

**UNITED STATES BANKRUPTCY COURT
FOR THE DISTRICT OF DELAWARE**

PROOF OF CLAIM



560216

Bar Date Ref # 2-NVM-18775

In re **Fleming Kenneth David**

Case Number
03-10945

NOTE This form should not be used to make a claim for an administrative expense arising after the commencement of the case. A "request" for payment of an administrative expense may be filed pursuant to 11 U.S.C. § 503.

Name of Creditor and Address

0354653560216

Anda Inc
2915 Weston Rd
Weston FL 33331

Check box if you are aware that anyone else has filed a proof of claim relating to your claim. Attach copy of statement giving particulars.

Check box if you have never received any notices from the bankruptcy court in this case.

Check box if this address differs from the address on the envelope sent to you by the court.

If you have already filed a proof of claim with the Bankruptcy Court or BMC, you do not need to file again.

Creditor Telephone Number (Area) **951 217-4500 ext 4737**

CREDITOR TAX ID #

ACCOUNT OR OTHER NUMBER BY WHICH CREDITOR IDENTIFIES DEBTOR
#391694

Check here replaces or amends a previously filed claim dated _____
if this claim

1 BASIS FOR CLAIM

- Goods sold
 - Services performed
 - Money loaned
 - Personal injury/wrongful death
 - Taxes
 - Other (describe briefly)
 - Retiree benefits as defined in 11 U.S.C. § 1114(a)
 - Wages, salaries, and compensation (Fill out below)
- Your social security number _____
Unpaid compensation for services performed from 6/28/00 to 6/20/01
(date) (date)

2 DATE DEBT WAS INCURRED

3 IF COURT JUDGMENT DATE OBTAINED

4 TOTAL AMOUNT OF CLAIM AS OF PETITION DATE \$ 8,828.10 (unsecured) \$ _____ (secured) \$ _____ (unsecured priority) \$ 8,828.10 (total)

If all or part of your claim is secured or entitled to priority, also complete Item 5 or 6 below.
 Check this box if claim includes interest or other charges in addition to the principal amount of the claim. Attach itemized statement of all interest or additional charges.

5 SECURED CLAIM

Check this box if your claim is secured by collateral (including a right of setoff).
Brief description of collateral:
 Real Estate
 Motor Vehicle
 Other Pharmaceutical liens
Value of collateral \$ _____
Amount of arrearage and other charges at time case filed included in secured claim above, if any \$ _____

6 UNSECURED PRIORITY CLAIM

Check this box if you have an unsecured priority claim.
Specify the priority of the claim:
 Wages, salaries, or commissions (up to \$4,650*) earned within 90 days before filing of the bankruptcy petition or cessation of the Debtor's business, whichever is earlier - 11 U.S.C. § 507(a)(3)
 Contributions to an employee benefit plan - 11 U.S.C. § 507(a)(4)
 Up to \$2,100 of deposits toward purchase, lease, or rental of property or services for personal, family, or household use - 11 U.S.C. § 507(a)(6)
 All or any maintenance or support owed to a spouse, former spouse, or child - 11 U.S.C. § 507(a)(7)
 Taxes or penalties owed to governmental units - 11 U.S.C. § 507(a)(8)
 Other: Specify applicable paragraph of 11 U.S.C. § 507(a) _____
Amounts are subject to adjustment on 4/1/01 and every 3 years thereafter with respect to cases commenced on or after the date of adjustment.

7 CREDITS The amount of all payments on this claim has been credited and deducted for the purpose of making this proof of claim.

8 SUPPORTING DOCUMENTS Attach copies of supporting documents, such as promissory notes, purchase orders, invoices, itemized statements of running accounts, contracts, court judgments, mortgages, security agreements, and evidence of perfection of lien. DO NOT SEND ORIGINAL DOCUMENTS. If the documents are not available, explain. If the documents are voluminous, attach a summary.

9 DATE-STAMPED COPY To receive an acknowledgment of your claim, please enclose a self-addressed stamped envelope and an additional copy of this proof of claim.

The original of this completed proof of claim form must be sent by mail or hand delivered (FAXES NOT ACCEPTED) so that it is received on or before 4:00 p.m., September 15, 2003, Pacific Daylight Time.

