

NAME OF WHOLESALER DRUG DISTRIBUTOR/MANUFACTURER

ADDRESS OF WHOLESALER DRUG DISTRIBUTOR/MANUFACTURER

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 OR 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.

NAME OF PRACTITIONER

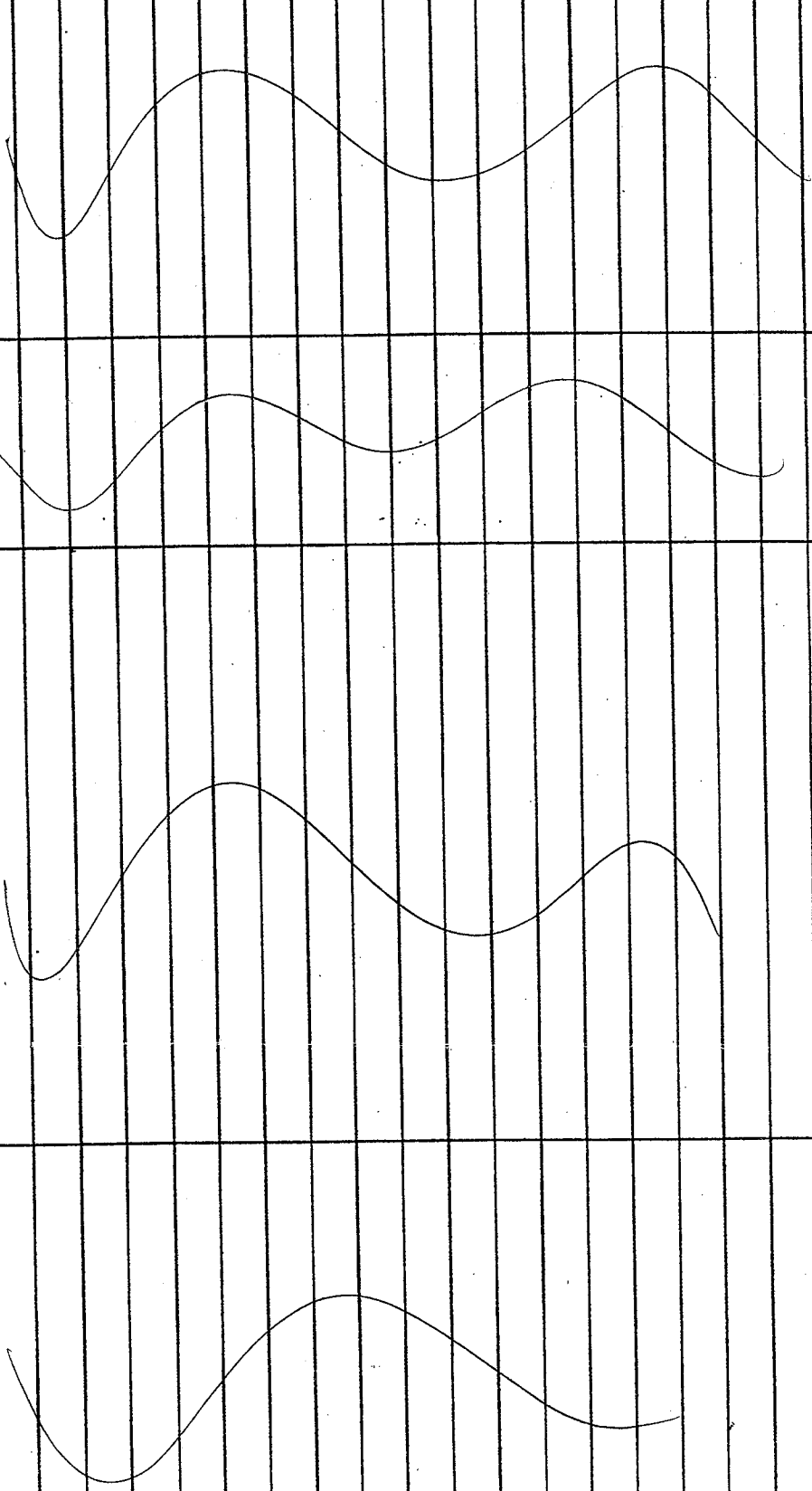
Please include designation (i.e., MD, etc.)

