

NAME OF WHOLESALE DRUG DISTRIBUTOR/MANUFACTURER

Proxus Dist. Inc
MN BOARD OF PHARMACY LICENSE NUMBER

ADDRESS OF WHOLESALE DRUG DISTRIBUTOR/MANUFACTURER

1223 Range St. Mankato MN 56001

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
	<i>Deer</i>		
	<i>have</i>		
	<i>from</i>		
	<i>Proxus</i>		
	<i>2005</i>		
	<i>11-17-03</i>		
	<i>None</i>		<i>RECEIVED AT</i>
	<i>Mankato</i>		<i>NOV 18 2003</i>
			<i>MINNESOTA BOARD</i>
			<i>OF PHARMACY</i>

Table with 5 columns: NAME OF WHOLESALE DRUG DISTRIBUTOR/MANUFACTURER, ADDRESS OF WHOLESALE DRUG DISTRIBUTOR/MANUFACTURER, MN BOARD OF PHARMACY LICENSE NUMBER, NAME OF PRACTITIONER, ADDRESS OF PRACTITIONER, VALUE OF PAYMENTS, TYPE OF PAYMENTS. The table is mostly empty and contains handwritten notes like 'PFA 4-1-2004' and a 'RECEIVED' stamp.

NAME OF WHOLESALE DRUG DISTRIBUTOR/MANUFACTURER

Oss Norwich Pharmaceuticals, Inc.

ADDRESS OF WHOLESALE DRUG DISTRIBUTOR/MANUFACTURER

6826 Stattehwly 12, North Norwich, NY 13814 (Physical location)

MN BOARD OF PHARMACY LICENSE NUMBER

361129-2

MINNESOTA STATUTES REQUIRE WHOLESALERS 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 \$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

RECEIVED

MAY 14 2004

MINNESOTA BC OF PHARMACY

PFA 4-1-2004

NAME OF WHOLESALER DRUG DISTRIBUTOR/MANUFACTURER

ADDRESS OF WHOLESALER DRUG DISTRIBUTOR/MANUFACTURER

Olinsted Hospital Pharmacy

1650 4th St SE Rochester, MN 55904

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 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.

360080-5

NAME OF PRACTITIONER Please include designation (i.e., MD, etc.)	ADDRESS OF PRACTITIONER	VALUE OF PAYMENTS	TYPE OF PAYMENTS
No reportable activity at this facility.	Sarah Murbach RPh	\$100 or more	to any practitioners

RECEIVED AT
NOV 18 2003
MINNESOTA BOARD OF PHARMACY

NAME OF WHOLESAL DRUG DISTRIBUTOR/MANUFACTURER

ADDRESS OF WHOLESAL DRUG DISTRIBUTOR/MANUFACTURER

Olson Brothers Pharmacy

5121 VERNON AVE SO Edina 55436

MN BOARD OF PHARMACY LICENSE NUMBER

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.

261270-5

NAME OF PRACTITIONER Please include designation (i.e., MD, etc.)	ADDRESS OF PRACTITIONER	VALUE OF PAYMENTS	TYPE OF PAYMENTS
<p style="font-size: 4em; font-family: cursive;">NONE</p>			
<p style="font-size: 4em; font-family: cursive;">NONE</p>			
<p style="font-size: 4em; font-family: cursive;">NONE</p>			
<p style="font-size: 4em; font-family: cursive;">NONE</p>			

RECEIVED A
JAN 09 2004
MINNESOTA BOARD
OF PHARMACY

NAME OF WHOLESALE DRUG DISTRIBUTOR/MANUFACTURER

Oxygen Service Co., Inc.

ADDRESS OF WHOLESALE DRUG DISTRIBUTOR/MANUFACTURER

1111 Pierce Lake Route ST Paul MN 55104

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.

