

Colgate
Oral Pharmaceuticals

RECEIVED
JAN 27 2003
MINN. BOARD

24 January 2003

Minnesota Board of Pharmacy
2829 University Avenue Southeast
Suite 530
Minneapolis, MN 55414-3251

Dear Sir or Madam:

Enclosed are the reports for Colgate Oral Pharmaceuticals' Dallas, TX and Carrollton, TX facilities identifying compensation made to practitioners during the year 2002.

You may contact me at (972) 720-6047 should you have any questions.

Regards,



Jeffrey D. Vaughn
Senior Regulatory Affairs Specialist

cc: file

NAME OF WHOLESAL DRUG DISTRIBUTOR/MANUFACTURER

Colgate Oral Pharmaceuticals, Inc.

ADDRESS OF WHOLESAL DRUG DISTRIBUTOR/MANUFACTURER

1302 Champion Circle Carrollton, Texas 75006-5410

MN BOARD OF PHARMACY LICENSE NUMBER

359949-5

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 TOTALLING \$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 2002.

NAME OF WHOLESALE DRUG DISTRIBUTOR/MANUFACTURER

CT International

ADDRESS OF WHOLESALE DRUG DISTRIBUTOR/MANUFACTURER

4340 SAWA Fe Rd Saw Lewis Obispo CA 93401

MN BOARD OF PHARMACY LICENSE NUMBER

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

None

ADDRESS OF PRACTITIONER

VALUE OF PAYMENTS

TYPE OF PAYMENTS

RECEIVED AT

FEB 01 2003

MINNESOTA BOARD
OF PHARMACY

MINNESOTA STATUTES REQUIRE WHOLESALE 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 TOTALLING \$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 WHOLESALER DRUG DISTRIBUTOR/MANUFACTURER

INTERNATIONAL MEDICATION SYSTEMS, LIMITED

ADDRESS OF WHOLESALER DRUG DISTRIBUTOR/MANUFACTURER

1886 Santa Anita Avenue - South El Monte, CA 91733

MN BOARD OF PHARMACY LICENSE NUMBER

459757-7

MINNESOTA STATUTES REQUIRE WHOLESALER 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

---REPORT FOR YEAR 2002---January 21, 2003---

TYPE OF PAYMENTS

VALUE OF PAYMENTS

RECEIVED AT

JAN 30 2003

MINNESOTA BOARD OF PHARMACY

NO REPORTABLE ACTIVITY

NAME OF WHOLESAL DRUG DISTRIBUTOR/MANUFACTURER

American Home Patient

ADDRESS OF WHOLESAL DRUG DISTRIBUTOR/MANUFACTURER

1814 2nd St SW Rochester, MN 55902

MIN BOARD OF PHARMACY LICENSE NUMBER

360672-8

MINNESOTA STATUTES REQUIRE WHOLESAL 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

None

VALUE OF PAYMENTS

TYPE OF PAYMENTS

RECEIVED AT
JAN 22 2003
MINNESOTA BOARD
OF PHARMACY

NAME OF WHOLESALE DRUG DISTRIBUTOR/MANUFACTURER

ADDRESS OF WHOLESALE DRUG DISTRIBUTOR/MANUFACTURER

American Home Patient
361034-5

2357 Crossroads Blvd Albert Lea, MN 56007

MIN BOARD OF PHARMACY LICENSE NUMBER

MINNESOTA STATUTES REQUIRE WHOLESALE 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

None

RECEIVED AT
JAN 22 2003
MINNESOTA BOARD
OF PHARMACY

NAME OF WHOLESALE DRUG DISTRIBUTOR/MANUFACTURER

American Home Patient

ADDRESS OF WHOLESALE DRUG DISTRIBUTOR/MANUFACTURER

170 Tyler Road South Red Wing, MN 55069

MN BOARD OF PHARMACY LICENSE NUMBER

600125-2

MINNESOTA STATUTES REQUIRE WHOLESALE 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

