a California Corporation (01916111)

BUSY PEDO PRACTICE! STEADY HYGIENE & NEW PATIENTS! NICE LAYOUT & EQUIPMENT!d

LISTING #	20 - 333			_	PRICE: \$815,000 OBO)	A/R'S: Negotiable			
LOCATION:	Lake	Lake Elsinore		_	Est		POP	POPULATION: Hispanic				
DESCRIPTION:		# of O	ps: 4		# Not Pl	umbed:		Sq. F	't. 12	200		
Lease X	Ow	'n	O	otion/R	enew 1 x	5 Yrs	s. Rema	in <u>4</u>		\$/Mon	th \$3,25	0
Office Hours	M		Т		\mathbf{W}	Т	ГН	FR	R	SAT	Γ	SUN
	9 - 5 A	+H	9 – 5 O+	H 2x	9 – 5 A+F	H 9-5	5 A+H	9 – 5 A+	⊦H 2x	Close	ed	Closed
<u>STAFF</u>	Front:		1	S	alary:	:	\$20		W	ill Stay	Yes	
	Back:	2	2		alary:					ill Stay	Yes	
	Other:	Asso	ciate	S	alary: <u>\$7</u> 0	00 / \$600	/ \$500	or 33%	W	ill Stay	Yes	
	Other:	Hygi	ienist	S	alary:	\$45	0 / day		W	ill Stay	Yes	
PATIENT PROF	ILE:											
% Group	5-10	Yrs:	15%	11-	19 Yrs:	40%	20-49	9 Yrs:	35	5%	50-75+:	10%
% Reimb		Cash	30%	<u>-</u>	Idemn		_	PPO _	30%		Plans	
	\mathbf{M}	edical	40%	<u>.</u>	Cap	0%	_ Avg.	Cap _	\$	60		
%Revenue	Resto	rative	40%	Crow	n & Bridge	25%	_	Endo _	7	7%	Perio	14%
	Oral Su	rgery	6%	.]	Prosthetics	7%	_	Ortho _	1	%		
Procedures	referred (out: _1	Implant	s / Som	e Endo / So	ome OS /	Perio S	Surgerie	es			
PRACTICE STA	<u>TS</u> : *(Ne	ed to v	verify w	ith Buy	er Audit) (approx)						
#	# Active (Charts		3000		# of	f Recall	s per mo	onth*		220 - 250)
# of New Patie	nts per n	onth*		10 - 15	57	Total # of	f New P	atients `	YTD*			
Any one referral	source ac	ccount	for mor	e than	10% of pra	actice re	venue?		Yes	s	No	
Does practice em	ploy a hy	gienist	?	<u> </u>	es N	lumber o	of days	4 - 5		% of Gros	SS	
FINANCIAL: (N	eed to ve	rify wi	th Tax l	Returns	s and Finar	ncial Info	ormatio	n by Sel	ller)			
2017		_	2018 _	\$659,00	<u>20</u> 1	19 \$1,0	94,535	Cur	rent Y	TD Q	1 2020 - \$	153,556
EQUIPMENT:												
# Chai	irs	4	H	lygiene	-			A	vg. Ag	je		
# X-Ra	1ys <u>4</u>	digital		Pano	CT/Pano	Ot	her		Optio	onal CT		-
Special Equip ow	ned:	L	aser		Intra	oral Cai	mera _	yes		Other	•	_
Is the practice co	Mostly a	ssociat		_	hygiene. R	ent is lov				Easy Den		tee! CT
is brand new and o	optional. I	Huge of	rtho prog	gram wa	aiting for bu	ıyer!						

a California Corporation (01916111)

REGISTRATION AGREEMENT – CONFIDENTIALITY

IMPORTANT: Please fax back this form to obtain the office location and financial data @ 949-548-0525

In consideration of FIRST CHOICE PRACTICE SALES INC., hereinafter called FIRST CHOICE, supplying me with confidential information concerning the following businesses, or any other businesses to which you may otherwise introduce me, I agree to use such confidential information obtained only for purposes of evaluation to purchase. I further agree not to divulge such information to others, except to secure professional advice. I further agree not to directly contact the owner, employees, landlord, suppliers or disturb any business relationship which includes requesting a position as an associate or asking for permission to visit the practice during practice hours of the seller without first obtaining seller's permission through FIRST CHOICE PRACTICE SALES, INC.