THIS SPACE FOR COURT USE ONLY

FILED

SEP 08 2003

BY MAIL TO
Bankruptcy Management Corporation
P O BOX 900
El Segundo CA 90245-0900

BY HAND OR OVERNIGHT DELIVERY TO
Bankruptcy Management Corporation
1330 East Franklin Avenue
El Segundo CA 90245

DATE SIGNED

SIGN and print the name and title, if any, of the creditor or other person authorized to file this claim (attach copy of power of attorney, if any).

9/2/03

x Mike M. Mike Markon, Credit Manager

Fleming Companies Claim



08927

Penalty for presenting fraudulent claim is a fine of up to \$500,000 or imprisonment for up to 5 years, or both. 18 U.S.C. §§ 152 AND 3571

See Other Side For Instructions



ANDA INC
2915 WESTON RD

R E P R I N T

INVOICE

WESTON FL 33331
1-800-331-2632

RA0180733

AIR

NO.2835930

REPRINT /999999

SOLD TO 391694
KENNETH DAVID FLEMING
491 ALLENDALE ROAD #111
KING OF PRUSSIA PA 19406

SHIP TO 391694
FLEMING KENNETH D MD
BANKRUPTCY MM 12/5/2DR
491 ALLENDALE ROAD, #111
KING OF PRUSSIA PA 19406

MD-025637E

Permit Number 22-00408

ORDER NO		PURCHASE ORDER NO		ORDER DATE	DEA NO	EXP DATE	WH	SLMN	TERMS	INVOICE DATE	DUE DATE	PAGE NO
2492962				8/28/00	AF1495591	9/30/02	20	995	N/10 EOM	8/28/00	10/10/00	1
QTY.	QTY.	ITEM NO.	CS	DESCRIPTION	QTY.	UNIT	BRAND NAME		A.W.P.	NDC	UNIT PRICE	AMOUNT
2	2	800571		HEPATITIS A 720 ELU/0 5 ML	0 5ML	IJ	HAVRIX PEDIATRIC 720 EL (GLAX)		29 75	58160-0837-01	23 70 *	47 40
8	8	801725		PREVNAR 16MCG/0 5 ML	5X 5	IJ	PREVNAR 16MCG/0 5ML (LEDE)		500 00	00005-1970-67	289 95 *	2319 60