MN BOARD OF PHARMACY LICENSE NUMBER

301269-7

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

ADDRESS OF PRACTITIONER

VALUE OF PAYMENTS

TYPE OF PAYMENTS

None to Report

for 2003

RECEIVED AT
JAN 20 2004
MINNESOTA BOARD
OF PHARMACY

NAME OF WHOLESALE DRUG DISTRIBUTOR/MANUFACTURER

ADDRESS OF WHOLESALE DRUG DISTRIBUTOR/MANUFACTURER

Odyssey Pharmaceuticals, Inc.

72 Eagle Rock Ave., East Hanover, NJ 07936

MN BOARD OF PHARMACY LICENSE NUMBER

361058-1

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 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
M/A			
			RECEIVED AT
			NOV 24 2003
			MINNESOTA BOARD OF PHARMACY

NAME OF WHOLESALE DRUG DISTRIBUTOR/MANUFACTURER

Naeve Hospital Pharmacy

ADDRESS OF WHOLESALE DRUG DISTRIBUTOR/MANUFACTURER

404 Fountain Street, Albert Lea, MN 56007

MN BOARD OF PHARMACY LICENSE NUMBER

459764-5

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.)

None

ADDRESS OF PRACTITIONER

VALUE OF PAYMENTS

TYPE OF PAYMENTS

RECEIVED AT
DEC 22 2003
MINNESOTA BOARD
OF PHARMACY

NAME OF WHOLESAL DRUG DISTRIBUTOR/MANUFACTURER

ADDRESS OF WHOLESAL DRUG DISTRIBUTOR/MANUFACTURER

Naeve Hospital Pharmacy

404 Fountain Street, Albert Lea, MN 56007

MN BOARD OF PHARMACY LICENSE NUMBER

359969-9

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 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 22 2003
			MINNESOTA BOARD OF PHARMACY

NAME OF WHOLESALE DRUG DISTRIBUTOR/MANUFACTURER

Nave Factor

ADDRESS OF WHOLESALE DRUG DISTRIBUTOR/MANUFACTURER

9625 D Southern Pines Blvd

Charlotte NC 28273

MIN BOARD OF PHARMACY LICENSE NUMBER

361127-6

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 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

no reportable activity

Lee Thomas RPh

11/17/03

RECEIVED AT

NOV 24 2003

MINNESOTA BOARD OF PHARMACY

NAME OF WHOLESAL DRUG DISTRIBUTOR/MANUFACTURER

NATIONWIDE MEDICAL

ADDRESS OF WHOLESAL DRUG DISTRIBUTOR/MANUFACTURER

11141 COVELLO ST. #6C

VAN NUYS, CA 91405

MN BOARD OF PHARMACY LICENSE NUMBER

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

NONE

ADDRESS OF PRACTITIONER

VALUE OF PAYMENTS

TYPE OF PAYMENTS



NAME OF WHOLESALE DRUG DISTRIBUTOR/MANUFACTURER

NCS Health Care of WA Inc

ADDRESS OF WHOLESALE DRUG DISTRIBUTOR/MANUFACTURER

3305 Main St Suite 205

Vancouver WA 98663

MN BOARD OF PHARMACY LICENSE NUMBER

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

none

ADDRESS OF PRACTITIONER

none

VALUE OF PAYMENTS

none

TYPE OF PAYMENTS

none

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 TOTALLING \$1000 OR MORE, TO A PARTICULAR PRACTITIONER DURING THE YEAR, AND SHALL IDENTIFY THE PRACTITIONER, REPORTS FILED UNDER THIS PROVISION ARE PUBLIC DATA.



IVAX Pharmaceuticals, Inc.