Should I, or anyone to whom I have introduced those confidential business listings that you previously presented to me, purchase or acquire an interest in any of those businesses, I agree to conduct all negotiations through your office. I further understand that the seller will be responsible for the payment of the commission to **FIRST CHOICE PRACTICE SALES**. I further understand and agree that if I should purchase all or any portion, lease, become an associate of or come into possession of the business through direct negotiations with the seller and without **FIRST CHOICE's** involvement, within one year from date hereof, then a commission is due **FIRST CHOICE** and I will assume responsibility for the payment of that commission.

The commission referred to above is ten percent (10%) of the total purchase price or \$12,500, whichever is greater. Should any controversy arise as a result of this agreement, **FIRST CHOICE** and I hereby agree to have the matter settled by and under the rules of the American Arbitration Association without the necessity of a court order. All rights of discovery allowed by law may be used and the prevailing party shall be entitled to actual attorney fees and costs. Any decision shall be final and binding upon myself and **FIRST CHOICE**.

NO AGENCY RELATIONSHIP IS CREATED BY SIGNING THIS AGREEMENT.

Listing No. <u>20 – 333</u>	Location	Lake Elsinore
Accepted and Agreed to:		
Signature		Agent
Print Name		Print Name
Date		Date
Address		P. O. Box 8445 Newport Beach, CA 92660 (949) 548-4559
City	<u>Zip</u>	Any additions or deletions to this page other than information we have
Phone (Circle One: Mobile/Home/Business)	requested will void your request and we will not provide any additional information. Thank you.

a California Corporation (01916111)

E-mail Address

a California Corporation (01916111)

ASSOCIATE RUN & HYGIENISTS! SURROUNDED BY LOTS OF HOMES! GREAT PATIENT BASE AND LOW RENT!

LISTING #	20 - 332		PRICE: _	\$769,000 OB	<u>O</u> A/I	R'S: neg	otiable		
LOCATION:	Hemet		Est.		POPULAT	POPULATION: Mixed			
DESCRIPTION:	# of O _l	ps: 4	# Not Plun	nbed:	Sq. Ft. 18	Sq. Ft. 1800			
Lease X	Own	Option/F	Renew yes	Yrs. Rema	ain <u>1</u>	n 1 \$/Month \$2,650			
Office Hours	M	T	W	TH	FR	SA	T	SUN	
	9 – 5 A+H	0 5 O/A±H	9 _ 5 A+H	9 _ 5 H	0 5 A ± H 2v	Clos	sed.	Closed	
STAFF		1		\$18	•	Stay		Closed	
<u> </u>		2		\$17 / \$1			Yes		
	Other:				ay Wil	·			
		Hygienist	_		0(3.5) W:				
PATIENT PROFI		11) groinst	_	Ψ2207 Ψ12	<u> </u>		100		
% Group		5% 11	- 19 Yrs: 1	5% 20-4	9 Yrs: 30)%	50-75+:	50%	
% Reimb	·				PPO 35%		Plans		
,	Medical				. Cap				
%Revenue	•				Endo		Perio –	20%	
	Oral Surgery		Prosthetics -		Ortho		_		
	eferred out: N						_		
PRACTICE STAT		•		-	1 41 4		200 240		
	Active Charts						200 - 240		
# of New Patien									
Any one referral s			-				No		
Does practice emp				-		o oi Gros	s		
<u>FINANCIAL</u> : (Ne 2017	ed to verify wit				on by Sener) 69	4 VTD	Dandin	~ 2020	
EQUIPMENT:		2010 9/3	2,000 2	1019	Currer		Fenun	.g 2020	
	rs <u>4</u>	Hygiana	a.		Ava Aa	Α.	Miyad		
	vs Digital								
# A-Nay	ro <u>Digital</u>	1 all(110	<u> </u>					
Special Equip owr	ned: La	iser	Intraoi	ral Camera		Other			
Is the practice con COMMENTS:	nputerized? Seller purchased		Yes ractices and rol		of Software:one location. So		ne and hug	e base	
of patients. Really i									

a California Corporation (01916111)

