









NAME OF WHOLESALER DRUG DISTRIBUTOR/MANUFACTURER

ADDRESS OF WHOLESALER DRUG DISTRIBUTOR/MANUFACTURER

HEARTLAND REPACK SERVICES, LLC

4755 SOUTH AVENUE, TOLEDO, OH 43615

MN BOARD OF PHARMACY LICENSE NUMBER

460027-3

MINNESOTA STATUTES REQUIRE WHOLESALER 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 \$1000 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.)

NO ACTIVITY IN 2002

ADDRESS OF PRACTITIONER

VALUE OF PAYMENTS

TYPE OF PAYMENTS

RECEIVED AT

JAN 06 2003

MINNESOTA BOARD OF PHARMACY

NAME OF WHOLESALE DRUG DISTRIBUTOR/MANUFACTURER

Lewis Family Drug

MN BOARD OF PHARMACY LICENSE NUMBER

360740

ADDRESS OF WHOLESALE DRUG DISTRIBUTOR/MANUFACTURER

1905 1st Ave, Windom MN 56101

MINNESOTA STATUTES REQUIRE WHOLESALE 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 TALLING \$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 gifts or any	other compensation was given to any	practitioner during 2002	
	Joel Judigene RPh	1/3/03	
			RECEIVED AT
			JAN 06 2003
			MINNESOTA BOARD OF PHARMACY



NAME OF WHOLESALER DRUG DISTRIBUTOR/MANUFACTURER

ADDRESS OF WHOLESALER DRUG DISTRIBUTOR/MANUFACTURER

MN BOARD OF PHARMACY LICENSE NUMBER

MINNESOTA STATUTES REQUIRE WHOLESALER 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 \$1000 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 gifts  
given to practitioners*



Tonawanda, NY 14151-0044











NAME OF WHOLESAL DRUG DISTRIBUTOR/MANUFACTURER

Prasco Laboratories

ADDRESS OF WHOLESAL DRUG DISTRIBUTOR/MANUFACTURER

7155 E. Kemper Road, Cinti, OH 45249

MN BOARD OF PHARMACY LICENSE NUMBER

361249-5

MINNESOTA STATUTES REQUIRE WHOLESAL 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 TOTALLING \$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.)

No reportable activity

ADDRESS OF PRACTITIONER

VALUE OF PAYMENTS

TYPE OF PAYMENTS

RECEIVED AT  
DEC 06 2002  
MINNESOTA BOARD  
OF PHARMACY



National Distribution & Contracting, Inc.

RECEIVED AT  
DEC 23 2002  
MINNESOTA BOARD  
OF PHARMACY

December 20, 2002

David E. Holmstrom  
Minnesota Board of Pharmacy  
2829 University Avenue, SE, Ste 530  
Minneapolis, MN 55414-3251

Dear Mr. Holmstrom:

Attached is the form we received regarding Gifts to Practitioners. Please accept this form and this letter as notification that National Distribution & Contracting, Inc. has had and will not have any sales for 2002.

If you should need anything further, please do not hesitate to contact me.

Sincerely,

Michael B. McAfee  
Chief Financial Officer

clh

Enclosure



NAME OF WHOLESALER DRUG DISTRIBUTOR/MANUFACTURER

ADDRESS OF WHOLESALER DRUG DISTRIBUTOR/MANUFACTURER

National Distribution + Contracting, Inc.

7355 Cockrill Bend Blvd, Nashville, TN 37209

MN BOARD OF PHARMACY LICENSE NUMBER

MINNESOTA STATUTES REQUIRE WHOLESALER 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 TOTALLING \$100 OR MORE, TO A PARTICULAR PRACTITIONER DURING THE YEAR, AND SHALL IDENTIFY THE PRACTITIONER, REPORTS FILED UNDER THIS PROVISION ARE PUBLIC DATA.

361143-8

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

ADDRESS OF PRACTITIONER

VALUE OF PAYMENTS

TYPE OF PAYMENTS

no sales for year 2002















---

---

17 WEST STREET ● P.O. BOX 371 ● EAST HANOVER, NJ 07936 ● TELEPHONE: (973) 386-5566 ● (800) 922-0547

December 12, 2002

Minnesota Board of Pharmacy  
2829 University Avenue Southeast, Suite 530  
Minneapolis, MN 55414-3251

Re: Gifts to Practitioners

Gentlemen:

Our subsidiary, Medirex Laboratories, Inc., Federal Establishment Site Registration No. CFN 2246791, has ceased operations as of May 31, 2001. We are in receipt of your application to renew their State license to manufacture, dispense, or distribute merchandise within your State; please be advised that we do not plan to manufacture, dispense, or distribute any additional product. Therefore, we do not intend to renew this license.