4400 Biscayne Boulevard

Miami, Florida • 33137

Telephone: 305-575-4100

www.IVAXPharmaceuticals.com

April 20, 2004

RECEIVED AT
MAY 7 2004
MINNESOTA BOARD
OF PHARMACY

Minnesota Board of Pharmacy
Attention: David E. Holmstrom, Executive Director
2829 University Avenue Southeast, Suite 530
Minneapolis, Minnesota 55414-3251

Re: Reporting of Gifts to Practitioners

Dear Mr. Holmstrom:

This letter is in response to the Minnesota Board of Pharmacy's request for IVAX Pharmaceuticals, Inc. ("IPI") to file an annual report identifying all payments, honoraria, reimbursement and other compensation paid to licensed practitioners in Minnesota during calendar year 2003. Enclosed, please find a completed form indicating that IPI had no reportable activity for calendar year 2003. Please do not hesitate to contact me should you need any further information.

Sincerely,

Corinne Hogan
Vice President, Sales and Marketing

NAME OF WHOLESALE DRUG DISTRIBUTOR/MANUFACTURER	ADDRESS OF WHOLESALE DRUG DISTRIBUTOR/MANUFACTURER	MINNESOTA STATUTES REQUIRE WHOLESALE DISTRIBUTORS TO FILE WITH THE BOARD OF PHARMACY AN ANNUAL REPORT IDENTIFYING ALL PAYMENTS, HONORARIA, REIMBURSEMENT OF OTHER COMPENSATION AUTHORIZED UNDER SECTION 151.461, CLAUSES (1) TO (4), 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
INO Therapeutics Inc.	10335 Argonne Woods Drive, Suite 100 Woodridge, IL 60517		NO REPORTABLE ACTIVITY			
MIN BOARD OF PHARMACY LICENSE NUMBER	004001727					
						RECEIVED AT
						NOV 24 2003
						MINNESOTA BOARD OF PHARMACY

NAME OF WHOLESAL DRUG DISTRIBUTOR/MANUFACTURER

ADDRESS OF WHOLESAL DRUG DISTRIBUTOR/MANUFACTURER

Independent Pharmacy Cooperative

1550 Columbus St Sun Prairie WI 53590

MIN BOARD OF PHARMACY LICENSE NUMBER

1469707

MINNESOTA STATUTES REQUIRE WHOLESAL 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 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
None			
			RECEIVED AT
			NOV 24 2003
			MINNESOTA BOARD OF PHARMACY

NAME OF WHOLESAL DRUG DISTRIBUTOR/MANUFACTURER

Intervet Inc.

ADDRESS OF WHOLESAL DRUG DISTRIBUTOR/MANUFACTURER

405 State St., P.O. Box 313, Millsboro, DE 19966-0318

MN BOARD OF PHARMACY LICENSE NUMBER

361360-1

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 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

NO REPORTABLE ACTIVITY

VALUE OF PAYMENTS

TYPE OF PAYMENTS

RECEIVED AT

NOV 24 2003

MINNESOTA BOARD OF PHARMACY

NAME OF WHOLESAL DRUG DISTRIBUTOR/MANUFACTURER

Intervet Inc.

ADDRESS OF WHOLESAL DRUG DISTRIBUTOR/MANUFACTURER

375 South Lake St., P.O. Box 775, Worthington, MN 56187

MN BOARD OF PHARMACY LICENSE NUMBER

459747-0

MINNESOTA STATUTES REQUIRE WHOLESAL 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 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

NO REPORTABLE ACTIVITY

TYPE OF PAYMENTS

VALUE OF PAYMENTS

RECEIVED A1
NOV 24 2003
MINNESOTA BOARD
OF PHARMACY

HEALTHEAST PHARMACIES

DOWNTOWN SAINT PAUL
ADDRESS OF WHOLESALER/WHOLESALE DRUG DISTRIBUTOR/MANUFACTURER

17 W. EXCHANGE ST. #100
SAINT PAUL, MN 55102

MN BOARD OF PHARMACY LICENSE NUMBER

260488-6

MINNESOTA STATE BOARD OF PHARMACY
MINNESOTA BOARD OF PHARMACY
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
1	None		
	NA		

