

Vendor Name	Addr1	City	State Prov	Postal Code	Invoice Dte	Value of Payments	Type of Payment
SHIRLEY E HAGEN	14279 HIBISCUS CT	APPLE VALLEY	MN	55124	06/19/02	705.00	Fee
JOSEPH J SOCKOLOSKY	345 N SMITH AVE	ST PAUL	MN	55102	06/19/02	105.60	Expense
JOSEPH J SOCKOLOSKY	345 N SMITH AVE	ST PAUL	MN	55102	03/13/02	1,000.00	Fee
JOSEPH J SOCKOLOSKY	345 N SMITH AVE	ST PAUL	MN	55102	04/23/02	961.50	Expense
JOSEPH J SOCKOLOSKY	345 N SMITH AVE	ST PAUL	MN	55102	04/23/02	500.00	Fee
WARREN E REGELMANN	PHILLIPS WAGENSTEIN BLDG	MINNEAPOLIS	MN	55102	09/25/02	1,000.00	Fee
WARREN E REGELMANN	3 SANDPIPER LN	NORTH OAKS	MN	55455	06/10/02	1,000.00	Fee
KENNETH BARAN	255 N SMITH AVE	ST PAUL	MN	55127	07/09/02	1,149.25	Expense
KENNETH BARAN	255 N SMITH AVE	ST PAUL	MN	55102	04/15/02	400.00	Fee
ROSEMARY ROSE	1715 WASHINGTON AVENUE	SUPERIOR	WI	54880	06/25/02	1,500.00	Fee
ANTIONETTE MORAN	UNIV OF MINNESOTA	MINNEAPOLIS	MN	55415-	08/15/02	200.00	Fee
				1226	02/04/02	750.00	Fee
DAVID W HUNTER	DEPT OF RADIOLOGY BOX 292	MINNEAPOLIS	MN	55455	01/16/02	61.88	Expense
DAVID W HUNTER	DEPT OF RADIOLOGY BOX 292	MINNEAPOLIS	MN	55455	05/23/02	259.76	Expense
DAVID W HUNTER	DEPT OF RADIOLOGY BOX 292	MINNEAPOLIS	MN	55455	07/09/02	195.39	Expense
DAVID W HUNTER	DEPT OF RADIOLOGY BOX 292	MINNEAPOLIS	MN	55455	08/15/02	498.37	Expense
DAVID W HUNTER	DEPT OF RADIOLOGY BOX 292	MINNEAPOLIS	MN	55455	09/13/02	529.55	Expense
THOMAS ELMER WITZIG	MAYO CLINIC	ROCHESTER	MN	55905	08/26/02	1,500.00	Fee
JOHN MAHOWALD	1870 6TH AVE N	ST CLOUD	MN	56303	03/20/02	1,500.00	Fee
WILLIAM F SCHOENWETTER	PARK NICOLLET CLINIC	ST LOUIS PARK	MN	55416	03/20/02	13.80	Expense
RICHARD DEAN MULLVAIN	6850 BIRCH GROVE RD	SAGINAW	MN	55779	08/21/02	1,500.00	Fee
RICHARD DEAN MULLVAIN	6850 BIRCH GROVE RD	SAGINAW	MN	55779	06/05/02	750.00	Fee
PATRICK FLYNN	800 EAST 28TH ST	MINNEAPOLIS	MN	55407	08/15/02	750.00	Fee
CARY N MARIASH	1900 29TH AVE NW	NEW BRIGHTON	MN	55112	03/11/02	1,000.00	Fee
SEAN MCCAULEY	8629 GREENE AVE	COTTAGE GROVE	MN	55016	05/23/02	1,000.00	Fee
STEVEN HARTWIG	1565 BLUEBILL TRAIL	CHANHASSEN	MN	55016	05/20/02	250.00	Fee
STEVEN HARTWIG	1565 BLUEBILL TRAIL	CHANHASSEN	MN	55315	05/20/02	54.75	Expense
HAROLD KAISER	825 NICOLLET MALL STE 1149	MINNEAPOLIS	MN	55315	08/15/02	500.00	Fee
HAROLD KAISER	825 NICOLLET MALL STE 1149	MINNEAPOLIS	MN	55402	08/30/02	88.50	Expense
DAVID F GRAFT	PARK NICOLLETT CLINIC	MINNEAPOLIS	MN	55402	08/15/02	1,500.00	Fee
DENNIS MCCALLUM	4001 41ST ST NW	MINNEAPOLIS	MN	55416	08/16/02	91.00	Expense
		ROCHESTER	MN	55416	09/09/02	5,000.00	Fee
				55901	08/21/02	1,500.00	Fee