NOW ORDER VIA INTERNET @WWW ANDANET COM

LINE TOTAL 2

TOTAL AWP

4 059 50

TOTAL GOODS

2,367 00

* - INDICATES NET ITEM, NO DISCOUNTS

ANDA IS AN AUTHORIZED DISTRIBUTOR OF RECORD FOR ABOVE PRODUCT(S) UNLESS OTHERWISE NOTED

PLEASE MAKE CHECKS PAYABLE TO ANDA INC

P O BOX 8500-6375

PHILADELPHIA PA 19178-6375

PLEASE
PAY THIS
AMOUNT



2,367 00 -



ANDA INC
2915 WESTON RD

R E P R I N T

INVOICE

WESTON, FL 33331
1-800-331-2632

RA0180733

AIR

NO.2767672

REPRINT /999999

SOLD TO 391694

SHIP TO 391694

KENNETH DAVID FLEMING
491 ALLENDALE ROAD #111
KING OF PRUSSIA PA 19406

FLEMING KENNETH D MD
BANKRUPTCY MM 12/5/2DR
491 ALLENDALE ROAD #111
KING OF PRUSSIA PA 19406

MD-025637E

Permit Number 22-00408

ORDER NO	PURCHASE ORDER NO	ORDER DATE	DEA NO	EXP DATE	WH	SLMN	TERMS	INVOICE DATE	DUE DATE	PAGE NO	
2443195		8/07/00	AF1495591	9/30/02	20	995	N/10 EOM	8/07/00	9/10/00	1	
QTY.	QTY.	ITEM NO.	CS	DESCRIPTION	QTY.	UNIT	BRAND NAME	A.W.P.	NDC	UNIT PRICE	AMOUNT
2	2	800065		TUBERSOL PPD 5 TU ITEM DISCONTINUED BY MANUFACTURER	1 ML	IJ	TUBERSOL PPD *T* (CONN)	24 81	11793-7522-01	18.50 *	37 00
1	1	800658		MEASLES MUMPS RUBELLA	10 PK	IJ	MEASLES MUMPS RUBELLA (MERC)	333 60	00006-4681-00	315.90 *	315 90
2	2	801199		ACEL-IMUNE (DTAP) ITEM DISCONTINUED BY MANUFACTURER	5 ML	IJ	ACEL-IMUNE *T* (LEDE)	200 75	00005-1800-31	157 50 *	315 00
1	1	801914		HEPATITIS HB PED 5 MCG/ 5ML TF	10X 5	IJ	RECOMBIVAX HB PED T-F 5M(MERC)	245 28	00006-4981-00	119 95 *	119 95
2	2	801933		HIBTITER ITEM DISCONTINUED BY MANUFACTURER	5 ML	IJ	HIBTITER *T* (LEDE)	246 84	00005-0201-10	178 50 *	357 00

NOW ORDER VIA INTERNET @WWW ANDANET COM

LINE TOTAL

5

TOTAL AWP

1 523 68

TOTAL GOODS

1,144 85

* - INDICATES NET ITEM, NO DISCOUNTS

ANDA IS AN AUTHORIZED DISTRIBUTOR OF RECORD FOR ABOVE PRODUCT(S) UNLESS OTHERWISE NOTED

PLEASE MAKE CHECKS PAYABLE TO ANDA INC

P O BOX 8500-6375

PHILADELPHIA PA 19178-6375

PLEASE
PAY THIS
AMOUNT



1,144.85



ANDA INC
2915 WESTON RD

R E P R I N T

INVOICE

WESTON, FL 33331

1-800-331-2632

RA0180733

AIR

NO.2768219

REPRINT /999999

SOLD TO 391694

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KENNETH DAVID FLEMING

FLEMING KENNETH D MD

MD-025637E

491 ALLENDALE ROAD #111

BANKRUPTCY MM 12/5/2DR

KING OF PRUSSIA PA 19406

491 ALLENDALE ROAD #111

KING OF PRUSSIA PA 19406

Permit Number 22-00408

ORDER NO		PURCHASE ORDER NO		ORDER DATE	DEA NO	EXP DATE	WH	SLMN	TERMS	INVOICE DATE	DUE DATE	PAGE NO	
2443595		132129		8/07/00	AF1495591	9/30/02	20	995	N/10 EOM	8/07/00	9/10/00	1	
QTY.	QTY.	ITEM NO.	CS	DESCRIPTION	QTY.	UNIT	BRAND NAME		A.W.P.	NDC	UNIT PRICE	AMOUNT	
2	2	800659		IPOL (INACT POLIO) 10 DOSE	5	ML	IJ	IPOL	(AVEN)	220 19	49281-0860-10	188 50 *	377 00

