

NAME OF WHOLESALER DRUG DISTRIBUTOR/MANUFACTURER

ADDRESS OF WHOLESALER DRUG DISTRIBUTOR/MANUFACTURER

MN BOARD OF PHARMACY LICENSE NUMBER
459937-1

3500 HOWARD LANE
2829 WYOMING ST
MINNEAPOLIS, MN 55425

73723

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.

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

ADDRESS OF PRACTITIONER

VALUE OF PAYMENTS

TYPE OF PAYMENTS

RECEIVED AT

DEC 22 2005

MINNESOTA BOARD OF PHARMACY

[Handwritten signature]

NAME OF WHOLESALE DRUG DISTRIBUTOR/MANUFACTURER

RADIX Laboratories, Inc

MN BOARD OF PHARMACY LICENSE NUMBER

459989-2

ADDRESS OF WHOLESALE DRUG DISTRIBUTOR/MANUFACTURER

1334 - International Dr. E.C. U.I. 54701

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.)

None

ADDRESS OF PRACTITIONER

None

VALUE OF PAYMENTS

—

TYPE OF PAYMENTS

RECEIVED AT

DEC 21 2005

MINNESOTA BOARD OF PHARMACY

NAME OF WHOLESALE DRUG DISTRIBUTOR/MANUFACTURER

McKesson Specialty Logistics

MN BOARD OF PHARMACY LICENSE NUMBER

361406-6

ADDRESS OF WHOLESALE DRUG DISTRIBUTOR/MANUFACTURER

4853 Crumpler Rd Memphis TN 38141

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 151.467, CLAUSES (9) 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

None

None

None

RECEIVED AT

DEC 21 2005

MINNESOTA BOARD
OF PHARMACY

NAME OF WHOLESALER DRUG DISTRIBUTOR/MANUFACTURER: **PHARMACEUTICAL RETURNS**
 ADDRESS OF WHOLESALER DRUG DISTRIBUTOR/MANUFACTURER: **200 D W I S O N ST #170**
 MN BOARD OF PHARMACY LICENSE NUMBER: **360856-4**

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.

NAME OF PRACTITIONER Please include designation (i.e., MD, etc.)	ADDRESS OF PRACTITIONER	VALUE OF PAYMENTS	TYPE OF PAYMENTS
<i>No Reportable Activity</i>			

RECEIVED AT
 DEC 21 2005
 MINNESOTA BOARD
 OF PHARMACY

NAME OF WHOLESALE DRUG DISTRIBUTOR/MANUFACTURER

B.F. ASCHER & CO., INC.

MIN BOARD OF PHARMACY LICENSE NUMBER

459607-3

ADDRESS OF WHOLESALE DRUG DISTRIBUTOR/MANUFACTURER

15501 W. 109th ST.; LENEXA, KS 66219

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
NONE			
			RECEIVED AT
			DEC 21 2005
			MINNESOTA BOARD OF PHARMACY

RECEIVED AT

DEC 21 2005

MINNESOTA BOARD
OF PHARMACY

NAME OF WHOLESALE DRUG DISTRIBUTOR/MANUFACTURER

Weeks + Leo Co Inc

MN BOARD OF PHARMACY LICENSE NUMBER

459 777-1

ADDRESS OF WHOLESALE DRUG DISTRIBUTOR/MANUFACTURER

4000 NW 100th St PO Box 3570 Des Moines IA 50329-0570

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

RECEIVED AT

DEC 21 2005

MINNESOTA BOARD OF PHARMACY

NONE

NAME OF WHOLESALE DRUG DISTRIBUTOR/MANUFACTURER

REBEL DISTRIBUTORS CORP.

ADDRESS OF WHOLESALE DRUG DISTRIBUTOR/MANUFACTURER

3607 OLD CONESU RD. THOUSAND OAKS, CA 91320

MN BOARD OF PHARMACY LICENSE NUMBER

360595-2

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 151.461, CLAUSES (9) TO (S), 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.)