ADDRESS OF PRACTITIONER

VALUE OF PAYMENTS

TYPE OF PAYMENTS

NO PAYMENTS MADE



NAME OF WHOLESALE DRUG DISTRIBUTOR/MANUFACTURER

Endo Pharmaceuticals Inc.

MIN BOARD OF PHARMACY LICENSE NUMBER

360732-9

ADDRESS OF WHOLESALE DRUG DISTRIBUTOR/MANUFACTURER

223 Wilmington West Chester Pike, Chadods Ford, Pennsylvania
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 (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

NONE

NONE

NONE

NONE

RECEIVED AT

NOV 13 2000

MINNESOTA BOARD
OF PHARMACY

NAME OF WHOLESALER DRUG DISTRIBUTOR/MANUFACTURER

Alwyn Company, Inc.

MN BOARD OF PHARMACY LICENSE NUMBER

459975-3

ADDRESS OF WHOLESALER DRUG DISTRIBUTOR/MANUFACTURER

2301 Highway 60 East Lake Crystal, MN 56055

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.)

NONE

ADDRESS OF PRACTITIONER

N/A

VALUE OF PAYMENTS

ZERO

TYPE OF PAYMENTS

N/A

RECEIVED AT

JAN 19 2001

MINNESOTA BOARD OF PHARMACY

NAME OF WHOLESALER DRUG DISTRIBUTOR/MANUFACTURER

KEYSOURCE MEDICAL INC

ADDRESS OF WHOLESALER DRUG DISTRIBUTOR/MANUFACTURER

7820 PALACE DRIVE, CINCINNATI, OH 45249

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

JAN 19 2001

MINNESOTA BOARD
OF PHARMACY

NAME OF WHOLESALE DRUG DISTRIBUTOR/MANUFACTURER

FRITZ COMPANY
MN BOARD OF PHARMACY LICENSE NUMBER

360839-9

NAME OF PRACTITIONER

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

None

ADDRESS OF WHOLESALE DRUG DISTRIBUTOR/MANUFACTURER

1912 HASTINGS AVE, NEWPORT, MN, 55055

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 (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.

TYPE OF PAYMENTS

VALUE OF PAYMENTS

ADDRESS OF PRACTITIONER

RECEIVED AT

JAN 18 2001

MINNESOTA BOARD
OF PHARMACY

NAME OF WHOLESALE DRUG DISTRIBUTOR/MANUFACTURER

Alpha, U.S. Pharmaceuticals

ADDRESS OF WHOLESALE DRUG DISTRIBUTOR/MANUFACTURER

7205 Windsor Blvd
Baltimore, MD 21244

7125 Columbia Gateway Drive

Columbia, MD 21046

MIN 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 (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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No reportable activity. 1/15/2001
Dunwoody

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RECEIVED A.

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JAN 18 2001

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MINNESOTA BOARD OF PHARMACY

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NAME OF WHOLESALE DRUG DISTRIBUTOR/MANUFACTURER

OLMSTED MEDICAL CENTER; OLMSTED COMMUNITY HOSPITAL; PHARMACY DEPARTMENT

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.

MIN BOARD OF PHARMACY LICENSE NUMBER

459980-5

ADDRESS OF WHOLESALE DRUG DISTRIBUTOR/MANUFACTURER

1650 4TH ST SE
ROCHESTER, MN 55904

NAME OF PRACTITIONER

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

No REPORTABLE

ACTIVITY-

Paul D. Withner
Director of Pharmacy

TYPE OF PAYMENTS

VALUE OF PAYMENTS

RECEIVED A.

JAN 18 2001

MINNESOTA BOARD OF PHARMACY

NAME OF WHOLESALER/DISTRIBUTOR/MANUFACTURER

Service Dist., Inc.

