

**CENTER FOR DRUG EVALUATION AND RESEARCH**

*APPLICATION NUMBER:*

**19-735 / S-007**

**ADMINISTRATIVE DOCUMENTS**  
**AND**  
**CORRESPONDENCE**



DEPARTMENT OF HEALTH & HUMAN SERVICES

Public Health Service

Food and Drug Administration  
Rockville MD 20857

HFD-520  
Date JAN 10 1992

NDA No. 19-735

Ms. Isabel B. Drzewiecki  
The R.W. Johnson Pharmaceutical Research Institute  
Route 202, P.O. Box 300  
Raritan, NJ 08869-0602

Attention: Isabel B. Drzewiecki

Dear Sir/Madam:

We acknowledge receipt of your supplemental application for the following:

Name of Drug: Floxin Tablets

NDA Number: 19-735

Supplement Number: S-007

Date of Supplement: January 2, 1992

Date of Receipt: January 6, 1992

All communications concerning this NDA should be addressed as follows:

Center for Drug Evaluation and Research, HFD-520  
Attention: Document Control Room 12B-30  
5600 Fishers Lane  
Rockville, MD 20857

*Carmen DeSilva*  
*For Pauline Fogarty*  
and *For* Supervisory Consumer Safety Officer  
Division of Anti-Infective Drug Products  
Center for Drug Evaluation and Research