N/A

ADDRESS OF PRACTITIONER

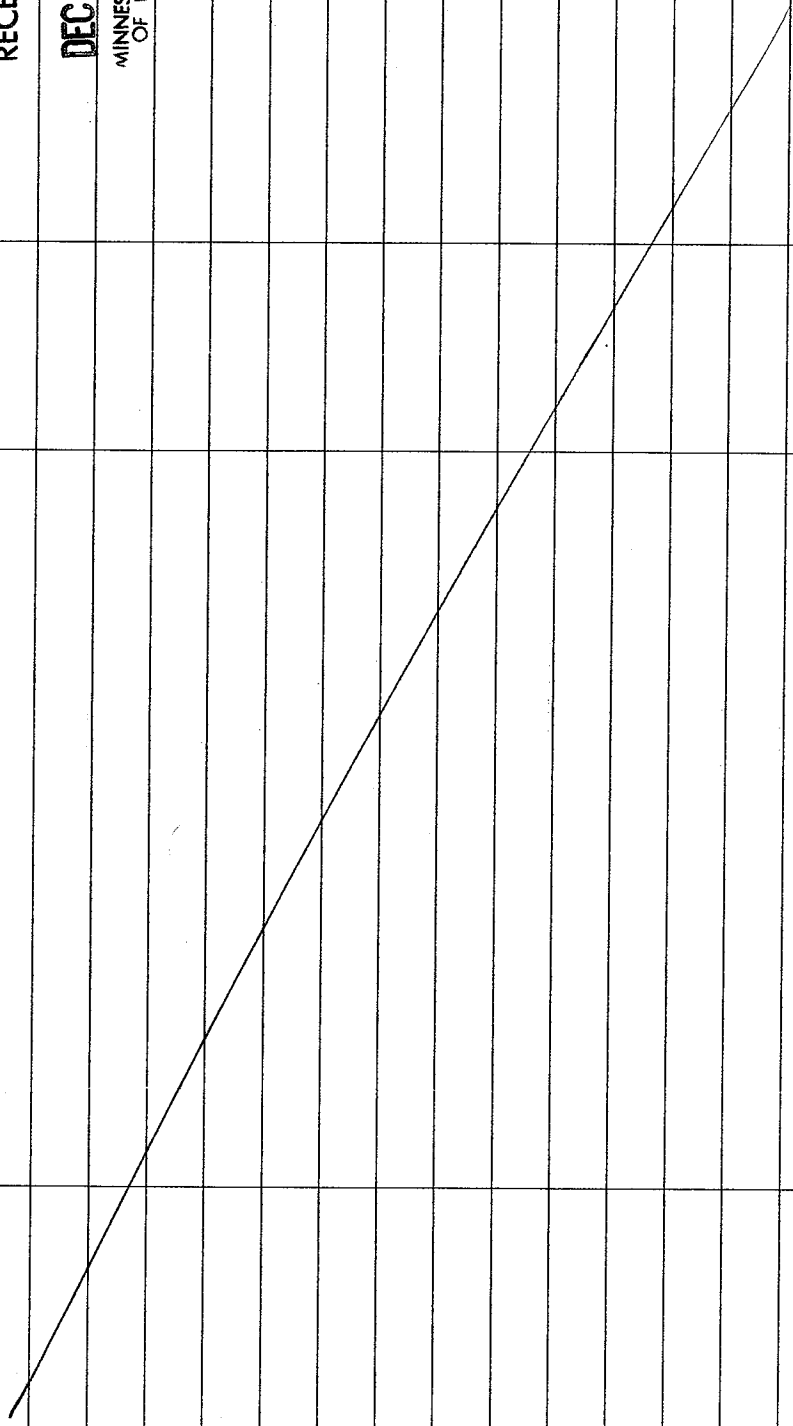
VALUE OF PAYMENTS

TYPE OF PAYMENTS

RECEIVED AT

DEC 20 2005

MINNESOTA BOARD OF PHARMACY



NAME OF WHOLESALER DRUG DISTRIBUTOR/MANUFACTURER

ADDRESS OF WHOLESALER DRUG DISTRIBUTOR/MANUFACTURER

CAROLINA LOGISTES, INC

4332 Empire Rd Ft Worth TX 76155

MN BOARD OF PHARMACY LICENSE NUMBER

3615683

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.

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

RECEIVED AT
DEC 20 2005
MINNESOTA BOARD
OF PHARMACY

NONE

NAME OF WHOLESALER DRUG DISTRIBUTOR/MANUFACTURER

SHOPKO PHCY DIST CENTER

ADDRESS OF WHOLESALER DRUG DISTRIBUTOR/MANUFACTURER

1717 LAWRENCE DR

DEPERE, WI 54115

MN BOARD OF PHARMACY LICENSE NUMBER

360137-0

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 AT

DEC 20 2005

MINNESOTA BOARD OF PHARMACY

NAME OF WHOLESALER DRUG DISTRIBUTOR/MANUFACTURER

Oscor Distribution Center

ADDRESS OF WHOLESALER DRUG DISTRIBUTOR/MANUFACTURER

2401 Lunt Ave Elk Grove, IL 60007

MN BOARD OF PHARMACY LICENSE NUMBER

360009-6

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.)

