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NAME OF WHOLESALE DRUG DISTRIBUTOR/MANUFACTURER SoloPak Pharmaceuticals Inc.		www. Suite 600.	60007 (Mfg Address) Boca Raton. FL 33487 (Corp off
MIN BOARD OF PHARMACY LICENSE NUMBER 459868–6	MINNESOTA STATUTES REQUIRE WHOLESALE DRUG DISTRIBUTORS TO FILE WITH THE BOARD OF PHARMACY AN ANNUAL REPORT IDENTIFYING ALL FAYMENTS, HONORARIA, REIMBURSEMENT OTHER COMPENSATION AUTHORIZED UNDER SECTION ISLAG, 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.	BOARD OF PHARMACY AN AN SES (3) TO (5), PAID TO PRACTI (MENTS TOTALING \$100 OR MO (B PUBLIC DATA.	NUAL REPORT IDENTIFYING ALL PAYMENTS, HONORARIA, TIONERS IN MINNESOTA DURING THE PRECEDING NRE, TO A PARTICULAR PRACTITIONER DURING THE YEAR,
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ADDRESS OF WHOLESALE DRUG DISTRIBUTERMANUFACTURER 7900 Fuller Road Eden Prairie, Mn 55344 MINNESOTA STATUTES REQUIRE WHOLESALE DRUG DISTRIBUTORS TO FILE WITH THE BOARD OF PHARMACY AN ANNUAL REPORT DENTIFYING ALL PAYMENTS, HONORARIA, REIMBURSEMENT OTHER COMPENSATION AUTHORIZED UNDER SECTION 151.461, CLAUSES 9) TO (6), FAID TO PRACTITIONERS IN MINNESOTA DURING THE PRECEDING CALENDAR YEAR. THE REPORT SHALL IDENTIFY THE PRACTITIONER REPORTS FILED UNDER THIS PROVISION ARE PUBLIC DATA. AND SHALL IDENTIFY THE FRACTITIONER ADDRESS OF PRACTITIONER PAYMENTS TYPE OF PAYMENTS

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	SUITE 220		NAME OF WIGLESALE DRUG DISTRIBUTORMANUFACTURER SUPERGEN INC.

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Purepac Pharmaceutical Co.	address of Wholesale drug dis	Elizabeth, NJ 07207	7
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	Elizabeth, NJ 07207	200 Elmora Avenue Eli	Faulding Pharmaceutical Co.
	UMANUFACTURER	ADDRESS OF WHOLESALE DRUG DISTRIBUTERMANUFACTURER	NAME OF WHOLESALE DRUG DISTRIBUTOR/MANUFACTURER

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h San Francisco CA 94080 TOAL REPORT DENTIFYING ALL PAYMENTS, HONORARIA,	1. #405 South BOARD OF PHARMACY AN ANN	Network 395 Oyster Pt. Blvd., #405, South San Francisco, CA 94080, MINNESOTA STATUTES REQUIRE WHOLESALE DRUG DISTRIBUTORS TO FILE WITH THE BOARD OF PHARMACY AN ANNUAL REPORT IDENTIFYING ALL PAYMENTS, HONORARIA,	Oncology Therapeutics Netv
	UMANUFACTURER	ADDRESS OF WIIOLESALE DRÜG DISTRIBUTERMÄNUFACTURER	ANIE OF WHOLESALE DRUG DISTRIBUTORMANUFACTURER

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udette, MN 56625	3/20 Bau	Macan Route / By	NAME OF WHOLESALE DRUG DISTRIBUTOR MANUFACTURER LULLUM F

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ATTION OF PHYSICAL LICENSE NOWES.	ADDRESS OF WHOLESALE DRUG DISTRIBUTE OR STATES OF PHILADALLY AN ARMAL REPORT DEMITTERING ALL PROPERTY, HOWOERLY, HOW	ALIVERIA SO COLOG CILLA DE LA COLOGA CILLA DE LA CO	TRIBUTE BOARD OF PRINSIALY AN INVOLUTION TO DESCRIBE TO A LINEWAY TO THE PERCEDING.
1	AND SHALL IDENTIFY THE PRACTITIONER. REPORTS FILED UNDER THIS PROVISION ARE PUBLIC DATA. ADDRESS OF PRACTITIONER PAYME	PAYMEN'S	TYPE OF PAYMENTS
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