

NAME OF WHOLESALER/DRUG DISTRIBUTOR/MANUFACTURER

CentralCare Pharmacy Heartland  
MN BOARD OF PHARMACY LICENSE NUMBER  
~~360474-6~~

ADDRESS OF WHOLESALER/DRUG DISTRIBUTOR/MANUFACTURER

1520 Whitney Court S. Cloud, MN 56303

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
	No activity in 2004		

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MINNESOTA BOARD  
OF PHARMACY

RETAIL

NAME OF WHOLESALER DRUG DISTRIBUTOR/MANUFACTURER

VIKING INDUSTRIAL CENTER

ADDRESS OF WHOLESALER DRUG DISTRIBUTOR/MANUFACTURER

710 Raymond Ave.

RETAIL

St. Paul, MN 55114

MN BOARD OF PHARMACY LICENSE NUMBER

301258-7

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 TOTALLING \$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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No Activity			

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OF PHARMACY