ADDRESS OF WHOLESALER/DISTRIBUTOR/MANUFACTURER

2400 Xenium Lane North., Plymouth, MN. 55441-3626

MN BOARD OF PHARMACY LICENSE NUMBER

360903_0

NAME OF PRACTITIONER

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

MINNESOTA STATUTES REQUIRE WHOLESALER/DISTRIBUTORS TO FILE 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.

TYPE OF PAYMENTS

VALUE OF PAYMENTS

ADDRESS OF PRACTITIONER

Non Honorarias or payments made to any licensed practitioners

ARCHIVED AT

JAN 18 2001

MINNESOTA BOARD OF PHARMACY

Any questions please call

Marlys Menefee, Bkr.

Mark Leikahm, Pres.

NAME OF WHOLESALE DRUG DISTRIBUTOR/MANUFACTURER
Kroger Limited Partnership II dba
Peyton's Northern
MN BOARD OF PHARMACY LICENSE NUMBER
360881-0

ADDRESS OF WHOLESALE DRUG DISTRIBUTOR/MANUFACTURER
1111 S. Adams St.
Bluffton, IN 46714

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

NEGATIVE REPORT

RECEIVED AT

JAN 17 2001

MINNESOTA BOARD
OF PHARMACY

NAME OF WHOLESALE DRUG DISTRIBUTOR/MANUFACTURER

INTERNATIONAL MEDICATION SYSTEMS, LIMITED

ADDRESS OF WHOLESALE DRUG DISTRIBUTOR/MANUFACTURER

1886 SANTA ANITA AVENUE - SOUTH EL MONTE, CA 91733

MN BOARD OF PHARMACY LICENSE NUMBER

459757-7

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

NO REPORTABLE ACTIVITY

RECEIVED AT

JAN 8 2001

MINNESOTA BOARD OF PHARMACY

NAME OF WHOLESALER DRUG DISTRIBUTOR/MANUFACTURER

SPENCER MEAD DENTAL WHOLESALER INC
MN BOARD OF PHARMACY LICENSE NUMBER

360415-7

NAME OF PRACTITIONER

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

No activity

ADDRESS OF WHOLESALER DRUG DISTRIBUTOR/MANUFACTURER

805 MERRICK AVE, WESTBURY, NY 11590

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 YEAR, 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

RECEIVED AT

JAN 8 2001

MINNESOTA BOARD OF PHARMACY

NAME OF WHOLESALE DRUG DISTRIBUTOR/MANUFACTURER

Hadro Drugs Inc
MIN BOARD OF PHARMACY LICENSE NUMBER

360411-5
NAME OF PRACTITIONER
Please include designation (i.e., MD, etc.)

No Activity

ADDRESS OF WHOLESALE DRUG DISTRIBUTOR/MANUFACTURER

100 BANKS AVE, ROCKVILLE CENTRE, NY 11570

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.

TYPE OF PAYMENTS	VALUE OF PAYMENTS	ADDRESS OF PRACTITIONER
RECEIVED AT		
JAN 8 2001		
MINNESOTA BOARD OF PHARMACY		

NAME OF WHOLESALER DRUG DISTRIBUTOR/MANUFACTURER

DARBY INSTITUTIONAL SUPPLY CO.
MIN BOARD OF PHARMACY LICENSE NUMBER

865 MERRICK AVE WESTBURY NY 11590

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 (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.

360504-6
NAME OF PRACTITIONER
Please include designation (i.e., MD, etc.)

ADDRESS OF PRACTITIONER

VALUE OF PAYMENTS

TYPE OF PAYMENTS

No Activity

RECEIVED AT

JAN 8 2001

MINNESOTA BOARD
OF PHARMACY

NAME OF WHOLESALE DRUG DISTRIBUTOR/MANUFACTURER

Ation Medical Products, Inc.
MN BOARD OF PHARMACY LICENSE NUMBER

36109-3 MB 1103/00
361029-3

ADDRESS OF WHOLESALE DRUG DISTRIBUTOR/MANUFACTURER

1426 Curt Francis Rd.
Arab, AL 35016

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 (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

N/A

TYPE OF PAYMENTS

N/A

RECEIVED AT

JAN 8 2001

MINNESOTA BOARD OF PHARMACY

No reportable payments.