NOW ORDER VIA INTERNET @WWW ANDANET COM

LINE TOTAL 1

TOTAL AWP

440 38

TOTAL GOODS

377 00

* - INDICATES NET ITEM, NO DISCOUNTS

ANDA IS AN AUTHORIZED DISTRIBUTOR OF RECORD FOR ABOVE PRODUCT(S) UNLESS OTHERWISE NOTED

PLEASE MAKE CHECKS PAYABLE TO ANDA INC

P O BOX 8500-6375

PHILADELPHIA PA 19178-6375

PLEASE
PAY THIS
AMOUNT



377.00



ANDA INC
2915 WESTON RD

R E P R I N T

INVOICE

WESTON, FL 33331

1-800-331-2632

RA0180733

AIR

NO.2735636

REPRINT /999999

SOLD TO 391694

SHIP TO

391694

KENNETH DAVID FLEMING

FLEMING KENNETH D MD

MD-025637E

491 ALLENDALE ROAD #111

BANKRUPTCY MM 12/5/2DR

KING OF PRUSSIA PA 19406

491 ALLENDALE ROAD #111

KING OF PRUSSIA PA 19406

Permit Number 22-00408

ORDER NO		PURCHASE ORDER NO		ORDER DATE	DEA NO	EXP DATE	WH	SLMN	TERMS	INVOICE DATE	DUE DATE	PAGE NO
2421051				7/26/00	AF1495591	9/30/02	20	995	N/10 EOM	7/26/00	9/10/00	1
QTY.	QTY.	ITEM NO.	CS	DESCRIPTION	QTY.	UNIT	BRAND NAME		A.W.P.	NDC	UNIT PRICE	AMOUNT
2	2	801199		ACEL-IMUNE (DTAP) ITEM DISCONTINUED BY MANUFACTURER	5 ML	IJ	ACEL-IMUNE **T* (LEDE)		200 75	00005-1800-31	157 50 *	315.00
4	4	801725		PREVNAR 16MCG/0 5 ML	5X 5	IJ	PREVNAR 16MCG/0 5ML (LEDE)		500 00	00005-1970-67	289 95 *	1159 80
2	2	801933		HIBTITER ITEM DISCONTINUED BY MANUFACTURER	5 ML	IJ	HIBTITER **T* (LEDE)		246 84	00005-0201-10	178 50 *	357.00
1	1	850182		TABLE PAPER SMOOTH WHT 21X225	12	MS	TABLE PAPER 21X225 (BANT)		41 25	09063-9132-12	38 90	38 90

NOW ORDER VIA INTERNET @WWW ANDANET COM

LINE TOTAL 4

TOTAL AWP

2 936 43

TOTAL GOODS

1,870 70

ANDA IS AN AUTHORIZED DISTRIBUTOR OF RECORD FOR ABOVE PRODUCT(S) UNLESS OTHERWISE NOTED

* - INDICATES NET ITEM, NO DISCOUNTS

PLEASE MAKE CHECKS PAYABLE TO ANDA INC

P O BOX 8500-6375

PHILADELPHIA PA 19178-6375

PLEASE
PAY THIS
AMOUNT



1,870 70



ANDA INC
2915 WESTON RD

R E P R I N T

INVOICE

WESTON FL 33331
1-800-331-2632

RA0180733

AIR

NO.2697802

REPRINT /999999

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KING OF PRUSSIA PA 19406

SHIP TO 391694
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MD-025637E

Permit Number 22-00408

ORDER NO	PURCHASE ORDER NO	ORDER DATE	DEA NO	EXP DATE	WH	SLMN	TERMS	INVOICE DATE	DUE DATE	PAGE NO	
2394835	131274	7/12/00	AF1495591	9/30/02	20	995	N/10 EOM	7/12/00	8/10/00	1	
QTY.	QTY.	ITEM NO.	CS	DESCRIPTION	QTY.	UNIT	BRAND NAME	A.W.P.	NDC	UNIT PRICE	AMOUNT
1	1	801422		VARIVAX (CHIC POX VAC)	10	PK	IJ VARIVAX 1350PFU/0 5ML (MERC)	569 61	00006-4827-00	489 90 *	489 90

NOW ORDER VIA INTERNET @WWW ANDANET COM

LINE TOTAL 1

TOTAL AWP

569 61

TOTAL GOODS

489 90

* - INDICATES NET ITEM, NO DISCOUNTS

ANDA IS AN AUTHORIZED DISTRIBUTOR OF RECORD FOR ABOVE PRODUCT(S) UNLESS OTHERWISE NOTED

PLEASE MAKE CHECKS PAYABLE TO ANDA INC

P O BOX 8500-6375

PHILADELPHIA PA 19178-6375

PLEASE
PAY THIS
AMOUNT



489.90



ANDA INC
2915 WESTON RD

R E P R I N T

INVOICE

WESTON FL 33331
1-800-331-2632

RA0180733

AIR

NO.2662990

REPRINT /999999

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KING OF PRUSSIA PA 19406

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MD-025637E

Permit Number 22-00408

ORDER NO	PURCHASE ORDER NO	ORDER DATE	DEA NO	EXP DATE	WH	SLMN	TERMS	INVOICE DATE	DUE DATE	PAGE NO	
2371237		6/29/00	AF1495591	9/30/02	20	995	N/10 EOM	6/29/00	8/10/00	1	
QTY.	QTY.	ITEM NO.	CS	DESCRIPTION	QTY.	UNIT	BRAND NAME	A.W.P.	NDC	UNIT PRICE	AMOUNT
3	3	801914		HEPATITIS HB PED 5 MCG/ 5ML TF 10X 5 IJ			RECOMBIVAX HB PED T-F 5M(MERC)	245 28	00006-4981-00	119 95 *	359 85

