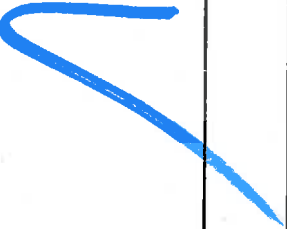


**DEPARTMENT OF HEALTH AND HUMAN SERVICES  
OFFICE OF DIRECTOR**

**ACTION REFERRAL**

<b>TO</b> <i>Wells</i>	<b>DATE</b> <i>6-12-07</i>
---------------------------	-------------------------------

<b>DIRECTOR'S USE ONLY</b>		<b>ACTION REQUESTED</b>	
1. LOG NUMBER  <i>000773</i>	<input type="checkbox"/> Prepare reply for the Director's signature DATE DUE _____  <input type="checkbox"/> Prepare reply for appropriate signature DATE DUE _____  <input type="checkbox"/> FOIA DATE DUE _____  <input checked="" type="checkbox"/> Necessary Action		
2. DATE SIGNED BY DIRECTOR  <i>ec: Singletta</i> 			

APPROVALS (Only when prepared for director's signature)	APPROVE	* DISAPPROVE (Note reason for disapproval and return to preparer.)	COMMENT
1.			
2.			
3.			
4.			

Department of Health & Human Services  
Centers for Medicare & Medicaid Services  
61 Forsyth St, Suite 4120  
Atlanta, Georgia 30303-8909



June 11, 2007

**RECEIVED**

JUN 12 2007

Ms. Heather Hall  
Little River Medical Center, Inc.  
4303 Live Oak Drive  
Little River, SC 29566

Department of Health & Human Services  
OFFICE OF THE DIRECTOR

Re: FQHC CMS Certification Number (CCN): 42-1827

Dear Ms. Hall:

This letter is to inform you that your request for Change of Address from P. O. Box 547, Little River, SC 29566 to \*4303 Live Oak Drive, Little River, SC 29566 is approved. The effective date of this change is **April 27, 2007**.

**National Government Services (00450)** will continue to serve as the intermediary. They have been notified of this change by copy of this letter.

Should you have any questions concerning this matter, please contact Willie Tucker at (404) 562-7470.

Sincerely,

/s/

Sandra M. Pace  
Associate Regional Administrator  
Division of Survey and Certification

**NOTE TO THE FISCAL INTERMEDIARY:**  
**THIS LETTER REPLACES THE HCFA-2007, PROVIDER TIE-IN NOTICE.**  
**\*Address changed to that shown above.**