Vendor Name	Addr'1	City	State	Postal	Invoice Dte	Tran Paid Amt	Type of Payment
DENNIS MCCALLUM	4001 41ST ST NW	ROCHESTER	MN	55901	08/28/02	53.25	Expense
GREGORY SNYDER	420 DELAWARE ST	MINNEAPOLIS	MN	55455	10/01/02	1,000.00	Fee
SHAWN SHRAWNY	420 DELAWARE ST	MINNEAPOLIS	MN	55455	10/01/02	1,000.00	Fee
BIBI SWALEHAH KHOYRATTY	6363 FRANCE AVE S	EDINA	MN	55435	12/09/02	1,000.00	Fee
JON PAUL CARLSON	3800 PARK NICOLETT BLVD	ST LOUIS PARK	MN	55416	10/10/02	1,250.00	Fee
ROBERT A KYLE	1207 6TH ST SW	ROCHESTER	MN	55902	12/09/02	2,000.00	Fee

<p>Name of Wholesale Drug Distributor/Manufacturer</p> <p>Fujisawa Healthcare, Inc.</p>	<p>Address of Wholesale Drug Distributor/Manufacturer</p> <p>Three Parkway North Center Deerfield, IL 60015</p>
<p>MN Board of Pharmacy License Number</p>	<p>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.</p>
<p>Name of Practitioner Please include designation (i.e., MD, etc.)</p>	<p>Address of Practitioner</p> <p>Value of Payments</p> <p>Type of payments</p>

Arthur Matas, MD	7411 Coventry Way Edina, MN 55439	\$1,500.00	Honoraria
Michael J. Debernardi, MD	1 st Street, SW Rochester, MN 55905	\$ 750.00	Honoraria
Karen Hedin, MD	200 1 st Street SW, MS 2-101 Rochester, MN 55905	\$1,500.00	Honoraria
Abhinav Humar, MD	10189 Bridgewater Circle Woodbury, MN 55129	\$1,500.00	Honoraria
Raja Kandaswamy, MD	2338 19 th Avenue, NE Minneapolis, MN 55418	\$1,500.00	Honoraria
Bertram L. Kasiske, MD	6715 Apache Road Edina, MN 55439	\$3,750.00	Honoraria
Melissa Kennedy, MD	75 Deer Hills Court North Oaks, MN 55127	\$ 750.00	Honoraria
John Lake, MD	1782 Knox Avenue South Minneapolis, MN 55403	\$1,500.00	Honoraria
John S. Najarian, MD	University of Minnesota, Department of Surgery 516 Delaware Street, SE, MMC 195 Minneapolis, MN 55455	\$1,500.00	Honoraria
Mikel Prieto, MD	Mayo Clinic Department of Transplant 200 First Street, SW, Charlton 10A Rochester, MN 55905	\$1,500.00	Honoraria
Leslie W. Miller, MD	420 Delaware, Box 508 Minneapolis, MN 55455	\$50,000.00	Consultant

NAME OF WHOLESALE DRUG DISTRIBUTOR/MANUFACTURER

Amersham Health

ADDRESS OF WHOLESALE DRUG DISTRIBUTOR/MANUFACTURER

101 Carnegie Center, Princeton, NJ 08540

NAME OF PHARMACY LICENSURE JURISDICTION

MINNESOTA

ADDRESS OF PRACTITIONER

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 (e.g., M.D., R.N.)

ADDRESS OF PRACTITIONER

VALUE OF PAYMENTS

TYPE OF PAYMENTS

Brian J. Davis, M.D.

Rochester, MN - 200 First Street SW

\$1,000.00

Speaking Engagement Fee

Wilson Hernandez

Minneapolis, MN - 215 Broadway Street NE

\$500.00

SPI Course Tuition Reimbursement

Greg Willis

Minneapolis, MN - 5048 16th Ave S

\$500.00

SPI Course Tuition Reimbursement

Karen Kowalik

Minneapolis, MN - 420 Delaware St SE

\$101.58

Travel Expenses for Tutorial

Mark Palmer

Minneapolis, MN - 4937 Aldridge Ave

\$500.00

SPI Course Tuition Reimbursement

Maneesh Gossain

Minneapolis, MN - 2609 8th Street

\$500.00

SPI Course Tuition Reimbursement

David Hurrell, M.D.

