

NAME OF WHOLESAL DRUG DISTRIBUTOR/MANUFACTURER

ADDRESS OF WHOLESAL DRUG DISTRIBUTOR/MANUFACTURER

CARRS PHARMACEUTICAL CAS LTD

1150 EUSTAN McCoy DR

DETROIT MI 48202

MINIBOARD OF PHARMACY LICENSE NUMBER

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 151.441, 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

Robert J. No. 051111

RECEIVED AT

DEC 07 1998

MINNESOTA BOARD OF PHARMACY

MINNESOTA BOARD OF PHARMACY
2829 University Ave. SE, #530
Minneapolis, MN 55414-3251

NAME OF WHOLESAL DRUG DISTRIBUTOR/MANUFACTURER

NEKSTAR PHARMACEUTICALS, INC.

ADDRESS OF WHOLESAL DRUG DISTRIBUTOR/MANUFACTURER

USD CUESIDE DR., SAN DIMAS, CA 91773

MIN BOARD OF PHARMACY LICENSE NUMBER

459962-7

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 (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.

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ADDRESS OF PRACTITIONER

VALUE OF PAYMENTS

TYPE OF PAYMENTS

*No Reportable Activity in 1998 *

RECEIVED AT

DEC 07 1998

MINNESOTA BOARD OF PHARMACY

MINNESOTA BOARD OF PHARMACY
2829 University Ave. SE, #530
Minneapolis, MN 55414-3251

NAME OF WHOLESALE DRUG DISTRIBUTOR/MANUFACTURER

ADDRESS OF WHOLESALE DRUG DISTRIBUTOR/MANUFACTURER

MINNESOTA BOARD OF PHARMACY LICENSE NUMBER

Thomas Pharmacal Co. Inc. 2100 Fifth Ave. Rembertsborna 04 11779

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 07 1998

MINNESOTA BOARD OF PHARMACY

MINNESOTA BOARD OF PHARMACY
2829 University Ave. SE, #530
Minneapolis, MN 55414-3251

NAME OF WHOLESALER DRUG DISTRIBUTOR/MANUFACTURER

ADDRESS OF WHOLESALER DRUG DISTRIBUTOR/MANUFACTURER

MIN BOARD OF PHARMACY LICENSE NUMBER

300163-7

HEPHERON SALES

252 WINDSOR LANE

NEW BRITAIN, CT 06117

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.

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NO-REPORTABLE ACTIVITY

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DEC 07 1998

MINNESOTA BOARD OF PHARMACY

MINNESOTA BOARD OF PHARMACY
2829 University Ave. SE, #530
Minneapolis, MN 55414-3251



December 4, 1998

Mr. David Holmstrom
Executive Director
Minnesota Board of Pharmacy
2892 University Ave. SE, #530
Minneapolis, MN 55414-3251

Dear Mr. Holmstrom,

This notice is in response to the annual report for gifts to practitioners.
Our office does nto make any such gifts.

Should you have any questions, please contact me. My phone number is
(320) 762-6036.

Susan Leinhart
Coordinator
Home Health Services
1525 S Broadway
Alexandria, MN 56308

sl/sl

NAME OF WHOLESALE DRUG DISTRIBUTOR/MANUFACTURER

CENTRAL ADMINIS PHARMACY SERVICES

ADDRESS OF WHOLESALE DRUG DISTRIBUTOR/MANUFACTURER

37497 SCHOOLEAVERT LIVOONIA, MI 48152

MN BOARD OF PHARMACY LICENSE NUMBER

459983-4

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 151.464, 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.

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ADDRESS OF PRACTITIONER

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VALUE OF PAYMENTS

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TYPE OF PAYMENTS

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RECEIVED AT

NOV 20 1998

MINNESOTA BOARD
OF PHARMACY

MINNESOTA BOARD OF PHARMACY
2829 University Ave. SE, #530
Minneapolis, MN 55414-3251



December 7, 1998

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

To whom it may concern:

Medisca, Inc. has not made any type of payments listed in your attached letter to any licensed practitioners in Minnesota during the preceding calendar year.
If you have any questions please contact me at 518/ 563-4636.

Sincerely,

A handwritten signature in black ink that reads 'Brenda Lee De Marte'.

Brenda Lee De Marte
NYS Supervisor-in-Charge

661 ROUTE 3, UNIT C, PLATTSBURGH, NEW YORK, 12901

CALL TOLL FREE: 1-800-932-1039 - IN PLATTSBURGH CALL: 561-0109 - FAX: 1-518-561-0078