None

VALUE OF PAYMENTS

TYPE OF PAYMENTS

RECEIVED AT
JAN 22 2003
MINNESOTA BOARD
OF PHARMACY

NAME OF WHOLESALE DRUG DISTRIBUTOR/MANUFACTURER

Family Drug Mgmt

ADDRESS OF WHOLESALE DRUG DISTRIBUTOR/MANUFACTURER

1400 13th St. South P.O. Box 76 Virginia, MN 55792

MN BOARD OF PHARMACY LICENSE NUMBER

360984-8

MINNESOTA STATUTES REQUIRE WHOLESALE 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 reportable activity

ADDRESS OF PRACTITIONER

VALUE OF PAYMENTS

TYPE OF PAYMENTS

RECEIVED AT
JAN 31 2003
MINNESOTA BOARD
OF PHARMACY

NAME OF WHOLESALE DRUG DISTRIBUTOR/MANUFACTURER

B&B Vet Supply

MN BOARD OF PHARMACY LICENSE NUMBER

359839-9

ADDRESS OF WHOLESALE DRUG DISTRIBUTOR/MANUFACTURER

207 1st St South Monticross MN 56069

MINNESOTA STATUTES REQUIRE WHOLESALE 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
None			RECEIVED AT JAN 31 2003 MINNESOTA BOARD OF PHARMACY.



RECEIVED AT
FEB 10 2003
MINNESOTA BOARD
OF PHARMACY

February 6, 2003

Minnesota Board of Pharmacy
2829 University Avenue Southeast, Suite 530
Minneapolis, MN 55414-3251

Subject: Accredo Therapeutics, Inc.
2915 Waters Road, Suite 109
Eagan, MN 55121-1562
Minnesota Wholesale Distributor License No. 360208-1

Gentlemen:

Attached is the annual report required by Minnesota Statutes reporting all payments, honoraria, reimbursement, and other compensation paid to licensed practitioners in Minnesota by this license holder during calendar year 2002.

As you can see on the attached report, there were no reportable payments.

If there are any questions concerning this submittal, please contact the undersigned at (866)566-5758, Ext. 7248 or by e-mail at Melissa.Maness@Accredotx.com.

Yours very truly,

Melissa Maness
Specialist
Corporate Licensing & Regulatory Department

cc: Eagan Location 7012
Robert Furth, 7012

NAME OF WHOLESAL DRUG DISTRIBUTOR/MANUFACTURER
Deer River HealthCare Center Inc.
MN BOARD OF PHARMACY LICENSE NUMBER

ADDRESS OF WHOLESAL DRUG DISTRIBUTOR/MANUFACTURER

1002 Comstock Drive Deer River MN 56636

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 TOTALLING \$100 OR MORE, TO A PARTICULAR PRACTITIONER DURING THE YEAR, AND SHALL IDENTIFY THE PRACTITIONER, REPORTS FILED UNDER THIS PROVISION ARE PUBLIC DATA.

360401-8

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

None to report

ADDRESS OF PRACTITIONER

VALUE OF PAYMENTS

TYPE OF PAYMENTS

RECEIVED AT
FEB 13 2003
MINNESOTA BOARD
OF PHARMACY

NAME OF WHOLESALE DRUG DISTRIBUTOR/MANUFACTURER

Medical Specialties

ADDRESS OF WHOLESALE DRUG DISTRIBUTOR/MANUFACTURER

10145 Phillip Parkway Streetsboro OH 44241

MN BOARD OF PHARMACY LICENSE NUMBER

361267-3

MINNESOTA STATUTES REQUIRE WHOLESALERS 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

RECEIVED AT

FEB 24 2003

MINNESOTA - BOARD OF PHARMACY

Handwritten signature

NAME OF WHOLESALE DRUG DISTRIBUTOR/MANUFACTURER

ADDRESS OF WHOLESALE DRUG DISTRIBUTOR/MANUFACTURER

MN BOARD OF PHARMACY LICENSE NUMBER

MINNESOTA STATUTES REQUIRE WHOLESALE 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 TOTTALLING \$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

- WE DO NOT SELL

RECEIVED AT

MAR 17 2003

TO PRACTITIONERS.