Michael Begala

NAME OF WHOLESALE DRUG DISTRIBUTOR/ MANUFACTURER	ADDRESS OF WHOLESALE DRUG DISTRIBUTOR/ MANUFACTURER	TYPE OF PAYMENTS	VALUE OF PAYMENTS	TYPE OF PAYMENTS
BURNS VETERINARY SUPPLY 360996-1 (Please include designation (S., MD, etc.) NO ACTIVITY	635 PRIOR AVE., ST. PAUL, MN 55104			
MINNESOTA BOARD OF PHARMACY				
RECEIVED AT				
JAN 8 2001				
MINNESOTA BOARD OF PHARMACY				
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NAME OF WHOLESALER DRUG DISTRIBUTOR/MANUFACTURER

DARBY DRUG CO., INC.
MN BOARD OF PHARMACY LICENSE NUMBER

360517-2
NAME OF PRACTITIONER
Please include designation (i.e., MD, etc.)

No Activity

ADDRESS OF WHOLESALER DRUG DISTRIBUTOR/MANUFACTURER
100 BANKS AVE. ROCKVILLE CENTRE, NY 11570

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.

TYPE OF PAYMENTS

VALUE OF PAYMENTS

ADDRESS OF PRACTITIONER

RECEIVED AT
JAN 8 2001
MINNESOTA BOARD OF PHARMACY

NAME OF WHOLESALER DRUG DISTRIBUTOR/MANUFACTURER

ISLAND DENTAL SUPPLY Co., Inc.
MIN BOARD OF PHARMACY LICENSE NUMBER

360991-6

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

No Activity

ADDRESS OF WHOLESALER DRUG DISTRIBUTOR/MANUFACTURER

60 Austin Boulevard, Commack, NY 11725

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

VALUE OF PAYMENTS

TYPE OF PAYMENTS

RECEIVED AT
JAN 8 2001
MINNESOTA BOARD
OF PHARMACY

NAME OF WHOLESALE DRUG DISTRIBUTOR/MANUFACTURER

Colgate Oral Pharmaceuticals, Inc.

14335 Gillis Road

Dallas, Texas 75244-3718

MIN BOARD OF PHARMACY LICENSE NUMBER

459807-1

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.

ADDRESS OF WHOLESALE DRUG DISTRIBUTOR/MANUFACTURER

NAME OF PRACTITIONER

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

ADDRESS OF PRACTITIONER

VALUE OF PAYMENTS

TYPE OF PAYMENTS

No payments were made to

any practitioner during

2000.

RECEIVED AT

JAN 8 2001

MINNESOTA BOARD OF PHARMACY

NAME OF WHOLESALER DRUG DISTRIBUTOR/MANUFACTURER

Colgate Oral Pharmaceuticals, Inc.

ADDRESS OF WHOLESALER DRUG DISTRIBUTOR/MANUFACTURER

1302 Champion Circle Carrollton, Texas 75006-5410

MIN BOARD OF PHARMACY LICENSE NUMBER

359949-5

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.)

ADDRESS OF PRACTITIONER

VALUE OF PAYMENTS

TYPE OF PAYMENTS

No payments were made to

any practitioner during

2000.

RECEIVED AT

JAN 8 2001

MINNESOTA BOARD OF PHARMACY

NAME OF WHOLESALER DRUG DISTRIBUTOR/MANUFACTURER

AmeriSource Corp

ADDRESS OF WHOLESALER DRUG DISTRIBUTOR/MANUFACTURER

935 Lincoln Road

MN BOARD OF PHARMACY LICENSE NUMBER

360692-2

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
no	Reimbursement or Compensation made to any physicians in Minnesota!		
	"No sales of any kind to physicians"		
	Compliance Coordinator		
	Karl Smith		
	Mark Felt Division		

RECEIVED AT

JAN 8 2001

MINNESOTA BOARD OF PHARMACY

NAME OF WHOLESALER DRUG DISTRIBUTOR/MANUFACTURER

Central Care Pharmacy

ADDRESS OF WHOLESALER DRUG DISTRIBUTOR/MANUFACTURER

*1570 Whitney Court
St. Cloud, MN 56303*

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 (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.