Chanhassen, MN - 7460 Bent Bow Trail

\$750.00

Speaking Engagement Fee

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FEB 21 2003

MINNESOTA BOARD OF PHARMACY

Karmen Dather, Shopko Pharmacy #2059 Fairmont, MN 56031 507-238-9488

NAME OF WHOLESALER DRUG DISTRIBUTOR/MANUFACTURER: McKesson H80C
ADDRESS OF WHOLESALER DRUG DISTRIBUTOR/MANUFACTURER: 3230 Spruce St, Little Canada, MN

MIN BOARD OF PHARMACY LICENSE NUMBER: 115002-7
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	VALUE OF PAYMENTS	TYPE OF PAYMENTS
Various drug company representatives		620.00	Notepads, pens, informational material, devices for demonstration & counseling purposes

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AUG 29 2003
MINNESOTA BOARD
OF PHARMACY

NAME OF WHOLESALER DRUG DISTRIBUTOR MANUFACTURER Practitioner (Pharmacist)
 ADDRESS OF WHOLESALER DRUG DISTRIBUTOR MANUFACTURER Practitioner
 (work) Pamida Pharmacy
 705 Northland Dr; Princeton, MN 55371

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.)
 116069-3
 Whole Sale
 Manufacturer

ADDRESS OF PRACTITIONER
 Weston, Florida

NAME OF PRACTITIONER
 Anda Generics
 Schering - Drug Rep

VALUE OF PAYMENTS
 ~\$24.00
 ~\$6.00

TYPE OF PAYMENTS
 Nuts at Christmas
 Bag of Starbursts

RECEIVED AT
 AUG 22 2003
 MINNESOTA BOARD
 OF PHARMACY

NAME OF WHOLESALE DRUG DISTRIBUTOR/MANUFACTURER

ADDRESS OF WHOLESALE DRUG DISTRIBUTOR/MANUFACTURER

MINNESOTA 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 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
MHA			
Regine J. Miron, RN	801 Jefferson St. N, Wadena MN 56482		MHA cc. re pens re notepads
Anda Inc.	2915 Weston Rd Weston, FL 33331	2250.00	Christmas ~ pistachios
D & K Healthcare Resources, Inc.	800 N. 3rd St. Mnpls, MN 55401	221.00	C.E
			RECEIVED AT
			SEP 09 2003
			MINNESOTA BOARD OF PHARMACY

NAME OF WHOLESALE DRUG DISTRIBUTOR/MANUFACTURER

SMITH & NEPHEW INC.
MIN BOARD OF PHARMACY LICENSE NUMBER

ADDRESS OF WHOLESALE DRUG DISTRIBUTOR/MANUFACTURER

11775 STARKER RD., LARGO, FL 33773

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., M.D., etc.)	ADDRESS OF PRACTITIONER	VALUE OF PAYMENTS	TYPE OF PAYMENTS
DR. WILLIAM OMLIE	MINNEAPOLIS VASCULAR INSTITUTE 6545 FRANCE AVE. SO. SUITE 290 EDINA, MN 55435	1,000. -	KEY OPINION LEADER MEETING & SPEAKERS TRAINING.

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FEB 12 2003
MINNESOTA BOARD
OF PHARMACY

NAME OF WHOLESALER DRUG DISTRIBUTOR/MANUFACTURER

GENERAL INJECTABLES & VACCINES INC

ADDRESS OF WHOLESALER DRUG DISTRIBUTOR/MANUFACTURER

PO BOX 9, BASTIAN, VA 24314

MN BOARD OF PHARMACY LICENSE NUMBER

361087-9

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 TOTTALING \$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

ALLEN LEO HORN MD
CENTRA CARE CLINIC

525 W MAIN ST, MELROSE, MN 56352

\$656.60

CREDIT BAL/OVERPAYMENT

DR JANET KUHN
HEALTH PARTNERS

PO BOX 1309, MINNEAPOLIS, MN 55440

\$359.90

CREDIT BAL/OVERPAYMENT

DR VIRGIL MEYER
LITTLE FALLS ORTHOPEDICS

1108 1ST ST SE, LITTLE FALLS, MN 56345

\$163.90

2001 CUST REBATE PROGRAM

DR LARRY LYONS
TUFF MEMORIAL NURSING HM

505 EAST 4TH ST, HILLS, MN 56138

\$1513.15

CREDIT BAL/OVERPAYMENT

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MAR 03 2003

MINNESOTA BOARD
OF PHARMACY

NAME OF WHOLESAL DRUG DISTRIBUTOR/MANUFACTURER
InterMune Inc.

