



NAME OF WHOLESALER DRUG DISTRIBUTOR MANUFACTURER

ADDRESS OF WHOLESALER DRUG DISTRIBUTOR MANUFACTURER

MINNESOTA STATUTES REQUIRE WHOLESALER DRUG DISTRIBUTORS TO FILE WITH THE BOARD OF PHARMACY AN ANNUAL REPORT IDENTIFYING ALL PAYMENTS, HOWEVER, REIMBURSEMENT OTHER COMPENSATION AUTHORIZED UNDER SECTION 151.461, CLAUSES 9 TO 49, 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

McKesson Trading Company 107  
3400 Fraser Street  
Aurora, CO 80011

NAME OF WHOLESALER DRUG DISTRIBUTOR/MANUFACTURER

ADDRESS OF WHOLESALER DRUG DISTRIBUTOR/MANUFACTURER

InterMune Pharmaceuticals Inc  
MIN BOARD OF PHARMACY LICENSE NUMBER

3294

West

Bauslow/Fel Palo Alto CA 94303

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 151.44, 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

ADDRESS OF PRACTITIONER

VALUE OF PAYMENTS

TYPE OF PAYMENTS

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

No Payments Made.

Pawn Durlam

650-843-2868

MID AMERICA  
MFG. & DIST., INC.  
HWY. 14 BOX 862  
DODGE CENTER, MN 55927

NAME OF WHOLESALE DRUG DISTRIBUTOR/MANUFACTURER

360822-1

NAME OF PHARMACY LICENSE NUMBER

360822-1

NAME OF FRACTITIONER

Please include designation (J.D., M.D., etc.)

N/A

ADDRESS OF FRACTITIONER

VALUE OF PAYMENTS

TYPE OF PAYMENTS

5073742542

MINNESOTA STATUTES REQUIRE WHOLESALE DRUG DISTRIBUTORS TO FILE WITH THE BOARD OF PHARMACY AN ANNUAL REPORT IDENTIFYING ALL PAYMENTS, BONDS, DEBTS, AND OTHER FINANCIAL INFORMATION OF THE FRACTITIONER IN MINNESOTA DURING THE PRECEDING CALENDAR YEAR. THE REPORT SHALL IDENTIFY THE NATURE AND VALUE OF ANY PAYMENTS TOTALING \$500 OR MORE, TO A PARTICULAR FRACTITIONER DURING THE YEAR, AND SHALL IDENTIFY THE FRACTITIONER. REPORTS FILED UNDER THIS PROVISION ARE PUBLIC DATA.

NAME OF WHOLESALE DRUG DISTRIBUTOR/MANUFACTURER  
MURPHY WAREHOUSE COMPANY

ADDRESS OF WHOLESALE DRUG DISTRIBUTOR/MANUFACTURER  
701 24<sup>th</sup> AVE SE, MINNEAPOLIS, MN 55414

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 151.491, CLAUSE (D) TO (F), 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.

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 151.491, CLAUSE (D) TO (F), 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  
360674-4

NAME OF PRACTITIONER  
Please include designation (i.e., MD, etc.)  
0

ADDRESS OF PRACTITIONER  
0

VALUE OF PAYMENTS  
0

TYPE OF PAYMENTS  
0

0

NOV 17 1999

MINNESOTA BOARD OF PHARMACY

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PLEASE NOTE: MURPHY IS A "WAREHOUSE LOGISTICS SERVICES COMPANY." WE ARE A SERVICE ONLY COMPANY. WE ARE NOT A DISTRIBUTOR OF MANUFACTURER'S PRODUCTS.  
11/17/99 FAX'd to 612-617-2212

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NAME OF WHOLESALE DRUG DISTRIBUTOR/MANUFACTURER

*Lake Wood Health Services*

MIN BOARD OF PHARMACY LICENSE NUMBER

*360447-4*

ADDRESS OF WHOLESALE DRUG DISTRIBUTOR/MANUFACTURER

*600 South Main Avenue, Daudette MN 56623*

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.