360474-6
NAME OF PRACTITIONER
Please include designation (i.e., MD, etc.)

No Activity for the year 2000

ADDRESS OF PRACTITIONER

VALUE OF PAYMENTS

TYPE OF PAYMENTS

RECEIVED AT

JAN 8 2001

MINNESOTA BOARD OF PHARMACY

NAME OF WHOLESALER DRUG DISTRIBUTOR/MANUFACTURER

ADDRESS OF WHOLESALER DRUG DISTRIBUTOR/MANUFACTURER

Fort Dodge Laboratories

800 5th Street N.W., Fort Dodge, Iowa 50501

MINNESOTA PHARMACY BOARD

MINNESOTA PHARMACY BOARD 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.

459898-7

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

JAN 16 2001

MINNESOTA BOARD
OF PHARMACY

NAME OF WHOLESAL DRUG DISTRIBUTOR/ MANUFACTURER

ADDRESS OF WHOLESAL DRUG DISTRIBUTOR/ MANUFACTURER

CARACO PHARMACEUTICAL LABS, LTD
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 (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.

1150 Elijah McCoy Dr. Detroit, MI 48202

MR BOARD OF PHARMACY LICENSE NUMBER
459936-8

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

ADDRESS OF PRACTITIONER

TYPE OF PAYMENTS

NONE

RECEIVED AT

JAN 16 2001

MINNESOTA BOARD OF PHARMACY

NAME OF WHOLESALER DRUG DISTRIBUTOR/MANUFACTURER

Apria Healthcare, Inc.
MN BOARD OF PHARMACY LICENSE NUMBER

360829-2

NAME OF PRACTITIONER

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

None

ADDRESS OF WHOLESALER DRUG DISTRIBUTOR/MANUFACTURER

3703 N. Cliff Ave, Sioux Falls SD 57104

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.

TYPE OF PAYMENTS

VALUE OF PAYMENTS

0

ADDRESS OF PRACTITIONER

RECEIVED AT

JAN 16 2001

MINNESOTA BOARD OF PHARMACY

Calendar Year 2000
 Westwind Medical Dist. Inc.

NAME OF WHOLESALER DRUG DISTRIBUTOR/MANUFACTURER

2517 13th St. So. ST. Cloud, MN 56301

MIN BOARD OF PHARMACY LICENSE NUMBER

360406-3

NAME OF PRACTITIONER

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

None

ADDRESS OF PRACTITIONER

VALUE OF PAYMENTS

TYPE OF PAYMENTS

JAN 17 2001

MINNESOTA BOARD OF PHARMACY

by: Paul E. Ullberg, C.E.O.
 1-11-01

Y.E 12/31/2000

NAME OF WHOLESALER DRUG DISTRIBUTOR/MANUFACTURER

AUBURN PHARMACEUTICAL

ADDRESS OF WHOLESALER DRUG DISTRIBUTOR/MANUFACTURER

1775 JOHN R. RD, TROY, MI 48063

MIN BOARD OF PHARMACY LICENSE NUMBER

360462-3

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.)

NONE

ADDRESS OF PRACTITIONER

VALUE OF PAYMENTS

TYPE OF PAYMENTS

RECEIVED A

JAN 19 2001

MINNESOTA BOARD OF PHARMACY

NAME OF WHOLESALE DRUG DISTRIBUTOR/MANUFACTURER

Paragon Scientific Corporation

ADDRESS OF WHOLESALE DRUG DISTRIBUTOR/MANUFACTURER

8226 Bee Caves Road, Austin, TX 78746

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.