REGISTRATION AGREEMENT – CONFIDENTIALITY

IMPORTANT: Please fax back this form to obtain the office location and financial data @ 949-548-0525

In consideration of FIRST CHOICE PRACTICE SALES INC., hereinafter called FIRST CHOICE, supplying me with confidential information concerning the following businesses, or any other businesses to which you may otherwise introduce me, I agree to use such confidential information obtained only for purposes of evaluation to purchase. I further agree not to divulge such information to others, except to secure professional advice. I further agree not to directly contact the owner, employees, landlord, suppliers or disturb any business relationship which includes requesting a position as an associate or asking for permission to visit the practice during practice hours of the seller without first obtaining seller's permission through FIRST CHOICE PRACTICE SALES, INC.

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NO AGENCY RELATIONSHIP IS CREATED BY SIGNING THIS AGREEMENT.

Listing No. <u>20 – 332</u>	Location	Hemet
Accepted and Agreed to:		
Signature		Agent
Print Name		Print Name
Date		Date
		P. O. Box 8445
Address		Newport Beach, CA 92660 (949) 548-4559
City Z	<u> </u>	Any additions or deletions to this page other than information we have
Phone (Circle One: Mobile/Home/Business))	requested will void your request and we will not provide any additional

Phone: (949) 548-4559 ● Fax: (949) 548-05 information. Thank you.

ALL INFORMATION PROVIDED SUBJECT TO BUYER VERIFICATION — DIONER MARKED NO WAR

a California Corporation (01916111)

a California Corporation (01916111)

LONG ESTABLISHED PRACTICE! GREAT RENT & BIG SPACE TO EXPAND!

5+ HYGIENE DAYS PER WEEK! ALL PPO!!

LISTING #	20 - 331		PRICE: _S	<u> </u>	A/R'S: negotiable			
LOCATION:	San Bernard	lino	Est.	POPULATION: Mixed				
DESCRIPTION:	# of O	ps: 7	# Not Plumbed:		Sq. Ft.	2500		
Lease X	Own	Optio	n/Renew Yes	Yrs. Rema	in <u>5</u>	\$/Mon	nth \$2,750	
Office Hours	M	T	\mathbf{W}	TH	FR	SAT	5	SUN
	7 – 5 + H	Staff	8 - 5 + 2H	8 - 5 + 2H	Staff	Close	d c	losed
STAFF	•	1		\$20 / hi		Vill Stay	Yes	
	Back:	1	 Salary:	\$22 / h	r V	Vill Stay	Yes	
	Other:	2 Hygienis	st Salary:	\$350 / da	ay V	Vill Stay	Yes	
PATIENT PROFIL	<u>E:</u>							
% Group	5-10 Yrs:	5%	11-19 Yrs: 1	0% 20-4	9 Yrs:	35%	50-75+:	50%
% Reimb	Cash	25%	Idemn		PPO 75%	ю́	Plans	
	Medical	0%	Cap 0	0% Avg.	Cap	\$0	_	
%Revenue	Restorative		rown & Bridge _	30%	Endo	5%	Perio	30%
C	oral Surgery	2%	Prosthetics	3%	Ortho	0%	_	
Procedures ref	erred out: <u>I</u>	Endo, Perio	o, OS, Ortho, Imp	lants				
PRACTICE STATS	: *(Need to v	erify with l	Buver Audit) (apr	orox)				
	-	•	000+		s per month	1 *	160 - 180	
			- 10 Tot					
Any one referral so						Yes	No	
Does practice emplo	y a hygienisť	?	Yes Nun	aber of days	5	% of Gross	S	
FINANCIAL: (Need	l to verify wit	th Tax Retu	ırns and Financia	l Information	by Seller)			
2017		2018	§575,907 2	019 \$560,25	54_ Curi	rent YTD	\$103,533	as of 3/1
EQUIPMENT:								
# Chairs	5	Hygi	ene		Avg.	Age		
# X-Rays	3 digital	P	ano room	Other	Electri	c Handpiec	e	
Special Equip owne	d: La	ser	Intraora	al Camera	Yes	Other		
Is the practice computerized?			Yes Type of Software: Dentrix ne practice and refers out most major procedures. Great upside for working					

a California Corporation (01916111)

REGISTRATION AGREEMENT - CONFIDENTIALITY

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NO AGENCY RELATIONSHIP IS CREATED BY SIGNING THIS AGREEMENT.