MINNESOTA BOARD
OF PHARMACY

Lisa S. Ellis
V.P. Operations

LISA S. ELLIS
VICE PRESIDENT OF OPERATIONS

SCHERER LABORATORIES, INC.
120 INTERSTATE NORTH PKWY.
SUITE 305
ATLANTA, GEORGIA 30339

(770) 933-1800, EXT. 227
(800) 310-5357 EXT. 227
FAX (770) 933-1880
lisaeellis@mindspring.com

RECEIVED AT
MAR 17 2003
MINNESOTA BOARD
OF PHARMACY

January 29, 2003

Minnesota Board of Pharmacy
2829 University Avenue Southeast
Suite 530
Minneapolis, Minnesota 55414-3251

RE: Gifts to Practitioners

Dear Sir or Madam:

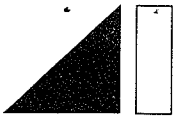
Enclosed is a copy of recent correspondence sent to ETHEX Corporation by the Minnesota Board of Pharmacy. In response to your request for an annual report of compensation paid to licensed practitioners in the State of Minnesota during 2002, please accept this letter as confirmation that ETHEX Corporation did not engage in any reportable activity.

Sincerely,



Philip Vogt
President

Enclosures



**ABLE
LABORATORIES
INC.**

RECEIVED AT
MAR 17 2003

MINNESOTA BOARD
OF PHARMACY

March 11, 2003

Minnesota Board of Pharmacy
2829 University Ave Southeast, Suite 530
Minneapolis, MN 55414-3251

To Whom it may concern:

Enclosed please find the completed Minnesota Board of Pharmacy Forms for reporting all payments, honoraria, reimbursement, and other compensation paid to licensed practitioners in Minnesota during the preceding calendar year. Included are forms for Able Laboratories, Inc., 6 Hollywood Court, CN1013, South Plainfield, NJ, 07080 and Able Laboratories, Inc., 600 Montrose Avenue, South Plainfield, NJ, 07080.

If you have any questions or concerns, please feel free to contact me at (908) 754-2253 x 473.

Sincerely,

May Friedman

Regulatory Affairs Associate I

/enclosure

MAINING ADDRESS-
ABLE LABORATORIES, INC
6 HOLL YALWOOD CT, CN 1013
SOUTH PLAINFIELD, NJ 07080

ADDRESS OF WHOLESALER DRUG DISTRIBUTOR/MANUFACTURER
600. MONTROSE AVENUE
SOUTH PLAINFIELD, NJ 07080

NAME OF WHOLESALER DRUG DISTRIBUTOR/MANUFACTURER
Able Laboratories, Inc.

MINNESOTA STATUTES REQUIRE WHOLESALERS 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 TOTTALLING \$1000 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
361305-4

NAME OF PRACTITIONER Please include designation (i.e., MD, etc.)	ADDRESS OF PRACTITIONER	VALUE OF PAYMENTS	TYPE OF PAYMENTS
N/A			

RE; CALENDAR YEAR 2002

NAME OF WHOLESALER DRUG DISTRIBUTOR/MANUFACTURER Martec Pharmaceutical, Inc.	ADDRESS OF WHOLESALER DRUG DISTRIBUTOR/MANUFACTURER 1800 N. Topping, P.O. Box 33510, Kansas City, MO 64120-3510
MN BOARD OF PHARMACY LICENSE NUMBER	MINNESOTA STATUTES REQUIRE WHOLESALER 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 TOTALLING \$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.)	TYPE OF PAYMENTS
N/A	N/A
	RECEIVED AT
	FEB 28 2003
	MINNESOTA BOARD OF PHARMACY

NAME OF WHOLESALE DRUG DISTRIBUTOR/MANUFACTURER

Bioglan Pharmaceuticals Company

ADDRESS OF WHOLESALE DRUG DISTRIBUTOR/MANUFACTURER

7 Great Valley Parkway, Suite 301
Malvern, PA 19355

MN BOARD OF PHARMACY LICENSE NUMBER

361066-2

MINNESOTA STATUTES REQUIRE WHOLESALE 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 TOTALLING \$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

There is no reportable activity for calendar year 2002

RECEIVED AT

MAR 27 2003

MINNESOTA BOARD
OF PHARMACY

NAME OF WHOLESALE DRUG DISTRIBUTOR/MANUFACTURER

Astoria Drug, Inc.