ADDRESS OF WHOLESAL DRUG DISTRIBUTOR/MANUFACTURER
3280 Baysore Blvd., Brisbane, CA 94005

MN BOARD OF PHARMACY LICENSE NUMBER

460025-7

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
Michael Bowen, MD	920 E. 28th St., Suite 700, Minneapolis, MN 55407	\$ 500.00	Honorarium
Sam Ho, MD	VA Medical Center, One Veterans Dr., Minneapolis, MN 55417	\$ 2,000.00	Honorarium
Karah Neisen	Minnesota Clinical Res. Ctr., 2550 University Ave., St. Paul, MN 55114	\$ 1,500.00	Grant/GILF-001 investigator meeting
Fran Peterson	8050 134th Street West, Apple Valley, MN 55124	\$ 208.22	Travel reimbursement/MSL candidate interview
Russell Wiesner, MD	Mayo Clinic, 200 First St., SW, Rochester, MN 55905	\$ 1,457.00	Honorarium/travel reimbursement
Patrick Wright	Minnesota Lung Center, 8675 Valley Creek Rd., Woodbury, MN 55125	\$ 500.00	Honorarium

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FEB 05 2003
MINNESOTA BOARD
OF PHARMACY

NAME OF WHOLESALER DRUG DISTRIBUTOR/MANUFACTURER

Monsanto Company

MN BOARD OF PHARMACY LICENSE NUMBER

459913-5

ADDRESS OF WHOLESALER DRUG DISTRIBUTOR/MANUFACTURER

800 North Lindbergh, MO 63167 Mail Code : B2SC

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
Jack Kevin Bagent	39660 Crane Lake Dr. Battle Lake MN	5,164.15	training
Lester Prairie Veterinary Clinic	18743 Babcock Avenue Lester Prairie MN	3,120.00	technical support
Minnesota Verterinary Associates	222 East County Road 173, PO Box 219 Melrose	1,410.88	technical support, training
Nicollet New Ulm Vet Clinic	401 20th St. S New Ulm, MN	1,457.50	technical support, training
Steve Wignes	39685 Yellowpine Circle Sauk Centre, MN	5,276.31	technical support

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JAN 31 2003
MINNESOTA BOARD
OF PHARMACY

NAME OF WHOLESALE DRUG DISTRIBUTOR/MANUFACTURER

ADDRESS OF WHOLESALE DRUG DISTRIBUTOR/MANUFACTURER

COLLAGENEX PHARMACEUTICALS, INC.

41 UNIVERSITY DRIVE, SUITE 200, NEWTOWN, MA 01840

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

460098-5

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

ADDRESS OF PRACTITIONER

VALUE OF PAYMENTS

TYPE OF PAYMENTS

DIANE TESTA, RDH

CENTURY COLLEGE, 3300 CENTURY AVE, ST. PAUL

\$1829.20

HONORARIA AND MILEAGE

STEPHEN LANE, MD

ASSOCIATED EYE CARE, 2321 N. MAIN ST., STILLWATER

\$45,000.00

PRINCIPAL INVESTIGATOR, CLINICAL TRIAL

RECEIVED AT

JAN 17 2003

MINNESOTA BOARD
OF PHARMACY

NAME OF WHOLESAL DRUG DISTRIBUTOR/MANUFACTURER	ADDRESS OF WHOLESAL DRUG DISTRIBUTOR/MANUFACTURER		
Orphan Medical, Inc. MN BOARD OF PHARMACY LICENSE NUMBER 460044-8	13911 Ridgedale Drive, Suite 250, Minnetonka, MN 55305		
NAME OF PRACTITIONER Please include designation (i.e., MD, etc.)	ADDRESS OF PRACTITIONER	VALUE OF PAYMENTS	TYPE OF PAYMENTS
Salim Kathawalla, M.D.	Park Nicollet Health Services/Park Nicollet Clinic Pulmonary Critical Care Sleep Department Minneapolis, MN 55426	\$7,463.49	Investigator Payments