N/A

ADDRESS OF PRACTITIONER

N/A

VALUE OF PAYMENTS

0

TYPE OF PAYMENTS

N/A

RECEIVED AT

DEC 20 2005

MINNESOTA BOARD OF PHARMACY

No reportable activity

NAME OF WHOLESALER DRUG DISTRIBUTOR/MANUFACTURER

moore Medical LLC

ADDRESS OF WHOLESALER DRUG DISTRIBUTOR/MANUFACTURER

7950 West Doe Ave, Visalia, CA 93291

MN BOARD OF PHARMACY LICENSE NUMBER

360609-0

MINNESOTA STATUTES REQUIRE WHOLESALER DRUG 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.)

N/A

ADDRESS OF PRACTITIONER

VALUE OF PAYMENTS

TYPE OF PAYMENTS

RECEIVED AT

DEC 19 2005

MINNESOTA BOARD
OF PHARMACY

NAME OF WHOLESALE DRUG DISTRIBUTOR/MANUFACTURER

The Harvard Drug Group

ADDRESS OF WHOLESALE DRUG DISTRIBUTOR/MANUFACTURER

31778 Enterprise Dr, Livonia, MI 48150

MN BOARD OF PHARMACY LICENSE NUMBER

360327-1

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
NONE	N/A	N/A	N/A
			RECEIVED AT
			DEC 19 2005
			MINNESOTA BOARD OF PHARMACY
	N/A	N/A	N/A

NAME OF WHOLESALER DRUG DISTRIBUTOR/MANUFACTURER

Seacoast Pharmaceutical, Inc

MN BOARD OF PHARMACY LICENSE NUMBER

361123-4

ADDRESS OF WHOLESALER DRUG DISTRIBUTOR/MANUFACTURER

10913 Olive Street La Vista, NE 68128

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 (9), 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.)

"NONE"

ADDRESS OF PRACTITIONER

No benefits were ever given.

VALUE OF PAYMENTS

TYPE OF PAYMENTS

RECEIVED AT

DEC 19 2005

MINNESOTA BOARD OF PHARMACY

NAME OF WHOLESALE DRUG DISTRIBUTOR/MANUFACTURER

ADDRESS OF WHOLESALE DRUG DISTRIBUTOR/MANUFACTURER

McKesson
MIN BOARD OF PHARMACY LICENSE NUMBER

360682-5

7009 South 108th Street, LA Vista NE, 68125

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 (9) TO (6), 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.)

N/A

ADDRESS OF PRACTITIONER

McKesson Does Not Give Gifts To

VALUE OF PAYMENTS

TYPE OF PAYMENTS

Practitioners

RECEIVED AT
DEC 21 2005
MINNESOTA BOARD
OF PHARMACY

NAME OF WHOLESALER DRUG DISTRIBUTOR/MANUFACTURER: **Cedarvale Distributors LLC**
 ADDRESS OF WHOLESALER DRUG DISTRIBUTOR/MANUFACTURER: **6206 Hoffman Parkway**
 Carlstadt NJ 07072
 MIN BOARD OF PHARMACY LICENSE NUMBER: **361439-6**
 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.

NAME OF PRACTITIONER Please include designation (i.e., MD, etc.)	ADDRESS OF PRACTITIONER	VALUE OF PAYMENTS	TYPE OF PAYMENTS
N/A			
			RECEIVED AT DEC 19 2005 MINNESOTA BOARD OF PHARMACY



Guardian Laboratories
a division of
UNITED-GUARDIAN, INC.

230 MARCUS BLVD.
P.O. BOX 18050 • HAUPPAUGE, N.Y. 11788

NAME OF WHOLESALE DRUG DISTRIBUTOR/MANUFACTURER

MINN
REIMB
CALEN
AND SI

MIN BOARD OF PHARMACY LICENSE NUMBER

459933-9

NAME OF PRACTITIONER

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

NONE

ADDRESS OF PRACTITIONER

VALUE OF PAYMENTS

- 0 -

TYPE OF PAYMENTS

RECEIVED AT
DEC 16 2005
MINNESOTA BOARD
OF PHARMACY

BY AN ANNUAL REPORT IDENTIFYING ALL PAYMENTS, HONORARIA,
AID TO PRACTITIONERS IN MINNESOTA DURING THE PRECEDING
YEAR, TO A PARTICULAR PRACTITIONER DURING THE YEAR.