ADDRESS OF WHOLESALE DRUG DISTRIBUTOR/MANUFACTURER

905 N. Main St. Astoria, OR 97103

MN BOARD OF PHARMACY LICENSE NUMBER

359874-2

MINNESOTA STATUTES REQUIRE WHOLESALE 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

W D U E

RECEIVED AT

MAR 25 2003

MINNESOTA BOARD
OF PHARMACY

NAME OF WHOLESALE DRUG DISTRIBUTOR/MANUFACTURER

Amersource Bergen - St Louis

ADDRESS OF WHOLESALE DRUG DISTRIBUTOR/MANUFACTURER

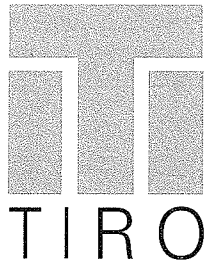
8190 Lackland Road St Louis MO - 63114

MIN BOARD OF PHARMACY LICENSE NUMBER

361297-4

MINNESOTA STATUTES REQUIRE WHOLESALE 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
None	N/A	None	None
			RECEIVED AT
			MAR 27 2003
			MINNESOTA BOARD OF PHARMACY



RECEIVED AT
MAR 18 2003
MINNESOTA BOARD
OF PHARMACY

March 14, 2003

Minnesota Board of Pharmacy
2829 University Avenue Southwest
Suite 530
Minneapolis, MN 55414-3251

Dear Director, Minnesota Board of Pharmacy:

Thank you for forwarding a copy of the 2002 Minnesota Board of Pharmacy
“Gifts to Practitioners” notification form. Enclosed is the completed report.

Please contact us at 763-572-2818, if we can provide additional information.

Sincerely,

TIRO INDUSTRIES, LLC

Brian L. Haugstad
Regulatory Affairs Manager

NAME OF WHOLESALER DRUG DISTRIBUTOR/MANUFACTURER
Tiro Industries, LLC

MINNESOTA STATUTES REQUIRE WHOLESALER 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
460118-8

NAME OF PRACTITIONER
Please include designation (i.e., MD, etc.)
None

ADDRESS OF PRACTITIONER

ADDRESS OF WHOLESALER DRUG DISTRIBUTOR/MANUFACTURER
5601 East River Road, Fridley MN 55432

VALUE OF PAYMENTS

TYPE OF PAYMENTS
None



April 3, 2003

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

RECEIVED AT
APR 07 2003
MINNESOTA BOARD
OF PHARMACY

Attention: David E. Holmstrom

Dear Mr. Holmstrom:

Subject: Gifts to Practitioners

In response to your memorandum dated November 12, 2002, I wish to inform you that the Eastman Kodak Dental Business has made no payments in the form of honorariums, reimbursements or other compensations to Practitioners during 2002.

If you have any questions or concerns, please call me at 585-724-3865.

Regards,

Patricia B. Lanzoni
License Coordinator
Regulatory Affairs Department
Health Imaging Division

Enc.