Promotech

1480 Arthur Ave Ste D
 LOUISVILLE, CO 80027

Name of Practitioner	Address of Practitioner	city	state	zip	Value of Payments	Type of Payments
Alva Atkinson MD	206 S Broadway Site 601	Rochester	MN	55904	\$100.00	Medisite Certificate
Andrew P. Chang MD	101 Willmar Ave Sw	Willmar	MN	56201	\$100.00	Medisite Certificate
Annette M. Smick MD	Po Box 5600	Winona	MN	55987	\$100.00	Medisite Certificate
Annette M. Smick MD	855 Mankato Ave	Winona	MN	55987	\$100.00	Medisite Certificate
Ardell William Diessner MD	3193 Pennington Ave S	Afton	MN	55001	\$100.00	Medisite Certificate
Bruce H. Field MD	La Familia Guidance Center 155 Wabasha St S Ste 1	Saint Paul	MN	55107	\$100.00	Medisite Certificate
Chandra Sheila Unni MD	300 3rd Ave Se Ste 206	Rochester	MN	55904	\$100.00	Medisite Certificate
Clyde R. Olson MD	400 E. 3rd St	Duluth	MN	55805	\$100.00	Medisite Certificate
Corby J. Benson MD	Apt 2001 1201 Yale Pl	Minneapolis	MN	55402	\$100.00	Medisite Certificate
David G. Nessel MD	2701 Salem Road Sw	Rochester	MN	55902	\$200.00	Medisite Certificate
David L. Johnson MD	Ste 2402	Minneapolis	MN	55415	\$100.00	Medisite Certificate
Eduardo A. Colon MD	7 Park Ln	Minneapolis	MN	55415	\$100.00	Medisite Certificate
Emery E. Ulrich MD	8232 W Rose Lake Dr	Canyon	MN	55717	\$100.00	Medisite Certificate
Faruk S. Abuzzahab MD	701 25th Ave S Site 303	Minneapolis	MN	55454	\$200.00	Medisite Certificate
Francisco J. Gomez MD	500 Osborne Rd Ne Site 365	Fridley	MN	55432	\$100.00	Medisite Certificate
George M. Realmuto MD	2450 Riverside Ave	Minneapolis	MN	55454	\$100.00	Medisite Certificate
Haramandeep Makkare MD	16871 78th Pl N	Maple Grove	MN	55311	\$100.00	Medisite Certificate
Kenneth B. Hoj MD	1650 Beam Ave	Saint Paul	MN	55109	\$100.00	Medisite Certificate
Kerry A. Fox MD	8681 Wynstone Pass	Eden Prairie	MN	55347	\$100.00	Medisite Certificate
Kevin Xie MD	903 Morning Star Ct	Sartell	MN	56377	\$100.00	Medisite Certificate
Laura L. Bloomquist MD	166 Main St	Winona	MN	55987	\$100.00	Medisite Certificate
Laura L. Bloomquist MD	Hiawatha Valley Mental Health Center P. o. Box 619	Winona	MN	55987	\$100.00	Medisite Certificate
Lon J. Augdahl MD	2701 Lakeview Dr	Fergus Falls	MN	56537	\$100.00	Medisite Certificate
Lon J. Augdahl MD	615 S Mill St	Fergus Falls	MN	56537	\$100.00	Medisite Certificate
Lowell Carl Wigdahl MD	7200 Trillium Ln	Edina	MN	55435	\$100.00	Medisite Certificate
Marietta Castellanos MD	Department Of Psychiatry	Minneapolis	MN	55404	\$100.00	Medisite Certificate
Mark Holub MD	102 Laurel Street	Brainerd	MN	56401	\$100.00	Medisite Certificate
Michael D. Johnson MD	Ramsey Medical Clinic	Ramsey	MN	55303	\$100.00	Medisite Certificate
Michael Francis Koch MD	308 Seymour Place S.e.	Minneapolis	MN	55414	\$100.00	Medisite Certificate
Michael Koch MD	308 Seymour Place S.e. Suite 1	Minneapolis	MN	55414	\$100.00	Medisite Certificate
Nancy C. Raymond MD	University Of Minnesota, Dept Of Psychiatry	Minneapolis	MN	55454	\$100.00	Medisite Certificate
Stanley W. Shapiro MD	15612 Highway 7 Ste 338	Minnetonka	MN	55345	\$200.00	Medisite Certificate
Susan Czaplowski MD	3800 Park Nicollet Blvd	Minneapolis	MN	55416	\$100.00	Medisite Certificate
Sushila N. Mohan MD	406 Highpoint Curve	Maplewood	MN	55119	\$100.00	Medisite Certificate
Thomas F. Micka MD	1160 Benton St	Anoka	MN	55303	\$100.00	Medisite Certificate
Tracy A. Tomac MD	St. Luke's Hillside Ctr	Duluth	MN	55805	\$200.00	Medisite Certificate
Troy Payne MD	2025 Stearns Way	Saint Cloud	MN	56303	\$100.00	Medisite Certificate
William B. Hosfield MD	1405 North Lilac Drive Suite 151	Golden Valley	MN	55422	\$100.00	Medisite Certificate
Yijie Dong MD	5428 165th Lane N.w.	Ramsey	MN	55303	\$100.00	Medisite Certificate