RECEIVED A
JAN 12 2004
MINNESOTA BOARD
OF PHARMACY

None
2003
2004
1/6/04

NAME OF WHOLESALE DRUG DISTRIBUTOR/MANUFACTURER

ADDRESS OF WHOLESALE DRUG DISTRIBUTOR/MANUFACTURER

White Pharmacy - Spring Grove

137 W Main, Spring Grove, MN 55974

MIN BOARD OF PHARMACY LICENSE NUMBER

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

ADDRESS OF PRACTITIONER

VALUE OF PAYMENTS

TYPE OF PAYMENTS

None

RECEIVED AT

NOV 18 2003

MINNESOTA BOARD OF PHARMACY



MARTIN ROSE, M.D., J.D.
*Executive Vice President
Research and Development*

January 6, 2004

RECEIVED A
JAN 12 2004
MINNESOTA BOARD
OF PHARMACY

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

Re: Payments to Practitioners -- License 361236-9

Dear Madame or Sir:

InKine Pharmaceutical Co., Inc., the holder of the above reference license (which covers our distribution center in Norristown, PA), had no reportable activity in 2003.

Please call me at 215-283-6861 with any questions.

Sincerely yours,

A handwritten signature in cursive script that reads 'Martin Rose'.

Martin Rose, M.D., J.D.,
Executive Vice President, Research and Development

Enclosure – Reporting Form

NAME OF WHOLESALER DRUG DISTRIBUTOR/MANUFACTURER

InKine Pharmaceuticals Co Inc

ADDRESS OF WHOLESALER DRUG DISTRIBUTOR/MANUFACTURER

536 N. Trapp Rd Suite A Winstown PA 29403

MIN BOARD OF PHARMACY LICENSE NUMBER

361236-9

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.)

None -

ADDRESS OF PRACTITIONER

VALUE OF PAYMENTS

TYPE OF PAYMENTS

RECEIVED

JAN 12 2004

MINNESOTA BOARD OF PHARMACY

NAME OF WHOLESALE DRUG DISTRIBUTOR/MANUFACTURER

ADDRESS OF WHOLESALE DRUG DISTRIBUTOR/MANUFACTURER

IBA Inc.

PO Box 31

Millbury, MA 01527

MN BOARD OF PHARMACY LICENSE NUMBER

360398-3

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

ADDRESS OF PRACTITIONER

VALUE OF PAYMENTS

TYPE OF PAYMENTS

No reportable activity

NAME OF WHOLESALER DRUG DISTRIBUTOR/MANUFACTURER

ADDRESS OF WHOLESALER DRUG DISTRIBUTOR/MANUFACTURER

INTERNATIONAL MEDICATION SYSTEMS, LIMITED

1886 SANTA ANITA AVENUE - SOUTH EL MONTE, CALIFORNIA 91733

MN BOARD OF PHARMACY LICENSE NUMBER

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NAME OF PRACTITIONER Please include designation (i.e., MD, etc.)	ADDRESS OF PRACTITIONER	VALUE OF PAYMENTS	TYPE OF PAYMENTS
---REPORT FOR YEAR 2003---	January 12, 2004		

RECEIVED AT
JAN 15 2004
MINNESOTA BOARD OF PHARMACY

NO REPORTABLE ACTIVITY

NAME OF WHOLESALE DRUG DISTRIBUTOR/MANUFACTURER

HPS Rx Enterprises Inc.

ADDRESS OF WHOLESALE DRUG DISTRIBUTOR/MANUFACTURER

3229 Brandon Ave Suite 2 Roanoke, VA 24018

MN BOARD OF PHARMACY LICENSE NUMBER

361067-5

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.

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None			
			RECEIVED AT
			NOV 2 A 2013
			MINNESOTA BOARD

Hapeth Prescription Shop
4544 County Road 134
St. Cloud MN 56303

NAME OF WHOLESALER
 ADDRESS OF WHOLESALER
 ADDRESS OF WHOLESALER DRUG DISTRIBUTOR/MANUFACTURER

MINNESOTA STATUTES REQUIRE WHOLESALERS 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
361402-4	None to Report		
			RECEIVED AT NOV 24 2003 MINNESOTA BOARD OF PHARMACY

Via Certified Mail

January 2, 2004

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

Re: Henry Schein Inc. (& all wholly owned subsidiaries).

