

NAME OF WHOLESALER DRUG DISTRIBUTOR/MANUFACTURER

Amerisource Cos. Div

ADDRESS OF WHOLESALER DRUG DISTRIBUTOR/MANUFACTURER

1200 E 5th Ave

Cols. Ohio 43219

MIN BOARD OF PHARMACY LICENSE NUMBER

360951-8

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 151.441, 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.

NAME OF PRACTITIONER

ADDRESS OF PRACTITIONER

VALUE OF PAYMENTS

TYPE OF PAYMENTS

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

No Such Gifts given to ANY practitioners

RECEIVED AT

NOV 27 2000

MINNESOTA BOARD OF PHARMACY

NAME OF WHOLESALER DRUG DISTRIBUTOR/MANUFACTURER

PDI Enterprises, Inc.
MIN BOARD OF PHARMACY LICENSE NUMBER

360238-2 exp. 5/31/2001
NAME OF PRACTITIONER
Please include designation (i.e., MD, etc.)

ADDRESS OF WHOLESALER DRUG DISTRIBUTOR/MANUFACTURER

26245 Technology Dr.
Valencia, CA 91355
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.

ADDRESS OF PRACTITIONER

VALUE OF PAYMENTS

TYPE OF PAYMENTS

No payments, honoraria, reimbursements, or other compensation has been made or paid to practitioners.

John R. Pachorek
John R. Pachorek
Director of Regulatory Affairs 11/20/2000

RECEIVED AT
NOV 27 2000

MINNESOTA BOARD
OF PHARMACY

Nov 28, 2000

NAME OF WHOLESALER DRUG DISTRIBUTOR/MANUFACTURER

D&K Healthcare Resources Inc

ADDRESS OF WHOLESALER DRUG DISTRIBUTOR/MANUFACTURER

2040 Crestfire Drive Suite 300 Lexington KY 40505

MIN BOARD OF PHARMACY LICENSE NUMBER

361038-7

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.)

No Identity

ADDRESS OF PRACTITIONER

VALUE OF PAYMENTS

TYPE OF PAYMENTS

RECEIVED AT

DEC 4 2000

MINNESOTA BOARD OF PHARMACY

NAME OF WHOLESALER DRUG DISTRIBUTOR/MANUFACTURER

Rx Marketplace

MN BOARD OF PHARMACY LICENSE NUMBER

360966-0

ADDRESS OF WHOLESALER DRUG DISTRIBUTOR/MANUFACTURER

500 S. Arthur Ave, Ste 700, Louisville CO 80027

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 (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.)

N/A

ADDRESS OF PRACTITIONER

VALUE OF PAYMENTS

TYPE OF PAYMENTS

RECEIVED AT

DEC 4 2000

MINNESOTA BOARD OF PHARMACY



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

November 28, 2000

RECEIVED AT
DEC 4 2000
MINNESOTA BOARD
OF PHARMACY

To Whom It May Concern,

This correspondence is in reference to a request to report any and all payments, honoraria, reimbursement, and other compensation paid to licensed practitioners in Minnesota for the calendar year 2000.

Please accept this letter from our company, that all facilities operating in the state of Minnesota, under the name of Airgas North-Central, have not made any payments, of any nature to licensed practitioners within the state of Minnesota.

The six (6) locations that operate in the state of Minnesota are identified with the following state assigned pharmacy license numbers.

Ramsey	360334-9
Winona	360025-8
Duluth	459886-4
Albert Lea	459892-9
Faribault	360844-1
Hibbing	459983-4

If you have any further requests related to this notification, please forward them directly to my attention at the above address, by phone at (319) 287-3157, or via Email by addressing to jeff.bowers@airgas.com.

Respectfully Submitted,

Jeffrey L. Bowers
Director, Safety and Compliance

NAME OF WHOLESALE DRUG DISTRIBUTOR/MANUFACTURER

Mayo Pharmacy Distribution Center

ADDRESS OF WHOLESALE DRUG DISTRIBUTOR/MANUFACTURER

Mayo Foundation for Medical Education and Research
21 Second Street SW, Rochester, MN 55902

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.

360139-6

NAME OF PRACTITIONER

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

ADDRESS OF PRACTITIONER

NO PAYMENTS WERE MADE

Gerald A. Christenson

Gerald A. Christenson, R.Ph.

Pharmacy Manager

TYPE OF PAYMENTS

VALUE OF PAYMENTS

RECEIVED AT

DEC 4 2000

MINNESOTA BOARD
OF PHARMACY

NAME OF WHOLESALE DRUG DISTRIBUTOR/MANUFACTURER

Mayo Pharmacy

MIN BOARD OF PHARMACY LICENSE NUMBER

359975-4

NAME OF PRACTITIONER

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

ADDRESS OF WHOLESALE DRUG DISTRIBUTOR/MANUFACTURER

Mayo Foundation for Medical Education and Research

200 First Street SW, Rochester, MN 55905

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 (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.