NAME OF WHOLESALE DRUG DISTRIBUTOR/MANUFACTURER	ADDRESS OF WHOLESALE DRUG DISTRIBUTOR/MANUFACTURER		
MN BOARD OF PHARMACY LICENSE NUMBER	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
	* Please see		
	attached		

GLD320

UPSHER-SMITH LABORATORIES, INC.
G/L ACCOUNT BALANCE INQUIRY

WZ 12/02/02
HUSTOFHJ 12:49:37

CO	Dpt	ACCT PROD	Account Description	Fiscal Year	Period
01	511	6000.000000	CONSULT/PROFESSIONAL FEES	02	01 to 11

Opening Bal. Period 01	.00	Closing Bal. Period 11	850.00
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Journal Number	Date	Description	Amount	Quantity
AP9448	5/28/02	JOHN PASTOR	100.00	
AP9448	5/28/02	CINDY APPLESETH	100.00	
AP9448	5/28/02	CHARLES COOPER	100.00	
AP9461	5/31/02	JENNIFER SCHAFFHAUSE	100.00	
AP9844	11/14/02	SUSAN DIEM MD MPH	200.00	
AP9865	11/26/02	UMPHYSICIANS	250.00	

M-9906 *** End of Data Reached ***

CMD/2-Previous Screen

CMD/7-End

ROLL

HELP

**Bayer HealthCare
Pharmaceuticals**



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

Jeffrey M. Greenman
Compliance Officer

RECEIVED AT
APR 07 2003
MINNESOTA BOARD
OF PHARMACY

Re: Payments to Practitioners

Dear Sirs:

Attached is the report of payments, honoraria, reimbursement, and other compensation paid in 2002 to licensed practitioners in Minnesota by Bayer Pharmaceuticals Corporation. The report identifies the nature and value of payments, totaling \$100 or more, to a particular practitioner in the year 2002.

If there are any questions or comments, do not hesitate to contact us.

