facilities: 77

Total Number of Units: 275