NOW ORDER VIA INTERNET @WWW ANDANET COM

LINE TOTAL

1

TOTAL AWP

735 84

TOTAL GOODS

359 85

* - INDICATES NET ITEM, NO DISCOUNTS

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PLEASE MAKE CHECKS PAYABLE TO ANDA INC

P O BOX 8500-6375

PHILADELPHIA PA 19178-6375

PLEASE
PAY THIS
AMOUNT



359.85



ANDA INC
2915 WESTON RD

R E P R I N T

INVOICE

WESTON FL 33331
1-800-331-2632

RA0180733

AIR

NO.2660514

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FLEMING KENNETH D MD
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MD-025637E

Permit Number 22-00408

ORDER NO	PURCHASE ORDER NO	ORDER DATE	DEA NO	EXP DATE	WH	SLMN	TERMS	INVOICE DATE	DUE DATE	PAGE NO	
2369488		6/28/00	AF1495591	9/30/02	20	995	N/10 EOM	6/28/00	8/10/00	1	
QTY.	QTY.	ITEM NO.	CS	DESCRIPTION	QTY.	UNIT	BRAND NAME	A.W.P.	NDC	UNIT PRICE	AMOUNT

1	1	100006		MEDICAL SUPPLY FLYER			MEDICAL SUPPLY FLYER	00	-	-	00	.00
				ITEM DISCONTINUED BY DISTRIBUTOR								
1	1	154142		PANDA BEAR				00	-	-	00	00
1	1	302356		CATALOG (INJECTABLES)			CATALOG (INJECTABLES)	00	-	-	00	00
				ITEM DISCONTINUED BY DISTRIBUTOR								
1	1	800065		TUBERSOL PPD 5 TU	1 ML	IJ	TUBERSOL PPD *T* (CONN)	24 81	11793-7522-01	18 50 *	18 50	
				ITEM DISCONTINUED BY MANUFACTURER								
3	3	800179		HEPATITIS B 10 MCG 10 PK	10X 5	IJ	ENGERIX B PEDIATRIC *T* (SMIT)	241 00	58160-0859-11	119 50 *	358 50	
				ITEM DISCONTINUED BY MANUFACTURER								
1	1	800658		MEASLES MUMPS RUBELLA	10 PK	IJ	MEASLES MUMPS RUBELLA (MERC)	333 60	00006-4681-00	299 95 *	299 95	
2	2	801199		ACEL-IMUNE (DTAP)	5 ML	IJ	ACEL-IMUNE *T* (LEDE)	200 75	00005-1800-31	157 50 *	315 00	
				ITEM DISCONTINUED BY MANUFACTURER								
3	3	801725		PREVNAR 16MCG/0 5 ML	5X 5	IJ	PREVNAR 16MCG/0 5ML (LEDE)	500 00	00005-1970-67	289 95 *	869.85	
2	2	801933		HIBTITER	5 ML	IJ	HIBTITER *T* (LEDE)	246 84	00005-0201-10	178 50 *	357 00	
				ITEM DISCONTINUED BY MANUFACTURER								

NOW ORDER VIA INTERNET @WWW ANDANET COM

LINE TOTAL 9

TOTAL AWP

3 476 59

TOTAL GOODS

2,218 80

* - INDICATES NET ITEM, NO DISCOUNTS

ANDA IS AN AUTHORIZED DISTRIBUTOR OF RECORD FOR ABOVE PRODUCT(S) UNLESS OTHERWISE NOTED

PLEASE MAKE CHECKS PAYABLE TO ANDA INC

P O BOX 8500-6375

PHILADELPHIA PA 19178-6375

PLEASE
PAY THIS
AMOUNT



2,218 80