NAME OF WHOLESALER DRUG DISTRIBUTOR/MANUFACTURER Richie Pharmasol Co	ADDRESS OF WHOLESALER DRUG DISTRIBUTOR/MANUFACTURER 119 State Ave Glasgow, Ky 42141
MN BOARD OF PHARMACY LICENSE NUMBER WP 00006152	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 (9) TO (9), 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>None</i>		

RECEIVED AT
 DEC 19 2007
 BOARD OF PHARMACY
 MN

NAME OF WHOLESALE DRUG DISTRIBUTOR/MANUFACTURER

ADDRESS OF WHOLESALE DRUG DISTRIBUTOR/MANUFACTURER

361339-7

Cumberland Pharmaceuticals, Inc. 2525 West End Avenue, Ste. 950 Nashville, TN 37203

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.

361339-7

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 19 2005

MINNESOTA BOARD OF PHARMACY

NAME OF WHOLESALE DRUG DISTRIBUTOR/MANUFACTURER

Airgas North Central

MN BOARD OF PHARMACY LICENSE NUMBER

460146-3

ADDRESS OF WHOLESALE DRUG DISTRIBUTOR/MANUFACTURER

2808 Gateway Drive Grand Forks, ND 58203

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
N/A		0	N/A
			RECEIVED AT
			DEC 19 2005
			MINNESOTA BOARD OF PHARMACY

NAME OF WHOLESALE DRUG DISTRIBUTOR/MANUFACTURER

DPT Lakewood Inc

ADDRESS OF WHOLESALE DRUG DISTRIBUTOR/MANUFACTURER

1200 Park Way, Lakewood, NJ 08701

MN BOARD OF PHARMACY LICENSE NUMBER

361535-3

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 (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.

NAME OF PRACTITIONER Please include designation (i.e., MD, etc.)	ADDRESS OF PRACTITIONER	VALUE OF PAYMENTS	TYPE OF PAYMENTS
N/A - No payments	were made during	2005.	
	See of		
	DPT Lakewood		
		12-15-05	
			RECEIVED AT
			DEC 19 2005
			MINNESOTA BOARD OF PHARMACY

RECEIVED AT

JAN 10 2006

MINNESOTA BOARD
OF PHARMACY

January 6, 2006


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

Re: Gifts to Practitioners

To Whom It May Concern:

Enclosed is the 2006 annual report (covering CY 2005) identifying all payments, honoraria, reimbursement, and other compensation paid to licensed practitioners in Minnesota during the preceding year. Please accept this letter as confirmation that ETHEX Corporation did not engage in any reportable activity.

Sincerely,



Philip Vogt
President

Enclosure



111 Coolidge Street, South Plainfield, New Jersey 07080-3895

General Office: (908) 753-2000 • Fax: (908) 753-9264

January 9, 2006

RECEIVED AT
JAN 12 2006
MINNESOTA BOARD
OF PHARMACY

Mr. Cody Wiberg, PharmD, RPh
Executive Director
Minnesota Board of Pharmacy
2829 University Avenue Southeast
Suite 530
Minneapolis, MN 55414-3251

Dear Mr. Wiberg:

Enclosed is our annual report indicating that no payments, honoraria, reimbursement, and other compensation were paid to licensed practitioners in Minnesota during 2005.

Very truly yours,

A handwritten signature in black ink, appearing to read 'Stephen C. Greene', written over a horizontal line.

Stephen C. Greene
Vice President, Administration &
General Counsel

en/SCG

Enclosure

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 (9) TO (9), 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.

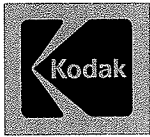
NAME OF PRACTITIONER
Please include designation (i.e., MD, etc.)

ADDRESS OF PRACTITIONER

VALUE OF PAYMENTS

TYPE OF PAYMENTS

None



December 16, 2005

RECEIVED AT
DEC 22 2005
MINNESOTA BOARD
OF PHARMACY

Minnesota Board of Pharmacy
Attn: Mr. Cody Wiberg, PharmD, RPh
2829 University Avenue, SE, Suite 530
Minneapolis, MN 55414-3251

Dear Mr. Wilberg:

Subject: Gifts to Practitioners

In response to your enclosed memorandum, I wish to inform you that the Eastman Kodak Dental Business has made no payments in the form of honorariums, reimbursements, or other compensation to Practitioners during 2005.

Please do not hesitate to contact me at 585-781-5017 or via email at cynthia.a.gayden@kodak.com if you have any further questions and/or concerns.