If there is any additional data that is required, please do not hesitate to contact me at the above address.

Very truly yours,

SIDMAK LABORATORIES, INC.

A handwritten signature in black ink, appearing to read "John E. Mottole".

John E. Mottole  
Director of Finance

JEM:mlm

NAME OF WHOLESALE DRUG DISTRIBUTOR/MANUFACTURER

FPP DISTRIBUTION INC.

ADDRESS OF WHOLESALE DRUG DISTRIBUTOR/MANUFACTURER

1385 KEMPER MEADOW DRIVE, CINCINNATI, OH 45240

MN BOARD OF PHARMACY LICENSE NUMBER

360473-3

MINNESOTA STATUTES REQUIRE WHOLESALE 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.

NAME OF PRACTITIONER

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

ADDRESS OF PRACTITIONER

VALUE OF PAYMENTS

TYPE OF PAYMENTS

Handwritten: A

Handwritten: ACTIVITY

Handwritten: REPORTABLE

Handwritten: PD



NAME OF WHOLESALER DRUG DISTRIBUTOR/MANUFACTURER

ADDRESS OF WHOLESALER DRUG DISTRIBUTOR/MANUFACTURER

Respiratory Distributors, Inc.

110 East Azalea Avenue, Foley, AL 36535

MN BOARD OF PHARMACY LICENSE NUMBER

MINNESOTA STATUTES REQUIRE WHOLESALER DISTRIBUTORS TO FILE WITH THE BOARD OF PHARMACY AN ANNUAL REPORT IDENTIFYING ALL PAYMENTS, HONORARIA, REIMBURSEMENT OTHER COMPENSATION AUTHORIZED UNDER SECTION 151L.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 \$1000 OR MORE, TO A PARTICULAR PRACTITIONER DURING THE YEAR, AND SHALL IDENTIFY THE PRACTITIONER, REPORTS FILED UNDER THIS PROVISION ARE PUBLIC DATA.

MN 360921-7

NAME OF PRACTITIONER

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

ADDRESS OF PRACTITIONER

VALUE OF PAYMENTS

TYPE OF PAYMENTS

NO GIFTS OR PAYMENTS GIVEN

12/06/02

RECEIVED AT

DEC 17 2002

MINNESOTA BOARD OF PHARMACY



NAME OF WHOLESALER DRUG DISTRIBUTOR/MANUFACTURER	ADDRESS OF WHOLESALER DRUG DISTRIBUTOR/MANUFACTURER		
AlphaPharma USPD, Inc. 360643-0	7125 Gateway Drive, Columbia, MD 21046		
Mn BOARD OF PHARMACY LICENSE NUMBER	MINNESOTA STATUTES REQUIRE WHOLESALER 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.		
NAME OF PRACTITIONER Please include designation (i.e., MD, etc.)	ADDRESS OF PRACTITIONER	VALUE OF PAYMENTS	TYPE OF PAYMENTS
There is no activity to report for calendar year 2002.			
	<i>David B. Salerno</i>		
	Dia: B. Salerno		
	Sr. Regulatory Support Specialist		



U.S. Pharmaceuticals Division

**CERTIFIED MAIL**  
**RETURN RECEIPT REQUESTED**

RECEIVED AT  
DEC 17 2002  
MINNESOTA BOARD  
OF PHARMACY

December 12, 2002

Minnesota Board of Pharmacy  
2829 University Ave., SE, #530  
Minneapolis, MN 55414-3251

**RE: Gifts to Practitioners**

Dear Sir/Madam:

As per your request, enclosed please find our completed annual report with regard to compensation paid to licensed practitioners in Minnesota.

If you have any questions or require any additional information, please do not hesitate to contact me.

Sincerely yours,

**ALPHARMA USPD, INC.**

Diane B. Salerno  
Sr. Regulatory Support Specialist

DBS  
Encls.

NAME OF WHOLESALER DRUG DISTRIBUTOR/MANUFACTURER

ADDRESS OF WHOLESALER DRUG DISTRIBUTOR/MANUFACTURER

Pumpkin Energy Products USA P.O. Box 100, Two Harbors MN 55616

MN BOARD OF PHARMACY LICENSE NUMBER

MINNESOTA STATUTES REQUIRE WHOLESALER 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.