NAME OF WHOLESALER DRUG DISTRIBUTOR/MANUFACTURER

EASTMAN KODAK COMPANY

ADDRESS OF WHOLESALER DRUG DISTRIBUTOR/MANUFACTURER

1600 LEXINGTON AVENUE
ROCHESTER NY 14652-0122

MN BOARD OF PHARMACY LICENSE NUMBER

360488-5

MINNESOTA STATUTES REQUIRE WHOLESALER 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 \$1000 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

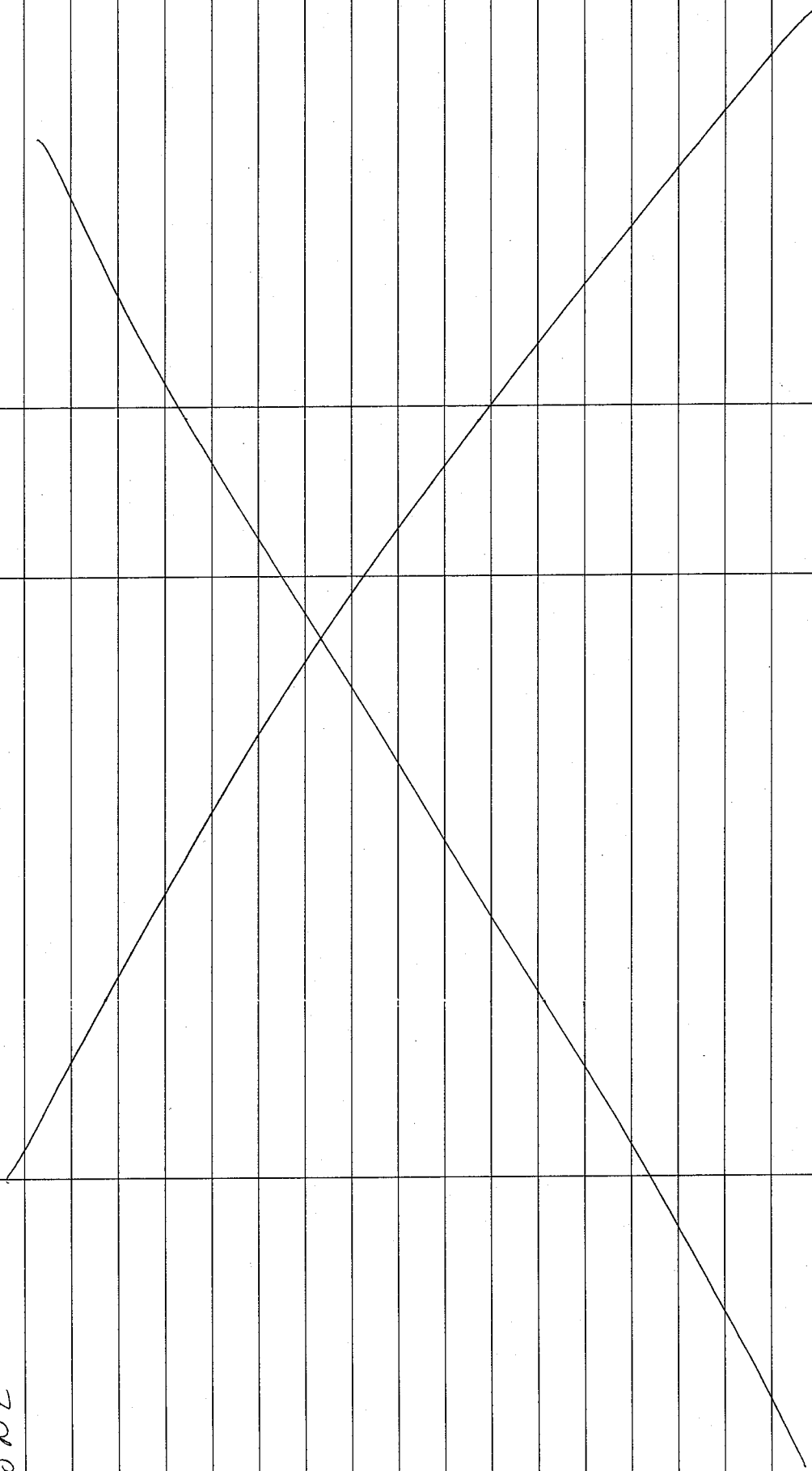
Please include designation (i.e., MD, etc.)

