

NAME OF WHOLESALE DRUG DISTRIBUTOR/MANUFACTURER

Chronimed Pharmacy

ADDRESS OF WHOLESALE DRUG DISTRIBUTOR/MANUFACTURER

10900 Red Circle Drive, Minnetonka MN 55343

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 (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

260 03104

NAME OF PRACTITIONER

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

none

ADDRESS OF PRACTITIONER

VALUE OF PAYMENTS

TYPE OF PAYMENTS

TYPE OF PAYMENTS	VALUE OF PAYMENTS	ADDRESS OF PRACTITIONER

NAME OF WHOLESALER DRUG DISTRIBUTOR/MANUFACTURER

RX EXPRESS
MN BOARD OF PHARMACY LICENSE NUMBER

ADDRESS OF WHOLESALER DRUG DISTRIBUTOR/MANUFACTURER

8400 Coal Sea St
Blaine, MN 55449

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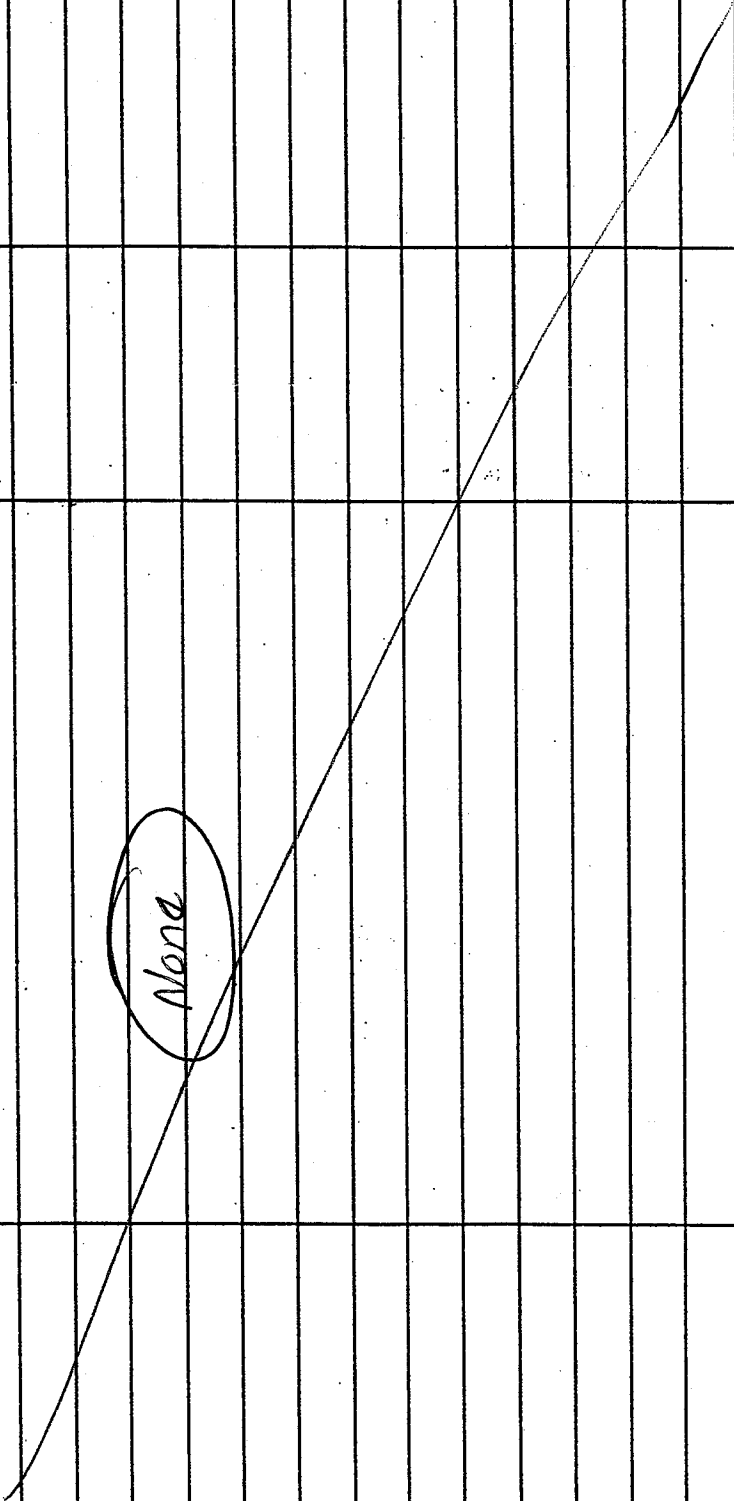
Please include designation (i.e., MD, etc.)

ADDRESS OF PRACTITIONER

VALUE OF PAYMENTS

TYPE OF PAYMENTS

None



NAME OF WHOLESALE DRUG DISTRIBUTOR/MANUFACTURER

ADDRESS OF WHOLESALE DRUG DISTRIBUTOR/MANUFACTURER

Zenith Goldline Golden Glades
MN BOARD OF PHARMACY LICENSE NUMBER

50 NW 176 Street, Miami, FL 33169

459970-8

NAME OF PRACTITIONER

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

ADDRESS OF PRACTITIONER

VALUE OF
PAYMENTS

TYPE OF PAYMENTS

NO REPORTABLE ACTIVITY

MINNESOTA STATUTES REQUIRE WHOLESALE 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 (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 WHOLESALE DRUG DISTRIBUTOR/MANUFACTURER

Cilead Sciences

ADDRESS OF WHOLESALE DRUG DISTRIBUTOR/MANUFACTURER

*333 Lakeside Dr.
Foster City, Ca. 94404*

MN BOARD OF PHARMACY LICENSE NUMBER

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 (9) 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.

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ADDRESS OF PRACTITIONER

VALUE OF PAYMENTS

TYPE OF PAYMENTS

No gifts for licensed practitioners for Minnesota in 1999



Endo Pharmaceuticals Inc.

Kamil Ali-Jackson
Associate General Counsel

February 4, 2000

Mr. David E. Holmstrom
Executive Director
Minnesota Board of Pharmacy
2829 University Avenue S.E., Suite 530
Minneapolis, MN 55414-3251

Re: Gifts to Practitioners Form

Dear Mr. Holmstrom:

Enclosed is our completed form regarding gifts to practitioners in the State of Minnesota.

Sincerely,


Kamil Ali-Jackson

Enclosure

NAME OF WHOLESALE DRUG DISTRIBUTOR/MANUFACTURER

Endo Pharmaceuticals Inc.

ADDRESS OF WHOLESALE DRUG DISTRIBUTOR/MANUFACTURER

223 Wilmington West Chester Pike, Chadds Ford, PA. 19317

MIN BOARD OF PHARMACY LICENSE NUMBER

360732-9

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 (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.

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None

ADDRESS OF PRACTITIONER

None

VALUE OF PAYMENTS

TYPE OF PAYMENTS

None

NAME OF WHOLESALER DRUG DISTRIBUTOR/MANUFACTURER

AMD, Inc.

MN BOARD OF PHARMACY LICENSE NUMBER

180 Route 109, W. Babylon, N.Y. 11704

ADDRESS OF WHOLESALER DRUG DISTRIBUTOR/MANUFACTURER

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N/A

