

NAME OF WHOLESALE DRUG DISTRIBUTOR/MANUFACTURER

Henry Schein, Inc.

MIN BOARD OF PHARMACY LICENSE NUMBER
 354812-4, 360114-7 & 360307-7

ADDRESS OF WHOLESALE DRUG DISTRIBUTOR/MANUFACTURER

5 Lakeside Park Drive, East Washington, NY 11050
 5010 West 81st Street, Park 100, Indianapolis 46268
 255 West 8th Street, Nevada 89434

NAME OF PRACTITIONER Please include designation (i.e., MD, etc.)	ADDRESS OF PRACTITIONER	VALUE OF PAYMENTS	TYPE OF PAYMENTS
	Please Note: Henry Schein, Inc. has no REPORTABLE ACTIVITY FOR THE CALENDAR YEAR. RPP.		

MINNESOTA STATUTES REQUIRE WHOLESALE DRUG DISTRIBUTORS TO FILE WITH THE BOARD OF PHARMACY AN ANNUAL REPORT IDENTIFYING ALL PAYMENTS, HONORARIA, REIMBURSEMENT OTHER COMPENSATION AUTHORIZED UNDER SECTION 151.46, CLAUSES (1) TO (5), PAID TO PRACTITIONERS IN MINNESOTA DURING THE PRECEDING CALENDAR YEAR. THE REPORT SHALL IDENTIFY THE NATURE AND VALUE OF ANY PAYMENTS TOTALING \$100 OR MORE, TO A PARTICULAR PRACTITIONER DURING THE YEAR, AND SHALL IDENTIFY THE PRACTITIONER. REPORTS FILED UNDER THIS PROVISION ARE PUBLIC DATA.

Bergen Brunswick

1501 Southern Rd; Kansas City, MO 64180

MINNESOTA BOARD OF PHARMACY LICENSE NUMBER

360457-1 5/31/98

NAME OF PRACTITIONER
Please include designation (i.e., MD, etc.)

ADDRESS OF PRACTITIONER

VALUE OF PAYMENTS

TYPE OF PAYMENTS

MINNESOTA STATUTES REQUIRE WHOLESALE DRUG DISTRIBUTORS TO FILE WITH THE BOARD OF PHARMACY AN ANNUAL REPORT IDENTIFYING ALL PAYMENTS, HONORARIA, RERUMISEMENT OTHER COMPENSATION AUTHORIZED UNDER SECTION 151.44, CLAUSES (3) TO (5), PAID TO PRACTITIONERS IN MINNESOTA DURING THE PRECEDING CALENDAR YEAR. THE REPORT SHALL IDENTIFY THE NATURE AND VALUE OF ANY PAYMENTS TOTALING \$500 OR MORE, TO A PARTICULAR PRACTITIONER DURING THE YEAR, AND SHALL IDENTIFY THE PRACTITIONER. REPORTS FILED UNDER THIS PROVISION ARE PUBLIC DATA.

No form of compensation has been paid to Minnesota practitioners.

Attn: David Holmstrom
Fax # (612)617-2212

NAME OF WHOLESALER DRUG DISTRIBUTOR/MANUFACTURER

Whitney Labs, L.P.

MIN BOARD OF PHARMACY LICENSE NUMBER

459988-9

ADDRESS OF WHOLESALER DRUG DISTRIBUTOR/MANUFACTURER

1095 North U.S. Hwy 1
Dorland Beach FL 32174
Suites 142

MINNESOTA STATUTES REQUIRE WHOLESALER DRUG DISTRIBUTORS TO FILE WITH THE BOARD OF PHARMACY AN ANNUAL REPORT IDENTIFYING ALL PAYMENTS, HONORARIA, REIMBURSEMENT OTHER COMPENSATION AUTHORIZED UNDER SECTION 151.464, CLAUSES (3) TO (5), PAID TO PRACTITIONERS IN MINNESOTA DURING THE PRECEDING CALENDAR YEAR. THE REPORT SHALL IDENTIFY THE NATURE AND VALUE OF ANY PAYMENTS TOTALING \$100 OR MORE, TO A PARTICULAR PRACTITIONER DURING THE YEAR, AND SHALL IDENTIFY THE PRACTITIONER. REPORTS FILED UNDER THIS PROVISION ARE PUBLIC DATA.

NAME OF PRACTITIONER Please include designation (i.e., MD, etc.)	ADDRESS OF PRACTITIONER	VALUE OF PAYMENTS	TYPE OF PAYMENTS
			No reimbursements or gifts given



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MINNESOTA BOARD
OF PHARMACY

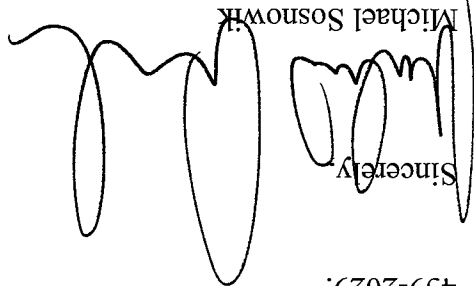
David E. Holmstrom
Executive Director
Minnesota Board of Pharmacy
2829 University Avenue, SE, #350
Minneapolis, MN 55414-3251

November 20, 1997

Dear Mr. Holmstrom,

In response to your letter, regarding all the payments, honoraria, reimbursement, and other compensation paid to licensed practitioners in Minnesota during the preceding calendar year, we have no reportable activity for this calendar year.

If you have any question regarding this matter, please feel free to contact me at (516) 439-2029.

Sincerely,

Michael Sosnowik
President
Rx Department