Listing No. 20 - 331	Location	Sam Bernardino
Accepted and Agreed to:		
		-
Signature		Agent
Print Name		Print Name
Date		Date
		P. O. Box 8445
Address		Newport Beach, CA 92660
		(949) 548-4559
City	<u>Zip</u>	Any additions or deletions to this page other than information we have
Phone (Circle One: Mobile/Home/Business)	requested will void your request and we will not provide any additional information. Thank you.
E-mail Address		maintain maint your

a California Corporation (01916111)

NEWER BUILDOUT! GREAT EQUIPMENT! MIX OF INSURANCES!

ASSOCIATE RUN WITH 4 HYGIENE DAYS!

LISTING #	20 - 330		PRICE:	\$415,000 OBO	A/R'S: Negotiable					
LOCATION:	Chino		Est.		POPULATIO	POPULATION: mixed				
DESCRIPTION:	# of O	ps: 4	# Not Plun	ıbed:	Sq. Ft. 1,200					
Lease X	Own	Option/R	Renew Yes	Yrs. Rema	nin <u>4</u>	\$/Month \$4,25	50			
Office Hours	M	T	W	TH	FR	SAT	SUN			
	9 – 5 A+H	Staff	0 5 A H	0 5 A H	9 – 5 2x O+H	0 5 A H	closed			
STAFF		1			$\begin{array}{ccc} & 1 & 3 & 2x & 0 + 11 \\ & & & & & & & & \\ & & & & & & & & \\ & & & &$		Closed			
<u> </u>		1	=	\$18 / hr		tay Y				
	Other:	Associate	=	\$700		tay Y				
	_	Hygienist		\$450		tay Y				
PATIENT PROFII	_	<u> 11 y greinst</u>		Ψ130		<u> </u>				
% Group		12% 11 -	- 19 Yrs: 12	2% 20-4 9	9 Yrs:40%	50-75+	36%			
% Reimb					PPO 40%					
	Medical		· · · · · · · · · · · · · · · · · · ·		Cap \$0					
%Revenue	Restorative				Endo 4		io 14%			
					Ortho 1%		2% (7)			
Procedures re	ferred out: I	——— Most Implants	/ Some endo /	Some OS / Pe	erio Surgeries					
DD A CTICE STAT	C. *(Nood to	vonify with Day	von Audit) (on	nwaw)	-					
PRACTICE STAT				-	s per month*					
# of New Patient										
# of New 1 auent					Yes	No	iluis			
Any one referrarso Does practice empl			=				Q0/ ₀			
FINANCIAL: (Nea						2 2	<i>)</i> / 0			
2017	ou to verify wi				OT Current	YTD Pend	ing 2020			
EQUIPMENT:				<u> </u>	<u> </u>		<u>g</u>			
	s 4	Hvgiene	<u>)</u>		Avg. Age					
	2 (1 senso		CT/Pano		- Electric Handiece					
·		<u></u>					_			
Special Equip own	ed: L	aser		al Camera		Other				
Is the practice com COMMENTS: G		tionto and here:	Yes		of Software: Ea		a nouve			
and practice is most			che: Fiellty 01]	patients now to	double the collec	uons. Duna out 1	s newer			

a California Corporation (01916111)

REGISTRATION AGREEMENT - CONFIDENTIALITY

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NO AGENCY RELATIONSHIP IS CREATED BY SIGNING THIS AGREEMENT.

Listing No. <u>20 – 330</u>	Location	Chino
Accepted and Agreed to:		
Signature	<u></u>	Agent
Print Name	<u> </u>	Print Name
Date		Date
Address		P. O. Box 8445 Newport Beach, CA 92660 (949) 548-4559
City	ip	Any additions or deletions to this page other than information we have
Phone (Circle One: Mobile/Home/Business)		requested will void your request and we will not provide any additional information. Thank you.
E-mail Address		·

FIRST CHOICE PRACTICE SALES, INC. a California Corporation (01916111)

STREETSIDE STAND ALONG BUILIDNG! **NEWLY REMODELED!**

ASSOCIATE RUN WITH HYGIENE!