NONE

ADDRESS OF PRACTITIONER

VALUE OF PAYMENTS

TYPE OF PAYMENTS



Enzon, Inc.
20 Kingsbridge Road
Piscataway, NJ 08854-3969
Phone: 908 541 8600
Fax: 732 885 2950
www.enzon.com

ENZON

December 6, 2002

RECEIVED AT
DEC 11 2002
MINNESOTA BOARD
OF PHARMACY

Minnesota Board of Pharmacy
2829 University Avenue, S. E.
Suite 530
Minnesota, MN 55414-3251

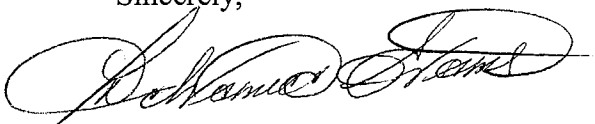
RE: License # 360402-1

Dear Sir or Madam:

Enclosed is ENZON's compensation annual report. There was no compensation paid to practitioners in Minnesota during the year of 2002.

If you have any questions or require any additional information, please do not hesitate to contact me by telephone at (732) 980-4588, by fax at (732) 980-9642 or by email at melvanice.evans@enzon.com.

Sincerely,



Melvanice Evans
Regulatory Center

NAME OF WHOLESALE DRUG DISTRIBUTOR/MANUFACTURER
ENZON Pharmaceuticals

ADDRESS OF WHOLESALE DRUG DISTRIBUTOR/MANUFACTURER
300 Corporate Court, South Plainfield, New Jersey 07080

MINNESOTA BOARD OF PHARMACY LICENSE NUMBER
360402-1

MINNESOTA STATUTES REQUIRE WHOLESALE 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 TOTTALLING \$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			

NAME OF WHOLESALER DRUG DISTRIBUTOR/MANUFACTURER

ARROWHEAD PROMO & FULFILLMENT CO INC.

ADDRESS OF WHOLESALER DRUG DISTRIBUTOR/MANUFACTURER

1105 SE 8th Street, GRAND RAPIDS, MN, 55744

MN BOARD OF PHARMACY LICENSE NUMBER

MINNESOTA STATUTES REQUIRE WHOLESALER 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

There has been & will be no reportable activity in 2002.

Discontinued
V.P. of Operations

RECEIVED AT
DEC 12 2002
MINNESOTA BOARD
OF PHARMACY

NAME OF WHOLESALER DRUG DISTRIBUTOR/MANUFACTURER

Arrowhealth Medical Supply

ADDRESS OF WHOLESALER DRUG DISTRIBUTOR/MANUFACTURER

20 SW Second Ave

Rochester, MN 55902

MN BOARD OF PHARMACY LICENSE NUMBER

360863

MINNESOTA STATUTES REQUIRE WHOLESALER 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 TALLING \$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 payments made.

ADDRESS OF PRACTITIONER

VALUE OF PAYMENTS

TYPE OF PAYMENTS

RECEIVED AT
DEC 12 2002
MINNESOTA BOARD
OF PHARMACY



RECEIVED AT
MAR 21 2003
MINNESOTA BOARD
OF PHARMACY

Boston Scientific Scimed, Inc.
One Scimed Place
Maple Grove, MN 55311-1566
763.494.1700

Direct Dial: (763) 494-2698
Email: chris.hughes@bsci.com

March 19, 2003

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

RE: Gifts to Practitioners-Annual Report

Dear Mr. Holmstrom:

Per our March 19, 2003 telephone conversation, this letter confirms that Boston Scientific SciMed Inc., as a medical device manufacturer that distributes drugs as an incidental part of its device business, is not required to file with the Minnesota Board of Pharmacy an annual report identifying all payment, honoraria, reimbursement, and other compensation paid to licensed practitioners in Minnesota.

Thank you for promptly responding to my question regarding this matter. Please contact me immediately at (763) 494-2698 if this letter does not accurately reflect our conversation.

Sincerely,

Boston Scientific Scimed, Inc.

A handwritten signature in black ink that reads "Chris Hughes".

Christopher P. Hughes
Corporate Counsel

cc: Kelly Phillips