| NAME OF PRACTITIONER<br>Please include designation (i.e., MD, etc.) | ADDRESS OF PRACTITIONER | VALUE OF PAYMENTS | TYPE OF PAYMENTS |
|---|-------------------------|-------------------|------------------|
| <i>No Activity</i>  | <i>during 1989</i>      |                   |                  |
| <i>Ann E. Clark - RPh</i>   |                         |                   |                  |
| <i>We do not engage any physician services that would</i>           |                         |                   |                  |
| <i>require payment, honoraria, reimbursement or other</i>           |                         |                   |                  |
| <i>compensation.</i>  |                         |                   |                  |
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ADDRESS OF WHOLESALE DRUG DISTRIBUTOR/MANUFACTURER

NAME OF WHOLESALE DRUG DISTRIBUTOR/MANUFACTURER

201 Ramoth Rd  
Wausau, WI 53597

Medus Inc  
300172-1

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<br>Please include designation (i.e., MD, etc.) | ADDRESS OF PRACTITIONER | VALUE OF PAYMENTS | TYPE OF PAYMENTS |
|---|-------------------------|-------------------|------------------|
|   |                         |                   | None             |
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Tom Beck  
Controller

NAME OF WHOLESALE DRUG DISTRIBUTOR/MANUFACTURER

D-L Pharmacy

MN BOARD OF PHARMACY LICENSE NUMBER

360529-5

ADDRESS OF WHOLESALE DRUG DISTRIBUTOR/MANUFACTURER

125 E France St. Detroit Lakes MN 56501

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.

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

ADDRESS OF PRACTITIONER

VALUE OF PAYMENTS

TYPE OF PAYMENTS

in 1989

NO

Disbursements

Handwritten signature

11-15-89





NAME OF WHOLESALE DRUG DISTRIBUTOR/MANUFACTURER

*Medvet Inc*

ADDRESS OF WHOLESALE DRUG DISTRIBUTOR/MANUFACTURER

*756 Vandolen St*

*St Paul, MN 55114*

MIN BOARD OF PHARMACY LICENSE NUMBER

*360 785-3*

NAME OF PRACTITIONER

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

ADDRESS OF PRACTITIONER

VALUE OF PAYMENTS

TYPE OF PAYMENTS

*None*

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*BM Sub  
Dentelle*







NAME OF WHOLESALE DRUG DISTRIBUTOR/MANUFACTURER

ADDRESS OF WHOLESALE DRUG DISTRIBUTOR/MANUFACTURER

DALEO LAB (MFR)

529 S. 7th ST., MPLS MN 55415

MIN BOARD OF PHARMACY LICENSE NUMBER

459763-2

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 (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

ADDRESS OF PRACTITIONER

VALUE OF PAYMENTS

TYPE OF PAYMENTS

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

No payments made

NAME OF WHOLESALER DRUG DISTRIBUTOR/MANUFACTURER

CALEB LABS

ADDRESS OF WHOLESALER DRUG DISTRIBUTOR/MANUFACTURER

529 S. 7th ST, MPLS MN 55415

MN BOARD OF PHARMACY LICENSE NUMBER

360033-9

NAME OF PRACTITIONER

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

ADDRESS OF PRACTITIONER

No payments received

VALUE OF PAYMENTS

TYPE OF PAYMENTS

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.





NAME OF WHOLESALE DRUG DISTRIBUTOR/MANUFACTURER

CUYUNA REGIONAL MED CTR PHCY

ADDRESS OF WHOLESALE DRUG DISTRIBUTOR/MANUFACTURER

MAIN ST. CROSBY MN 56441

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 (5) 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.

360 495-3

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

ADDRESS OF PRACTITIONER

VALUE OF PAYMENTS

TYPE OF PAYMENTS

*[Handwritten signature]*

*[Handwritten signature]*

November 15, 1999

Mr. David E. Holmstrom  
Legal Affairs Department  
Minnesota Board of Pharmacy  
2829 University Ave. SE, # 530  
Minneapolis, MN 55414-3241

Dear Mr. Holmstrom:

UDL is returning the "Gifts to Practitioners" form to your office. UDL does not deal directly with licensed practitioners. UDL Laboratories, Inc. manufactures and repackages generic pharmaceuticals in unit-dose form. UDL's customer base is with clinics, nursing homes, hospitals and other institutional type settings.