ADDRESS OF PRACTITIONER

NO REPORTABLE ACTIVITY

Gerald A. Christenson

Gerald A. Christenson, R.Ph.

Pharmacy Manager

VALUE OF PAYMENTS

TYPE OF PAYMENTS

RECEIVED AT

DEC 4 2000

OJA BOARD
PHARMACY

NAME OF WHOLESALER DRUG DISTRIBUTOR MANUFACTURER

NCS HealthCare of KY dba Vanguard Labs, Inc.

835 North L. Rogers Wells Blvd Glasgow, KY 42141

MN BOARD OF PHARMACY LICENSE NUMBER

359946-6

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 (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

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DEC 4 2000

MINNESOTA BOARD
OF PHARMACY

No payments, honoraria, reimbursements or any other payments have been made to any Minnesota physicians.
Kathy H. Jones, Pharm.D. *Kathy H. Jones*

NAME OF WHOLESALER DRUG DISTRIBUTOR/MANUFACTURER

Northwest Respiratory Services LLC

MN BOARD OF PHARMACY LICENSE NUMBER

460035-4

ADDRESS OF WHOLESALER DRUG DISTRIBUTOR/MANUFACTURER

1002 Benidji Ave, #7, Benidji, MN

56601

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 (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 4 2000

MINNESOTA BOARD OF PHARMACY

NAME OF WHOLESALER DRUG DISTRIBUTOR/MANUFACTURER

Northwest Respiratory Services LLC

MIN BOARD OF PHARMACY LICENSE NUMBER

60038-3

ADDRESS OF WHOLESALER DRUG DISTRIBUTOR/MANUFACTURER

6585 Edenvale Blvd, #130, Eden Prairie, MN 55346

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 (1) 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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TYPE OF PAYMENTS

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DEC 4 2000

MINNESOTA BOARD
OF PHARMACY

NAME OF WHOLESALER DRUG DISTRIBUTOR/MANUFACTURER

Birchwood Laboratories, Inc

ADDRESS OF WHOLESALER DRUG DISTRIBUTOR/MANUFACTURER

7900 Fuller Road

Eden Prairie, Mn 55344

MINNESOTA BOARD OF PHARMACY LICENSE NUMBER

405733-4

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 (J) TO (O), 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

N/A

N/A

N/A

Corporate Policy does not allow this activity
(Representing Calendar 2000)

RECEIVED AT

DEC 4 2000

MINNESOTA BOARD
OF PHARMACY

NAME OF WHOLESALE DRUG DISTRIBUTOR/MANUFACTURER

PENNER & WELSCH, INC

ADDRESS OF WHOLESALE DRUG DISTRIBUTOR/MANUFACTURER

10016 RIVER RD, ST ROSE, LA 70087

MIN BOARD OF PHARMACY LICENSE NUMBER

360464-9

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NAME OF PRACTITIONER

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

ADDRESS OF PRACTITIONER

VALUE OF PAYMENTS

TYPE OF PAYMENTS

~~NONE~~

PAID

RECEIVED AT

DEC 7 2000

MINNESOTA BOARD OF PHARMACY

NAME OF WHOLESALER DRUG DISTRIBUTOR/MANUFACTURER

Gensia Sior Pharmaceuticals, Inc.

ADDRESS OF WHOLESALER DRUG DISTRIBUTOR/MANUFACTURER

19 Hughes, Irvine, CA 92618-1902

MN BOARD OF PHARMACY LICENSE NUMBER

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

ADDRESS OF PRACTITIONER

VALUE OF PAYMENTS

TYPE OF PAYMENTS

No reportable activity to report.

Diana Mmalee 11/25/00
Cuba P Contracts Administration

RECEIVED AT
DEC 1 2000
MINNESOTA BOARD
OF PHARMACY

NAME OF WHOLESALER DRUG DISTRIBUTOR/MANUFACTURER

AMERISOURCE CORPORATION

MIN BOARD OF PHARMACY LICENSE NUMBER

361009-9

ADDRESS OF WHOLESALER DRUG DISTRIBUTOR/MANUFACTURER

1229 AVENUE R
GRAND PRAIRIE, TEXAS 75050

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ADDRESS OF PRACTITIONER

NO REPORTABLE ACTIVITY

VALUE OF PAYMENTS

TYPE OF PAYMENTS

RECEIVED AT
DEC 1 2000

MINNESOTA BOARD
OF PHARMACY