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

A+ CORNER IS A REFERRAL MAGNET! HEAVY CASH PRACTICE \$20K/MO ON TOP OF TAXES! ENDLESS PATIENTS & ENDLESS PROFITS!

LISTING #	20 - 209	PRICE: \$1,850,000			A/R'S: Not included					
LOCATION:	Van Nuys	Van Nuys Est. (198)) 2000 POPULATION: Mixed Hispanic					
DESCRIPTION:	# of C	# of Ops: _3								
Lease X	Own	Option/R	Renew 1 x 5	Yrs. Rema	in <u>2+</u>	\$/Moi	nth <u>\$5,30</u>	0 total		
Office Hours	Μ	Т	W	TH	FR	SAT	S	SUN		
	10 - 7	10-7	10 - 7	10 - 7	10 - 7	9-2	cl	osed		
<u>STAFF</u>	Front:	1	Salary:	\$25	W	ill Stay	Yes			
	Back:	2	Salary:	\$15 / \$1	7 W	Will Stay Yes				
	Other:	GP Associate	Salary:	\$650 / day	(3) Wi	ill Stay	Yes			
	Other:	Endo	Salary:	\$150 / too	oth Wi	ill Stay	Yes			
PATIENT PROF	TILE:									
% Group	5-10 Yrs:	2% 11-	-19 Yrs:8	20-4	9 Yrs:	53%	50-75+:	37%		
% Reimb	Cash	45%	Idemn		PPO	25%	Plans _			
	Medical	20%	Cap 10	0% Avg.	Cap \$2,	000 +/-	_			
%Revenue	Restorative	<u>24%</u> Crow	n & Bridge	15%	Endo	7%.	Perio	35%		
	Oral Surgery	6%	Prosthetics	4%	Ortho	0%	Implant	9%		
Procedures referred out: Ortho (10 – 15 cases per month), Pedo										
Procedures	referred out:	Ortho (10 – 15	cases per mon	th), Pedo						
		·	•							
PRACTICE STA	<u>TS</u> : *(Need to	verify with Buy	ver Audit) (app	prox)	s per month [*]	*	200+			
PRACTICE STA		verify with Buy	ver Audit) (app +	prox) # of Recall			200+			
PRACTICE STA		verify with Buy 6,500 75+	ver Audit) (app + Tot	prox) # of Recall al # of New Pa	atients YTD*		200+ No			
PRACTICE STA	<u>TS</u> : *(Need to # Active Charts ents per month* source account	verify with Buy 6,500 75+ for more than	ver Audit) (app +	prox) # of Recall al # of New Pa ce revenue?	atients YTD* Y	* ′es	No	%		
PRACTICE STA # of New Patie Any one referral	<u>ATS</u> : *(Need to with the second seco	verify with Buy 6,500 75+ for more than t? 1	ver Audit) (app + Tot 10% of practi NO Nun	prox) # of Recall cal # of New Pa ce revenue? nber of days	atients YTD* Y	* ′es	No	%		
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PRACTICE STA # of New Patie Any one referral Does practice em <u>FINANCIAL</u> : (N	<u>TS</u> : *(Need to v # Active Charts ents per month* source account ploy a hygienist feed to verify with 477,290	verify with Buy 	ver Audit) (app + 10% of practi NO Nun s and Financia 30,261 20	prox) # of Recall cal # of New Pa ce revenue? aber of days al Information 019 _\$1,897,5	atients YTD [*] Y by Seller) <u>76</u> Curre	* Zes % of Gross	No 5 <u>17</u> 4			
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PRACTICE STA # of New Patie Any one referral Does practice em <u>FINANCIAL</u> : (N 2017	<u>TS</u> : *(Need to v # Active Charts ents per month* source account ploy a hygienis feed to verify wi 477,290 <u>Il implant equip</u> irs <u>3</u> hys <u>2 digital</u>	verify with Buy 	ver Audit) (app + Tot 10% of practi NO Nun s and Financia 30,261 20 entory and sur- c <u>No.</u>	orox) # of Recall cal # of New Pa ce revenue? aber of days al Information 019	atients YTD [*] Y by Seller) <u>76</u> Curro led. Avg. A Enc	* /es % of Gross ent YTD _ 	No 5 <u>17</u> \$403,653 a mixed	as of 5/31		
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Phone: (949) 548-4559 • Fax: (949) 548-0525 • <u>www.firstchoicedds.com</u> ALL INFORMATION PROVIDED SUBJECT TO BUYER VERIFICATION – BROKER MAKES NO WARRANTIES

FIRST CHOICE PRACTICE SALES, INC.

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 – 209	Location	Van Nuys			
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 Z	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					

PLEASE FAX BACK TO: 949 548-0525

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