361117-9

NAME OF PRACTITIONER

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

ADDRESS OF PRACTITIONER

VALUE OF PAYMENTS

TYPE OF PAYMENT RECEIVED AT

*[Handwritten signature]*

*[Handwritten signature]*

*[Handwritten signature]*

*[Handwritten signature]* DEC 23 2002

MINNESOTA BOARD OF PHARMACY

*[Handwritten signature]*

*[Handwritten signature]*

*[Handwritten signature]*

*[Handwritten signature]*



NAME OF WHOLESALE DRUG DISTRIBUTOR/MANUFACTURER  
**JOM Pharmaceutical Services**

ADDRESS OF WHOLESALE DRUG DISTRIBUTOR/MANUFACTURER  
**1 Cottontail Lane Somerset, NJ 08873**

MN BOARD OF PHARMACY LICENSE NUMBER

**360498-2**

MINNESOTA STATUTES REQUIRE WHOLESALE DISTRIBUTORS TO FILE WITH THE BOARD OF PHARMACY AN ANNUAL REPORT IDENTIFYING ALL PAYMENTS, HONORARIA, REIMBURSEMENT OTHER COMPENSATION AUTHORIZED UNDER SECTION 45L.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.

NAME OF PRACTITIONER Please include designation (i.e., MD, etc.)	ADDRESS OF PRACTITIONER	VALUE OF PAYMENTS	TYPE OF PAYMENTS
			<b>RECEIVED AT</b>
	<i>No Reportable</i>		<b>DEC 17 2002</b>
	<i>Optimizing</i>		<b>MINNESOTA BOARD OF PHARMACY</b>

NAME OF WHOLESALE DRUG DISTRIBUTOR/MANUFACTURER

Valley Drug Company  
MN BOARD OF PHARMACY LICENSE NUMBER

ADDRESS OF WHOLESALE DRUG DISTRIBUTOR/MANUFACTURER

318 W Beardman St, Youngstown, OH 44503

MINNESOTA STATUTES REQUIRE WHOLESALE DISTRIBUTORS TO FILE WITH THE BOARD OF PHARMACY AN ANNUAL REPORT IDENTIFYING ALL PAYMENTS, HONORARIA, REIMBURSEMENT OR 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.

NAME OF PRACTITIONER Please include designation (i.e., MD, etc.)	ADDRESS OF PRACTITIONER	VALUE OF PAYMENTS	TYPE OF PAYMENTS
NO Reportable Activity			
			RECEIVED AT
			DEC 23 2002
			MINNESOTA BOARD OF PHARMACY.



December 12, 2002

Minnesota Board of Pharmacy  
2829 University Avenue Southeast  
Suite 530  
Minneapolis, MN 55414-3251

To Whom It May Concern:

In response to your letter dated November 12, 2002, I am sending back the Gifts to Practitioners form. As I have noted on the form our company does not do this.

If you have any questions, please feel free to call me at (717) 901-1933.

Sincerely,

Kristi Krick  
Quality Assurance Administrative Assistant  
Exel  
350 Salem Church Rd.  
Mechanicsburg, PA 17050

NAME OF WHOLESALE DRUG DISTRIBUTOR/MANUFACTURER

Exel Inc.  
MN BOARD OF PHARMACY LICENSE NUMBER

360809-8

ADDRESS OF WHOLESALE DRUG DISTRIBUTOR/MANUFACTURER

9211 Kaiser Way, Fontana, CA 92335

MINNESOTA STATUTES REQUIRE WHOLESALE DISTRIBUTORS TO FILE WITH THE BOARD OF PHARMACY AN ANNUAL REPORT IDENTIFYING ALL PAYMENTS, HONORARIA, REIMBURSEMENT OR 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 TOTALLING \$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

We do not do this.





December 12, 2002

Minnesota Board of Pharmacy  
2829 University Avenue Southeast  
Suite 530  
Minneapolis, MN 55414-3251

To Whom It May Concern:

In response to your letter dated November 12, 2002, I am sending back the Gifts to Practitioners form. As I have noted on the form our company does not do this.

If you have any questions, please feel free to call me at (717) 901-1933.