- 5315 West 74th Street, Indianapolis, IN 46268 License #: 360114-7
- 255 Vista Blvd., Sparks, NV 89434, License #: 360307-7
- 41 Weaver Road, Denver, PA 17517, License #: 359812-4
- 8691 Jesse B Smith Court, Jacksonville, FL License #: 361220-4
- 1001 Nolen Drive, Grapevine, TX 76051 License #: 360832-8

To Whom It May Concern:

Enclosed is the 2004 Gifts to Practitioners filing for the year 2003 for the above referenced Henry Schein, Inc. facilities.

If you have any questions, I can be reached at (631) 843-5753.

Sincerely,

Nancy Fariello
Regulatory Analyst

Enclosure

RECEIVED AT
JAN 08 2004
MINNESOTA BOARD OF PHARMACY

NAME OF WHOLESALER DRUG DISTRIBUTOR/MANUFACTURER

Henry Schein Inc.
MN BOARD OF PHARMACY LICENSE NUMBER
360114-7, 300307-7, 354912-4
360832-8, 361220-4

ADDRESS OF WHOLESALER DRUG DISTRIBUTOR/MANUFACTURER

Indy, IN. Sparks NV. Denver, CO. Grapevine TX. Jacksonville, FL.

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

Henry Schein, Inc has
no reportable activities
for the 2003 calendar
year. 1/2/04

NAME OF WHOLESALE DRUG DISTRIBUTOR/MANUFACTURER	ADDRESS OF WHOLESALE DRUG DISTRIBUTOR/MANUFACTURER	NAME OF PRACTITIONER Please include designation (i.e., MD, etc.)	ADDRESS OF PRACTITIONER	VALUE OF PAYMENTS	TYPE OF PAYMENTS
Kroger Limited Partnership II dba Peyton's Northern MN BOARD OF PHARMACY LICENSE NUMBER 360881-0	1111 S. Adams St., Bluffton, IN 46714	MINNESOTA STATUTES REQUIRE WHOLESALERS 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 TOTTALING \$100 OR MORE, TO A PARTICULAR PRACTITIONER DURING THE YEAR, AND SHALL IDENTIFY THE PRACTITIONER, REPORTS FILED UNDER THIS PROVISION ARE PUBLIC DATA.			
<u>NEGATIVE REPORT</u>					
					RECEIVED AT DEC 01 2003 MINNESOTA BOARD OF PHARMACY

NAME OF WHOLESALE DRUG DISTRIBUTOR/MANUFACTURER

KENCO KNOXVILLE

ADDRESS OF WHOLESALE DRUG DISTRIBUTOR/MANUFACTURER

1704 MID PARK DRIVE KNOXVILLE, TN 37921

MIN BOARD OF PHARMACY LICENSE NUMBER

360146-4

MINNESOTA STATUTES REQUIRE WHOLESALERS 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 TOTALLED; \$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.)

NONE

ADDRESS OF PRACTITIONER

VALUE OF PAYMENTS

TYPE OF PAYMENTS

DISTRIBUTION FACILITY ONLY

RECEIVED AT
NOV 24 2003
MINNESOTA BOARD
OF PHARMACY

NAME OF WHOLESAL DRUG DISTRIBUTOR/MANUFACTURER

Lextron Animal Health
MN BOARD OF PHARMACY LICENSE NUMBER

361104-3

ADDRESS OF WHOLESAL DRUG DISTRIBUTOR/MANUFACTURER

117 W. Main
Manchester, IA 52057

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 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

Nothing to report.