Sincerely,


Jeffrey M. Greenman
Compliance Officer and
Vice President, Patents & Licensing

April 1, 2003

Bayer Pharmaceuticals
Corporation

400 Morgan Lane
West Haven, CT 06516
USA

203.812.2000

www.bayer.com

MN 2002 Payments to Practitioners

NAME	STREET	CITY	STATE	ZIP	AMT	TYPE OF PAYMENT
Ajay Nehra	1423 19th Ave SW	Rochester	MN	55902	\$ 655.00	Expense Reimbursement
Ajay Nehra, MD	200 First St WE	Rochester	MN	55905	\$ 16,500.00	Honorarium
Ajay Nehra Total					\$ 17,155.00	
Alex A Adjei, MD	12443 Whitebridge Lane NE	Rochester	MN	55906	\$ 1,000.00	Honorarium
Alex A Adjei Total					\$ 1,000.00	
Bosheng Yang, MD	8700 Wyoming Ave N	Minneapolis	MN	55445	\$ 250.00	Preceptorship
Bosheng Yang Total					\$ 250.00	
Charles C Li, MD	7250 Lewis Ridge Pkwy #115	Edina	MN	55439	\$ 225.00	Preceptorship
Charles C Li Total					\$ 225.00	
Cindy Anderson, PharmD	775 Prairie Ctr Dr #300	Eden Prairie	MN	55344	\$ 1,000.00	Honoraria
Cindy Anderson, PharmD	775 Prairie Ctr Dr #300	Eden Prairie	MN	55344	\$ 105.00	Expense Reimbursement
Cindy Anderson Total					\$ 1,105.00	
David Choquette, MD	920 East 1st St #301	Duluth	MN	55805	\$ 1,000.00	Honorarium
David Choquette Total					\$ 1,000.00	
David Ingbar, MD	3800 York Ave S	Minneapolis	MN	55410	\$ 1,000.00	Honorarium
David Ingbar Total					\$ 1,000.00	
David Polzin, MD	1365 Gortner Ave 346 BTH	Saint Paul	MN	55108	\$ 500.00	Honorarium
David Polzin, MD	1365 Gortner Ave 346 BTH	Saint Paul	MN	55108	\$ 600.00	Consultancy
David Polzin Total					\$ 1,100.00	
David W Hunter, MD	420 Delaware St SW	Minneapolis	MN	55455	\$ 750.00	Honorarium
David W Hunter Total					\$ 750.00	
Hany Yacoub, MD	9055 Springbrook Dr	Coon Rapids	MN	55433	\$ 275.00	Preceptorship
Hany Yacoub Total					\$ 275.00	
Jean Lewis, RN	5452 Girard Ave South	Minneapolis	MN	55419	\$ 4,000.00	Honorarium
Jean Lewis Total					\$ 4,000.00	
Johan Bakken, MD	735 Mellwood Ave	Duluth	MN	55804	\$ 3,000.00	Honoraria - 3 CME Lectures
Johan Bakken, MD	735 Mellwood Ave	Duluth	MN	55804	\$ 52.00	Expense Reimbursement
Johan Bakken Total					\$ 3,052.00	
John C Rotschafer, MD	5959 Hobe Lane	White Bear Lake	MN	55110	\$ 3,250.00	Honorarium
John C Rotschafer, MD	5959 Hobe Lane	White Bear Lake	MN	55110	\$ 1,095.48	Expense Reimbursement
John C Rotschafer, MD Total					\$ 4,345.48	
John Hamerly, MD	9429 Jane Rd North	Lake Elmo	MN	55042	\$ 250.00	Preceptorship
John Hamerly Total					\$ 250.00	
Kraisimir George Bojanovm MD	1030 Overlook Rd	Saint Paul	MN	55118	\$ 500.00	Honorarium
Kraisimir George Bojanovm MD	1030 Overlook Rd	Saint Paul	MN	55118	\$ 60.49	Expense Reimbursement
Kraisimir George Bojanovm Total					\$ 560.49	
Macaran A Baird, MD	4001 41st NW	Rochester	MN	55901	\$ 470.53	Expense Reimbursement
Macaran A Baird Total					\$ 470.53	
Norman Booth, MD	224 Main St	Wanamingo	MN	55983	\$ 500.00	Honorarium
Norman Booth Total					\$ 500.00	

MN 2002 Payments to Practitioners

NAME	STREET	CITY	STATE	ZIP	AMT	TYPE OF PAYMENT
Peter Russell, MD	8091 Currant Place	Eden Prairie	MN	55347	\$ 500.00	Preceptorship
Peter Russell Total					\$ 500.00	
Sabri Sen, MD	12 Larkspur Lane	North Oaks	MN	55127	\$ 250.00	Preceptorship
Sabri Sen Total					\$ 250.00	
Samuel Kriegler, MD	901 9th St North	Virginia	MN	55792	\$ 500.00	Honorarium
Samuel Kriegler Total					\$ 500.00	
Stephen P Glasser, MD	1300 S Second St Ste 300	Minneapolis	MN	55454	\$ 1,500.00	Honorarium
Stephen P Glasser, MD	1300 S Second St Ste 300	Minneapolis	MN	55454	\$ 34.00	Expense Reimbursement
Stephen P Glasser Total					\$ 1,534.00	
Thomas E Luth, MD	1335 E 10th Ave	Shakopee	MN	55379	\$ 225.00	Preceptorship
Thomas E Luth Total					\$ 225.00	