If you should have any questions or need any additional information, please do not hesitate to contact me at (813) 530-1633.

Sincerely,

  
Marcia Grueninger  
Regulatory Affairs Secretary

/mg

cc: Dina Kostakis

Enclosures



NAME OF WHOLESALE DRUG DISTRIBUTOR/MANUFACTURER

ADDRESS OF WHOLESALE DRUG DISTRIBUTOR/MANUFACTURER

UDL Laboratories, Inc.

13701 66th St. N., Largo, FL 33771

MN BOARD OF PHARMACY LICENSE NUMBER

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 (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.

360304-8

NAME OF PRACTITIONER

TYPE OF PAYMENTS

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

VALUE OF PAYMENTS

N/A

N/A

N/A

N/A

NAME OF WHOLESALE DRUG DISTRIBUTOR/MANUFACTURER

UDL Laboratories, Inc.

7265 Ulmerton Rd., Largo, FL

MN BOARD OF PHARMACY LICENSE NUMBER

459939-7

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

N/A

ADDRESS OF PRACTITIONER

N/A

VALUE OF PAYMENTS

N/A

TYPE OF PAYMENTS

N/A

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 (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 WHOLESALE DRUG DISTRIBUTOR/MANUFACTURER

Oakwood Laboratories L.L.C.  
MN BOARD OF PHARMACY LICENSE NUMBER  
A DRUG-MANUFACTURER LICENSE  
# 410041-9

ADDRESS OF WHOLESALE DRUG DISTRIBUTOR/MANUFACTURER

7670 West Pike, Suite A Oakwood Village, OH 44146

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.

| NAME OF PRACTITIONER<br>Please include designation (i.e., MD, etc.) | ADDRESS OF PRACTITIONER | VALUE OF PAYMENTS | TYPE OF PAYMENTS |
|---|-------------------------|-------------------|------------------|
| N/A   |                         |                   |                  |
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| NAME OF WHOLESALER DRUG DISTRIBUTOR/MANUFACTURER | ADDRESS OF WHOLESALER DRUG DISTRIBUTOR/MANUFACTURER | MN BOARD OF PHARMACY LICENSE NUMBER | ADDRESS OF PRACTITIONER | VALUE OF PAYMENTS | TYPE OF PAYMENTS |
|--|---|-------------------------------------|-------------------------|-------------------|------------------|
| WEST   | 1200 PROWAY, CLKW, MN 55701                         | 360045-2                            | No Cash for             | State Pharmacy    | State Pharmacy   |
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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.

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

NAME OF WHOLESALER DRUG DISTRIBUTOR/MANUFACTURER

Livingston Healthcare Services Inc.

ADDRESS OF WHOLESALER DRUG DISTRIBUTOR/MANUFACTURER

222 Lake Drive, Newark, DE 19702

MN BOARD OF PHARMACY LICENSE NUMBER

360108-2

NAME OF PRACTITIONER

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

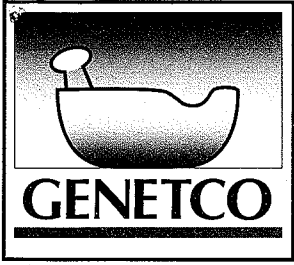
NONE

ADDRESS OF PRACTITIONER

VALUE OF PAYMENTS

TYPE OF PAYMENTS

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.