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360636-2

NAME OF PRACTITIONER

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

Nothing to report

ADDRESS OF PRACTITIONER

VALUE OF PAYMENTS

TYPE OF PAYMENTS

RECEIVED AT
JAN 22 2001

MINNESOTA BOARD
OF PHARMACY

ADDRESS OF WHOLESALER DRUG DISTRIBUTOR/MANUFACTURER

244 East Woodlawn Ave

NAME OF WHOLESALER DRUG DISTRIBUTOR/MANUFACTURER

Amesburyville

MIN BOARD OF PHARMACY LICENSE NUMBER

5306001474

NAME OF PRACTITIONER

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

N/A

ADDRESS OF PRACTITIONER

N/A

VALUE OF PAYMENTS

TYPE OF PAYMENTS

N/A

RECEIVED AT

JAN 22 2001

MINNESOTA BOARD OF PHARMACY

NAME OF WHOLESALE DRUG DISTRIBUTOR/MANUFACTURER

Nave Hospital Pharmacy

ADDRESS OF WHOLESALE DRUG DISTRIBUTOR/MANUFACTURER

404 Fountain St.

Albert Lea, MN 56007

MIN BOARD OF PHARMACY LICENSE NUMBER

359969-9

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 (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 activity

ADDRESS OF PRACTITIONER

TYPE OF PAYMENTS

VALUE OF PAYMENTS

RECEIVED A

JAN 23 200

MINNESOTA BOARD OF PHARMACY

NAME OF WHOLESALE DRUG DISTRIBUTOR/MANUFACTURER

Naeye Hospital

MIN BOARD OF PHARMACY LICENSE NUMBER

459764-5

ADDRESS OF WHOLESALE DRUG DISTRIBUTOR/MANUFACTURER

404 Fountain St.

Albert Lea, MN 56007

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.

NAME OF PRACTITIONER

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

No activity

ADDRESS OF PRACTITIONER

VALUE OF PAYMENTS

TYPE OF PAYMENTS

RECEIVED AT

JAN 23 2001

MINNESOTA BOARD OF PHARMACY

NAME OF WHOLESALE DRUG DISTRIBUTOR/MANUFACTURER

St. Cloud Hospital Pharmacy

ADDRESS OF WHOLESALE DRUG DISTRIBUTOR/MANUFACTURER

1406 8th Ave N. St. Cloud, MN 56303

MIN BOARD OF PHARMACY LICENSE NUMBER

360563-5

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 (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.

NAME OF PRACTITIONER

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

ADDRESS OF PRACTITIONER

VALUE OF PAYMENTS

TYPE OF PAYMENTS

NONE

RECEIVED BY

JAN 25 2001

MINNESOTA BOARD OF PHARMACY

NAME OF WHOLESALE DRUG DISTRIBUTOR/MANUFACTURER

BRINTON LABORATORIES, INC.

ADDRESS OF WHOLESALE DRUG DISTRIBUTOR/MANUFACTURER

P.O. BOX 266
208 LAKELAND DR SE
WILLMAR MN 56201

MN BOARD OF PHARMACY LICENSE NUMBER

459733 - 1

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 (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.

NAME OF PRACTITIONER

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

2000 - No reportable activity

ADDRESS OF PRACTITIONER

VALUE OF PAYMENTS

TYPE OF PAYMENTS

RECEIVED AT

JAN 25 2001

MINNESOTA BOARD OF PHARMACY

[Handwritten Signature]
1/23/01

NAME OF WHOLESALER DRUG DISTRIBUTOR/MANUFACTURER

Community Hospital

116 Mill St West

ADDRESS OF WHOLESALER DRUG DISTRIBUTOR/MANUFACTURER

COMMERCIAL FALLS MN

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 (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.

MIN BOARD OF PHARMACY LICENSE NUMBER

360 573-2

NAME OF PRACTITIONER

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

None

VALUE OF PAYMENTS

ADDRESS OF PRACTITIONER

TYPE OF PAYMENTS

RECEIVED AI

JAN 25 2001

MINNESOTA BOARD OF PHARMACY

Compensation
Fred Druley RPH
P.I.C.