RECEIVED AT
NOV 19 2003
MINNESOTA BOARD
OF PHARMACY

William D. McCool
Division Manager

NAME OF WHOLESALE DRUG DISTRIBUTOR/MANUFACTURER

ADDRESS OF WHOLESALE DRUG DISTRIBUTOR/MANUFACTURER

Lee Tec Corporation

10701 Red Circle Drive Minnetonka, MN

55343

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 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

*NOT APPLICABLE
(NA)*

NA

NA

NA

RECEIVED AT

NOV 19 2003

MINNESOTA BOARD OF PHARMACY

NAME OF WHOLESALE DRUG DISTRIBUTOR/MANUFACTURER

LaReview Hospital Pharmacy

ADDRESS OF WHOLESALE DRUG DISTRIBUTOR/MANUFACTURER

927 W Churchill St

Stillwater MN 55082

MN BOARD OF PHARMACY LICENSE NUMBER

200202-2

MINNESOTA STATUTES REQUIRE WHOLESALERS 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.)

No reportable activity

ADDRESS OF PRACTITIONER

Cynthia Appleson RR

12-31-03

TYPE OF PAYMENTS

VALUE OF PAYMENTS

MINNESOTA BOARD OF PHARMACY

JAN 12 2004

MINNESOTA BOARD OF PHARMACY

NAME OF WHOLESAL DRUG DISTRIBUTOR/MANUFACTURER

Lake Region Healthcare Corporation

ADDRESS OF WHOLESAL DRUG DISTRIBUTOR/MANUFACTURER

712 South Cassock, Fergus Falls, MN 56537

MN BOARD OF PHARMACY LICENSE NUMBER

360459-9

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 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
In it's rick as given	a drug wholesaler Rick	No gifts	have been

RECEIVED AT
NOV 24 2003
MINNESOTA BOARD OF PHARMACY

NAME OF WHOLESAL DRUG DISTRIBUTOR/MANUFACTURER

Livonia Pharmacy Services Inc.

MN BOARD OF PHARMACY LICENSE NUMBER

361328-7

ADDRESS OF WHOLESAL DRUG DISTRIBUTOR/MANUFACTURER

4825 140th Ave. N. Suite B. Clearwater, FL 33762

MINNESOTA STATUTES REQUIRE WHOLESAL 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.

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

ADDRESS OF PRACTITIONER

VALUE OF PAYMENTS

TYPE OF PAYMENTS

*No Reportable activity in
calendar year 2003*

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JAN 27 2004
MINNESOTA BOARD
OF PHARMACY



Innovative Pharmaceuticals Offering Therapeutic Excellence

RECEIVED AT
NOV 25 2003
MINNESOTA BOARD
OF PHARMACY

November 18, 2003


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

RE: Gifts to Practitioners

Dear Sir or Madam:

Enclosed is a copy of recent correspondence sent to Ther-R_x Corporation by the Minnesota Board of Pharmacy. In response to your request for an annual report of compensation paid to licensed practitioners in the State of Minnesota during 2003, please accept this letter as confirmation that Ther-R_x Corporation did not engage in any reportable activity.

Sincerely,


Michael S. Anderson
President

Enclosures

tyco

Healthcare



**United States
Surgical**

United States Surgical
150 Glover Avenue
Norwalk, CT 06856

Tele: 203 845 1000
www.ussurg.com

RECEIVED AT
DEC 22 2003
MINNESOTA BOARD
OF PHARMACY

Minnesota Board of Pharmacy
2829 University Avenue Southeast, Suite 350
Minneapolis, MN 55414-3251

December 19, 2003

Dear Sir/Madam:

Enclosed, please find the required statement regarding "Gifts to Practitioners" for United Surgical, a division of Tyco Healthcare Group, LP. There is no reportable activity.

If you have any questions, please feel free to contact me.

Sincerely,

Suzette M. Warner

Suzette M. Warner
Regulatory Affairs Associate

Tel: 203-845-4577
Fax: 203-845-4559