STREETSIDE LOCATION! LONG ESTABLISHED PRACTICE! MOSTLY PPO/FFS! LOW OVERHEAD!

FIRST CHOICE PRACTICE SALES, INC.

Phone: (949) 548-4559 • Fax: (949) 548-0525 • www.firstchoicedds.com

| LISTING # | 20 - 255 | | - | PRIC | CE \$: _\$ | 165,000 | OBO |) | A / | R'S: _n | egotiable | |
|-----------------------------------|---|-----------|---|-------------------------|------------|----------------|---------|----------|---------------|---------|--------------------|-------|
| LOCATION: | Glendale | | Est. 1990 POPULATION: Mixed | | | | | | | | | |
| DESCRIPTION: | # of Ops: _3 | | | | | | | | | | | |
| Lease X | Own | <u>.</u> | Option/I | Renew NEW | | Yrs. Remain | | in N | EW \$/Mo | | onth \$2,500 total | |
| Office Hours | M | T | | W | | TH | | Fl | R | SA | T | SUN |
| | Staff | Sta | ıff | S | taff | Sta | ff | Sta | ıff | clos | ed c | losed |
| <u>STAFF</u> | Front: | 1 | | Salary: | | \$18 | | | Will Stay _ | | Yes | |
| | Back: | 1 OS | | _ | | \$17.50 50% | | l | _ | | | |
| | Other: | | | | | | | | | | | |
| PATIENT PROFI | ILE: | | | | | | | | | | | |
| % Group | 5-10 Yrs: | : 11 | | -19 Yrs: | | 20-49 | | 9 Yrs: | Yrs: | | 50-75+: | |
| % Reimb | Cash | 64% | - | Idem | n | | | PPO | 26% | | Plans | |
| | Medical | 10% | = | Ca | p 0 | % | Avg. | Cap | | \$0 | _ | |
| %Revenue | Restorative | 44% | Crown | & Brid | lge | 16% | | Endo | (| 0% | Perio | 13% |
| | Oral Surgery | 16% | <u>=</u> | Prostl | netics | 4% | (| Ortho | (| 0% | Implants | 7% |
| Procedures re | eferred out: <u>I</u> | Endo, O | rtho, Pe | do, son | e Perio S | Surgeri | es | | | | | |
| PRACTICE STAT | <u>ΓS</u> : *(Need to v | erify w | ith Buye | r Audit | :) (appro | x) | | | | | | |
| # Active Charts1,0 | | | | # of Recalls per month* | | | | | | | | |
| # of New Patien | nts per month* | | 10 - 20 | 0 | Tota | al # of N | lew Pa | atients | YTD* | | | |
| Any one referral s | ource account | for mor | e than 1 | 0% of 1 | practice | revenue | e? | | Ye | es | No | |
| Does practice employ a hygienist? | | | | No Number of days | | | | | % of Gross22% | | | |
| FINANCIAL: (Ne | ed to verify wi | th Tax l | Returns | and Fir | nancial I | nforma | tion by | y Sellei | r) | | | |
| 2017 \$21 | 2,028 | 2018 | \$228,4 | 51 | 2019 | \$19 | 9,475 | | Currei | nt YTD | Q1 \$47. | 471 |
| EQUIPMENT: | | | | | | | | | | | | |
| # Chair | rs 3 | | Hygiene | e | | | | . A | Avg. Aş | ge | Mixed | |
| # X-Ray | rs 1 (1 sensor | <u>:)</u> | Pano | 01 | 10 | Oth | er | | | | | _ |
| Special Equip owr | ned: La | ser | | | Intraora | l Came | ra | yes | | Other | • | |
| Is the practice con | nputerized? Seller retiring a | ter alm | nst 30 ve | yes | is locatio | | - | Softwa | | | raatsida loo | ation |

<u>COMMENTS:</u> Seller retiring after almost 30 years at this location! Long established patient base. Streetside location with signage. Mostly PPO/FFS. Practice is well kept and needs working dentist ASAP. Seller does not want to reopen. Great base to build on! Located on busy, main street in Glendale! Open now for emergencies only.

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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**.

| Listing No. 20 – 255 Location | Glendale | | | | |
|--|--|--|--|--|--|
| 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 | | | | |
| Phone (Circle One: Mobile/Home/Business) | requested will void your request and we will not provide any additional information. Thank you | | | | |

PLEASE FAX BACK TO: 949 548-0525

E-mail Address