LISTING #	20 - 218		PRICE: _\$	3285,000 OBO	A	/ R 'S: neg	gotiable		
LOCATION:	Southgate		Est.			POPULATION: Hispanic			
DESCRIPTION:	# of O	ps: _4	# Not Plumbed:		Sq. Ft.	Sq. Ft. 1,800			
Lease X	Own	Option/I	Renew	Yrs. Remai	n <u>1+</u>	\$/Mon	sth \$2,400		
Office Hours	M	T	W	TH	FR	SAT	S	UN	
	Staff	Staff	9 – 6 A+H	Staff	Ortho 1x	9 – 4 A-	+H clo	osed	
<u>STAFF</u>	Front:	1 (F & B)	Salary:	\$20	W	ill Stay	Yes		
	Back: _		_ Salary:		W	ill Stay			
	Other: _	Associate		\$500 or 33		ill Stay	Yes		
-		Hygienist	_	\$450 / da		ill Stay			
Sel PATIENT PROFII		o 1x per mont	h. Seller husba	nd does hygie	ne Wednes	days @ 33 ⁹	<u>%.</u>		
% Group		5% 11	- 19 Yrs: 15	5% 20-49	Yrs:	40%	50-75+:	40%	
% Reimb		15%	Idemn		PPO 80%				
	Medical	5%	Cap 0	% Avg.	-		_		
%Revenue	Restorative	15% Crov	vn & Bridge					25%	
(Oral Surgery	10%	Prosthetics	10%	Ortho	5%			
Procedures re	ferred out:	Some endo an	d all implants						
PRACTICE STAT	S: *(Need to v	verify with Ru	ver Audit) (anı	orox)					
	<u> </u>	-)		per month	*	55-60		
# of New Patient		•			_				
Any one referral so						'es	No		
Does practice empl			-			% of Gro	oss		
FINANCIAL: (Nee	ed to verify wi	th Tax Returr	ns and Financia	al Information	by Seller)				
2017		2018)19 \$326,32	6 Curr	ent YTD _	Q1 2020 \$	5100,416	
EQUIPMENT:									
# Chairs	s4	Hygiene	e		Avg. A	Age	newer		
# X-Rays	3 (ScanX) Pano		Other					
Special Equip own	ed: La	aser	Intraora	al Camera		Other	r		
Is the practice com <u>COMMENTS:</u>	puterized?	location and re	Yes emodeled interio	Type of	Software:	Dentrix	e for working	owner	
in great area of Los				2 013 01 1141		praemee	01 01111112	,	

a California Corporation (01916111)

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NO AGENCY RELATIONSHIP IS CREATED BY SIGNING THIS AGREEMENT.

Listing No. <u>20 – 218</u>	Location	Southgate
Accepted and Agreed to:		
Signature		Agent
Print Name		Print Name
Date		Date
Address		P. O. Box 8445 Newport Beach, CA 92660 (949) 548-4559
City	<u>Zip</u>	Any additions or deletions to this page other than information we have
Phone (Circle One: Mobile/Home/Business)	requested will void your request and we will not provide any additional information. Thank you.
E-mail Address		

a California Corporation (01916111)

BUSY RETAIL LOCATION! 100% ASSOCIATE RUN WITH HYGIENE! MOSTLY PPO & CASH!