**"Your Full-Line  
Generic Distributor"**

**November 12, 1999**

**Mr. David E. Holmstrom  
Executive Director  
Legal Affairs Department  
Minnesota Licensed Drug wholesalers  
Minnesota Licensed Drug Manufacturers**

**Subject: Gifts to Practitioners**

**In receipt of your letter regarding payments, honoraria, reimbursement, and other compensation paid to licensed practitioners in Minnesota.**

**At the moment we are not doing any business with any licensed practitioners in Minnesota.**

**Sincerely,**

**Carol Reinbold  
President**

711 Union Parkway  
Ronkonkoma, New York 11779

**516-585-1000**

**FAX: 516-585-1289**

**1-800-969-8007**



NAME OF WHOLESALE DRUG DISTRIBUTOR/MANUFACTURER

Henry Schein, Inc.  
3608 32-8  
360114-7, 360307-7 & 359812-4

ADDRESS OF WHOLESALE DRUG DISTRIBUTOR/MANUFACTURER

1806 #48, Park 100, 5010 W. 86th Street, Minneapolis, MN 55426  
255 Vista Blvd. Sparks, NV 89431  
41 Beaver Bend, Denver, CO 80237

MINNESOTA 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 151.464, 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.

NAME OF PRACTITIONER

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

ADDRESS OF PRACTITIONER

VALUE OF PAYMENTS

TYPE OF PAYMENTS

Please Note: Henry Schein, Inc. has no

reportable activity for the

calendar year 1999.

This response is for

All 4 Distribution Centers - Henry Schein Inc.





NAME OF WHOLESALER DRUG DISTRIBUTOR/MANUFACTURER

Caremark Inc.

ADDRESS OF WHOLESALER DRUG DISTRIBUTOR/MANUFACTURER

1127 Bryn Maur Ave. Redlands, CA 92374

MN BOARD OF PHARMACY LICENSE NUMBER

360658-2

NAME OF PRACTITIONER

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

ADDRESS OF PRACTITIONER

VALUE OF PAYMENTS

TYPE OF PAYMENTS

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.

None

NAME OF WHOLESALER DRUG DISTRIBUTOR/MANUFACTURER

Lake Region HealthCare Corp

712 South Cassdale Fargo ND 58532

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 (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.

360459-7  
NAME OF PRACTITIONER  
Please include designation (i.e., MD, etc.)

ADDRESS OF PRACTITIONER

VALUE OF PAYMENTS

TYPE OF PAYMENTS

In our function as a drug wholesaler no gifts have been made to practitioners  
*[Signature]*

NAME OF WHOLESALE DRUG DISTRIBUTOR/MANUFACTURER

ADDRESS OF WHOLESALE DRUG DISTRIBUTOR/MANUFACTURER

Exel Logistics

MN BOARD OF PHARMACY LICENSE NUMBER

360790-5

400 First Street, Ste 200 Middletown, PA 17057

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 (c) TO (f), 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

ADDRESS OF WHOLESALER DRUG DISTRIBUTOR/MANUFACTURER

NAME OF WHOLESALER DRUG DISTRIBUTOR/MANUFACTURER

31778 ENTERPRISE DR, LIVONIA, MI 48150

THE HARVARD DRUG GROUP

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.

MN BOARD OF PHARMACY LICENSE NUMBER

| NAME OF PRACTITIONER<br>Please include designation (i.e., MD, etc.) | ADDRESS OF PRACTITIONER | VALUE OF PAYMENTS | TYPE OF PAYMENTS |
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NONE



NAME OF WHOLESALE DRUG DISTRIBUTOR/MANUFACTURER

J. Krigger + Co. Inc

ADDRESS OF WHOLESALE DRUG DISTRIBUTOR/MANUFACTURER

1650 Oak Street Lakewood NJ 08527

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

NONE





**Lois L. Dowell  
Harte-Hanks Direct Marketing  
7801 Nieman Road  
Shawnee, Ks. 66214**

**November 16, 1999**

**Mr. David E. Holmstrom  
Minnesota Board of Pharmacy  
2829 University Ave. #530  
St. Paul, MN 55414-3251**

**SUBJECT: ANNUAL REPORT ON GIFTS TO PRACTITIONERS**

**Dear. Mr. Holmstrom:**

**During the 1999 year, Harte-Hanks became licensed to ship prescription drug samples into the state of Minnesota. These samples are distributed according to PDMA guidelines and under the direction of our client pharmaceutical manufacturers. We do not provide any payment to practitioners in any state.**

**If any additional information is required, please direct requests to me.**

**Sincerely,**

*Lois Dowell*

**Lois Dowell  
Director, Regulatory Compliance**