Sincerely,

Kristi Krick  
Quality Assurance Administrative Assistant  
Exel  
350 Salem Church Rd.  
Mechanicsburg, PA 17050





RECEIVED AT  
DEC 16 2002  
MINNESOTA BOARD  
OF PHARMACY

December 12, 2002

Minnesota Board of Pharmacy  
2829 University Avenue Southeast  
Suite 530  
Minneapolis, MN 55414-3251

To Whom It May Concern:

In response to your letter dated November 12, 2002, I am sending back the Gifts to Practitioners form. As I have noted on the form our company does not do this.

If you have any questions, please feel free to call me at (717) 901-1933.

Sincerely,

Kristi Krick  
Quality Assurance Administrative Assistant  
Exel  
350 Salem Church Rd.  
Mechanicsburg, PA 17050

NAME OF WHOLESALE DRUG DISTRIBUTOR/MANUFACTURER

ADDRESS OF WHOLESALE DRUG DISTRIBUTOR/MANUFACTURER

Exel Inc.

350 Salem Church Rd., Mechanicsburg, PA 17050

MN BOARD OF PHARMACY LICENSE NUMBER

MINNESOTA STATUTES REQUIRE WHOLESALE 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.

360807-2

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

ADDRESS OF PRACTITIONER

VALUE OF PAYMENTS

TYPE OF PAYMENTS

We do not do this.



NAME OF WHOLESALER DRUG DISTRIBUTOR/MANUFACTURER

Navee Hospital Pharmacy

ADDRESS OF WHOLESALER DRUG DISTRIBUTOR/MANUFACTURER

404 Fountain St., Albert Lea, MN 56007

MN BOARD OF PHARMACY LICENSE NUMBER

359969-9

MINNESOTA STATUTES REQUIRE WHOLESALER 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.

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

ADDRESS OF PRACTITIONER

VALUE OF PAYMENTS

TYPE OF PAYMENTS

NONE

RECEIVED AT  
DEC 23 2002  
MINNESOTA BOARD  
OF PHARMACY

NAME OF WHOLESALE DRUG DISTRIBUTOR/MANUFACTURER: **Lakeview Hospital Pharmacy**  
 ADDRESS OF WHOLESALE DRUG DISTRIBUTOR/MANUFACTURER: **927 W Churchill St. Stillwater, MN 55082**

MINNESOTA STATUTES REQUIRE WHOLESALE DISTRIBUTORS TO FILE WITH THE BOARD OF PHARMACY AN ANNUAL REPORT IDENTIFYING ALL PAYMENTS, HONORARIA, REIMBURSEMENT OR 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.

MIN BOARD OF PHARMACY LICENSE NUMBER: **360372-1**

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

ADDRESS OF PRACTITIONER

VALUE OF PAYMENTS

TYPE OF PAYMENTS

No reportable activity - Cynthia Appleby, RPh

12-20-02

RECEIVED AT  
 DEC 23 2002

MINNESOTA BOARD  
 OF PHARMACY



15 Ingram Boulevard  
Suite 100  
LaVergne, TN 37086

tel 615.793.4400  
fax 615.793.4783  
www.cardinal.com

RECEIVED AT  
DEC 23 2002  
MINNESOTA BOARD  
OF PHARMACY

December 16, 2002

David E. Holmstrom  
Minnesota Board of Pharmacy  
2829 University Avenue Southeast  
Suite 530  
Minneapolis, MN 55414-3251

**Re: Gifts to Practitioners for Minnesota BOP License # 360720-6**

Mr. Holstrom:

This correspondence is reference to your letter dated November 12, 2002 regarding *Gifts to Practitioners*. At this time, CORD Logistics does not have any reportable activity for the 2002 calendar year.

If you should have any questions or further concerns please do not hesitate to call me at (615) 287-0463.

Sincerely,

A handwritten signature in black ink, appearing to read "M. Rufrano".

Marie L. Rufrano  
Quality Assurance Compliance Specialist

Enclosures <sup>MLR</sup> 12/16/02



NAME OF WHOLESALE DRUG DISTRIBUTOR/MANUFACTURER

Card Logistics

ADDRESS OF WHOLESALE DRUG DISTRIBUTOR/MANUFACTURER

15 Ingram Blvd # 100, La Verne TN 37086

MN BOARD OF PHARMACY LICENSE NUMBER

360720 - 6

MINNESOTA STATUTES REQUIRE WHOLESALE 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.

NAME OF PRACTITIONER

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

ADDRESS OF PRACTITIONER

VALUE OF PAYMENTS

TYPE OF PAYMENTS

No Activity for 2002