LISTING #	20 - 219	20 - 219		PRICE: \$650,000 OBO						
LOCATION:	Hacienda H	leights	Est.	Est. POPULATION: Mixed						
DESCRIPTION:	# of O	ps: 4	# Not Plum	# Not Plumbed:		Sq. Ft. 1,100				
Lease X	Own	Option/	Renew Yes	Yrs. Rema	in <u>1</u>	\$/Moi	nth \$4,000	total		
Office Hours	M	T	W	TH	FR	SAT	S	UN		
	Staff	9 – 6 A+H	Staff	9 – 6 A+H	9 – 4 A+H	9-5A+	H 2x clo	osed		
						•	•			
STAFF	_	1		\$4,000						
	_	2		\$20 / \$1			Yes			
	Other: _	Associate	Salary:	\$700 / d			Yes			
	Other: _	Hygienist	Salary:	\$450 / d	ay V	Vill Stay _	Yes			
PATIENT PROFI	LE:									
% Group	5-10 Yrs:	<u>2</u> % 1	1-19 Yrs:3	<u>%</u> 20-4	9 Yrs:	44%	50-75+:_	51%		
% Reimb	Cash	24%	Idemn		PPO 66%	6	Plans _			
	Medical	0%	Cap 10)% Avg.	. Cap\$4	1,000 +/-				
%Revenue	Restorative	65% Cro	wn & Bridge _	16%	End <u>o</u>	1%	Perio_	11%		
	Oral Surgery	4%	Prosthetics	3%	Ortho	0%				
Procedures re	eferred out:	Most endo, so	ome OS and all	ortho. Some	implants.					
PRACTICE STAT	'S: *(Need to v	zerify with R	uver Audit) (an	orox)						
-		•	0+	•	s per montl	1*				
# of New Patien								nos		
Any one referral se						Yes ——	No			
Does practice emp			-					7 %		
FINANCIAL: (Ne				-		•				
2017		2018 \$7	27,525 2 0	019 \$762,7	07 Cur	rent YTD	Q1 2020 \$	5204,162		
EQUIPMENT:										
# Chair	s4	Hygier	ne		Avg.	Age				
# X-Ray	s 2 digital	Pan	no No	Other	Electr	ic handpiec				
Special Equip own	ed· L	aser Sma	ll Intraor :	al Camera	Ves	Othe	r			
Is the practice com			Yes	_	of Software:	_	-			
COMMENTS: If	Busy retail loca		onal anchors. Gr	eat signage. E	Excellent bas	e of patients	s with solid re	ecall		
and hygiene. 100%	associate run. S	\$1M+ potentia	al just by showin	g up! Walk-ii	ns every day	•				

a California Corporation (01916111)

REGISTRATION AGREEMENT - CONFIDENTIALITY

IMPORTANT: Please fax back this form to obtain the office location and financial data @ 949-548-0525

In consideration of FIRST CHOICE PRACTICE SALES INC., hereinafter called FIRST CHOICE, supplying me with confidential information concerning the following businesses, or any other businesses to which you may otherwise introduce me, I agree to use such confidential information obtained only for purposes of evaluation to purchase. I further agree not to divulge such information to others, except to secure professional advice. I further agree not to directly contact the owner, employees, landlord, suppliers or disturb any business relationship which includes requesting a position as an associate or asking for permission to visit the practice during practice hours of the seller without first obtaining seller's permission through FIRST CHOICE PRACTICE SALES, INC.

Should I, or anyone to whom I have introduced those confidential business listings that you previously presented to me, purchase or acquire an interest in any of those businesses, I agree to conduct all negotiations through your office. I further understand that the seller will be responsible for the payment of the commission to **FIRST CHOICE PRACTICE SALES**. I further understand and agree that if I should purchase all or any portion, lease, become an associate of or come into possession of the business through direct negotiations with the seller and without **FIRST CHOICE's** involvement, within one year from date hereof, then a commission is due **FIRST CHOICE** and I will assume responsibility for the payment of that commission.

The commission referred to above is ten percent (10%) of the total purchase price or \$12,500, whichever is greater. Should any controversy arise as a result of this agreement, **FIRST CHOICE** and I hereby agree to have the matter settled by and under the rules of the American Arbitration Association without the necessity of a court order. All rights of discovery allowed by law may be used and the prevailing party shall be entitled to actual attorney fees and costs. Any decision shall be final and binding upon myself and **FIRST CHOICE**.

NO AGENCY RELATIONSHIP IS CREATED BY SIGNING THIS AGREEMENT.

Listing No. 20 – 219	Location	Hacienda Heights
Accepted and Agreed to:		
Signature		Agent
Print Name		Print Name
Date		Date
Address		P. O. Box 8445 Newport Beach, CA 92660 (949) 548-4559
City	Zip	Any additions or deletions to this page other than information we have requested will void your request and we will not provide any additional information. Thank you.
Phone (Circle One: Mobile/Home/Business	3)	
E-mail Address		