Sincerely,

Cynthia A. Gayden CPS/CAP
License Coordinator, WW Regulatory Affairs
Health Group

/cag
Enc.



Exel
6345 Brackbill Blvd
Mechanicsburg
PA 17050
USA

Telephone 717 901 1450
Facsimile 717 901 1475

December 13, 2005

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

Subject: Gifts to Practitioners

Dear Mr. Cody,

As requested, I have completed the annual report identifying all payments, honoraria, reimbursement and other compensation paid to licensed practitioners in Minnesota. Exel Inc. is a contract distributor for Bayer Consumer HealthCare. All over-the-counter medicines are shipped directly to their customer distribution centers, not licensed practitioners. Therefore, neither Exel Inc. nor Bayer Consumer HealthCare has any reportable activity to submit.

Please accept this letter on behalf of the following license holders:

Exel Inc., Ontario CA	361198-8
Exel Inc., Olive Branch MS	361196-2
Exel Inc., Mechanicsburg PA	361186-5

If you require additional information, please contact me at the information provided. I would be happy to assist you.

Sincerely,

Lisa L. Cairo
Customer Support Manager – Exel Inc.
lisa.cairo@us.exel.com

RECEIVED AT
DEC 19 2005
MINNESOTA BOARD
OF PHARMACY



December 13, 2005

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

Re: Gifts to Practitioners

To Whom It May Concern:

In response to your letter regarding gifts to practitioners, Merz Pharmaceuticals, LLC has nothing to report. We do not have sales representatives or any business activities (other than sales to pharmaceutical wholesalers) in the state of Minnesota.

If you need any additional information, you may contact me at (336) 217-2334.

Respectfully,

Tammy Overcash, CPA
Sr. Manager of Finance and Controller

/tko



FactorHealth Management, LLC

RECEIVED AT
DEC 20 2005
MINNESOTA BOARD
OF PHARMACY

12/16/05

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

Re: Gifts to Practitioners

To Whom It May Concern:

Please find enclosed the Wholesale Drug Distributor/Manufacturer Form regarding gifts to practitioners. During 2005, there were no reportable gifts or payments sent to practitioners in Minnesota.

If you require additional information please do not hesitate to contact me.

Sincerely,

A handwritten signature in black ink, appearing to read 'Robert J. Gardner'.

Robert J. Gardner, RPh
President
Factor Health Management, LLC
FCS Pharmacy, LLC



AmeriSource Health Services

2550 John Glenn Ave. Suite A
Columbus, Ohio 43217
Phone: (614) 492-8177
Toll Free Phone: (800) 707-4621
Fax: (614) 492-1903

December 20, 2005

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

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DEC 21 2005
MINNESOTA BOARD
OF PHARMACY

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DEC 20 2005
MINNESOTA BOARD
OF PHARMACY

To Whom It May Concern:

In response to your request for information regarding payments, honoraria, reimbursements and other compensation paid to licensed practitioners in the state of Minnesota, no such gifts were given to practitioners.

Sincerely,

Stephanie M. Ford
Compliance Coordinator
AmeriSource Health Services
MN License Number: 459955-9

Enclosure

CORPORATE OFFICE

100 Colin Drive
Holbrook, NY 11741-4308
Toll Free 1-800-473-2138
Fax (631) 689-0196



www.guaranteedreturns.com

MIDWEST DIVISION

100 Teduke Court
St. Charles, Missouri 63301
Toll Free 1-800-729-3279
Fax 1-800-738-8764

Providing quality pharmaceutical return goods services since 1986

12/16/05

Minnesota State Board of Pharmacy
2829 University Ave. Southeast, Suite 530
Minneapolis, MN 55414-3251

RECEIVED AT
DEC 22 2005
MINNESOTA BOARD
OF PHARMACY

To whom it may concern,

We are in receipt of a form that requires us to note all payments, honoraria, reimbursement, and other compensation paid to licensed practitioners in Minnesota. We are a reverse distributor and have no dealings with licensed practitioners. So as per your request we are sending this form back to you with no reportable activity.

Thank you,

Toni Ann Meadows

Toni Ann Meadows
V.P National Sales and Customer Service
Guaranteed Returns
100 Colin Drive
Holbrook, NY 11741
631-689-0191 Ext.106

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 (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.

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

ADDRESS OF PRACTITIONER

VALUE OF PAYMENTS

TYPE OF PAYMENTS

Not fulfilled

We do not pay any of the listed to practitioners



MANAGED PHARMACY PROGRAMS • 10860 N MAVINEE DRIVE • ORO VALLEY, ARIZONA 85737