

NAME OF WHOLESALE DRUG DISTRIBUTOR/MANUFACTURER

ADDRESS OF WHOLESALE DRUG DISTRIBUTOR/MANUFACTURER

Pharmaceutical Corporation of America
MINNESOTA BOARD OF PHARMACY LICENSE NUMBER

12348 Hancock Street, Carmel, IN 46032

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 151.461, CLAUSES (3) TO (6), 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.

N/A

NAME OF PRACTITIONER

Please include designation (i.e., MD, etc.)

ADDRESS OF PRACTITIONER

VALUE OF PAYMENTS

TYPE OF PAYMENTS

N/A

11/2/97

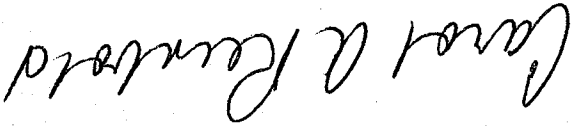
711 Union Parkway — Ronkonkoma, N.Y. 11779
516-585-1000
800-969-8007
Fax: 516-585-1289

November 11, 1997

Minnesota Board of Pharmacy
Legal Affairs Department
Minnesota Licensed Drug Wholesalers & Drug Manufacturers
2829 University Ave
Minneapolis, MN 55414-3251
ATTN: David E. Holmstrom
Dear Mr. Holmstrom:

I am in receipt of your correspondence regarding Gifts to Practitioners. Please be advised that Genetco does not have any accounts with Practitioners in the state of Minnesota. I am returning your form as per your request. Thank you for your attention to this matter.

Very truly yours,



Carol A. Reinbold
President

NAME OF WHOLESALER DRUG DISTRIBUTOR/MANUFACTURER

ADDRESS OF WHOLESALER DRUG DISTRIBUTOR/MANUFACTURER

DOM/OBERGFEEL

2660 E 37TH ST Vernon CA 90058

MIN BOARD OF PHARMACY LICENSE NUMBER

360655-3

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 151.461, CLAUSES (2) 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 ONE

NAME OF PRACTITIONER Please include designation (i.e., MD, etc.)	ADDRESS OF PRACTITIONER	VALUE OF PAYMENTS	TYPE OF PAYMENTS

*Completed 11/12/97
Cheryl Blakemore
General Manager*

NAME OF WHOLESALER DRUG DISTRIBUTOR/MANUFACTURER
EAST RANGE PHARMACY
910 Smith Avenue North

ADDRESS OF WHOLESALER DRUG DISTRIBUTOR/MANUFACTURER

MIN BOARD OF PHARMACY

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 151.441, 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.

360633-3

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

ADDRESS OF PRACTITIONER

VALUE OF PAYMENTS

TYPE OF PAYMENTS

Alice Green

DR. S. R. S.

NAME OF WHOLESALE DRUG DISTRIBUTOR/MANUFACTURER

ADDRESS OF WHOLESALE DRUG DISTRIBUTOR/MANUFACTURER

UNITY COMMUNITY PHARMACY

550 OSBORNE RD,

FREDLEY & MUEHLEBACH

ST. LOUIS, MO 63103

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 151.461, CLAUSES (3) TO (6), 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.

360171-0

NAME OF PRACTITIONER

ADDRESS OF PRACTITIONER

VALUE OF PAYMENTS

TYPE OF PAYMENTS

Please include designation (i.e., MD, etc.)

NONE TO

REPORT

MS WILL & RPH

P.T.C.

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MEADOWBROOK PHARMACY

6490 Excelsior Boulevard
St Louis Park, MN 55426

None

NAME OF WHOLESALER DRUG DISTRIBUTOR/MANUFACTURER

Southern Anesthesia Surgical Inc

MINNESOTA STATUTES REQUIRE WHOLESALER DRUG DISTRIBUTOR/MANUFACTURER TO FILE WITH THE BOARD OF PHARMACY AN ANNUAL REPORT IDENTIFYING ALL PAYMENTS, HONORARIA, REIMBURSEMENT OTHER COMPENSATION AUTHORIZED UNDER SECTION 151.44, CLAUSES (3) TO (6), 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.

ADDRESS OF WHOLESALER DRUG DISTRIBUTOR/MANUFACTURER

*809 Elm St
St. Paul, MN 55102*

NAME OF PRACTITIONER

There have been no payments to

Dr. M. Stamps

of Minnesota

ADDRESS OF PRACTITIONER

*1111 1st St
St. Paul, MN 55102*

VALUE OF PAYMENTS

0

TYPE OF PAYMENTS

None

NAME OF PRACTITIONER

ADDRESS OF PRACTITIONER

VALUE OF PAYMENTS

TYPE OF PAYMENTS

NAME OF PRACTITIONER

ADDRESS OF PRACTITIONER

VALUE OF PAYMENTS

TYPE OF PAYMENTS

NAME OF WHOLESALE DRUG DISTRIBUTOR/MANUFACTURER

ADDRESS OF WHOLESALE DRUG DISTRIBUTOR/MANUFACTURER

Sultan Chemists

85 W Forest Ave Englewood NJ 07631

MINNESOTA BOARD OF PHARMACY LICENSE NUMBER

360335-2

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 151.441, CLAUSES (J) TO (S), 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.

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VALUE OF PAYMENTS

TYPE OF PAYMENTS

Re: Gifts to
1997

Permittees Annual

Report

for Cal End of year.

No payments & honoraria on reimbursement have been made in the calendar year of 1997 nor are any anticipated.

[Signature]
Director of Quality

NAME OF WHOLESALER DRUG DISTRIBUTOR/MANUFACTURER

ADDRESS OF WHOLESALER DRUG DISTRIBUTOR/MANUFACTURER

Mayo Pharmacy Distribution CTR

21 2nd St SW, Rochester MN 55902

MINNESOTA BOARD OF PHARMACY LICENSE NUMBER

360139-6

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 151.461, 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.

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ADDRESS OF PRACTITIONER

VALUE OF PAYMENTS

TYPE OF PAYMENTS

No Reportable Activity

NAME OF WHOLESALE DRUG DISTRIBUTOR/MANUFACTURER

FREIGHTMASTERS INC

ADDRESS OF WHOLESALE DRUG DISTRIBUTOR/MANUFACTURER

3703 KENNEBEC DR ERASMUS MN 55122

MIN BOARD OF PHARMACY LICENSE NUMBER

360038-4

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 (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.

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VALUE OF PAYMENTS

TYPE OF PAYMENTS

WE'RE A Public Warehouse

That occasionally STORES

Pharmaceuticals, WE NEVER

HAVE CONTACT WITH ANY

Practitioners

