FIRST CHOICE PRACTICE SALES, INC.

a California Corporation (01916111)

RETIRING DENTIST! 40+ YEARS GOODWILL! 3rd GENERATION OF PATIENTS! ALL PPO/FFS WITH GREAT FEES!

3 HYGIENE DAYS PER WEEK!

LISTING #	20 - 581		PRICE:	\$249,000 OBO	A/I-	R'S: negotia	able		
LOCATION:	Irvine		st. 1975 POPULATIO			N: Mixed – Upper			
DESCRIPTION:	# of C	# of Ops: 3							
Lease X	Own	Option/R	Option/Renew 1 x 5 Yrs. Remain 2+ \$/Month \$ 4,700			\$ 4,700			
Office Hours	M	T	W	TH	FR	SAT	SUN		
	Mgr 2x	8 - 4:30 + H	8 - 4:30 + H	8 - 4:30 + H	Closed	Closed	Closed		
STAFF	Front: _	1	Salary:	\$52,000 /	yr Wi	ll Stay Ye	s – 13 years		
	Back:	1	Salary:	\$21 / hr RI	DA Wi	ll Stay Ye	s – 15 years		
	Other: _	Hygienist	Salary:	\$55 / hr	Wi	ll Stay Yes	s – 2+ years		
PATIENT PROFILE:									
% Group	5-10 Yrs:	1% 11	-19 Yrs:	5% 20-49	Yrs:3	3% 50)-75+: 61%		
% Reimb	Cash	71%	Idemn ()%	PPO 29%	1	Plans		
	Medical	0%	Cap()% Avg.	Cap	\$0			
%Revenue	Restorative	_44%_ Crow	vn & Bridge _	40%	Endo)%	Perio <u>14%</u>		
	Oral Surgery	1%	Prosthetics _	1%	Ortho)%			
Procedures referred out: Implants, rct, endo, ortho, pedo, OS, perio surgeries									
PRACTICE STATS: *(Need to verify with Buyer Audit) (approx)									
# Active Charts # of Recalls per month*									
# of New Patients per month* 1 - 3 Total # of New Patients YTD* 6 as of 3/15									
Any one referral s	ource account	for more than	10% of practi	ce revenue?	Yo	es	No		
Does practice emp	oloy a hygienist	?	Yes Nur	nber of days	3 %	of Gross _	<mark>28%</mark>		
FINANCIAL : (Need to verify with Tax Returns and Financial Information by Seller)									
2017 \$38	86,695	2018 \$38'	7,226 2	2019 \$362,09	8 Curre	nt YTD\$7	78,924 as of 3/15		
EQUIPMENT:									
# Chair	rs3	Hygiene	2		Avg. A	ge	mixed		
# X-Ray	ys2 (1 Dexis	S) Pano	Room	Other	O2	/NO2			
Special Equip own	ned: La	aser Small	Intraora	al Camera	yes	Other			
Is the practice computerized? Yes Type of Software: Dentrix COMMENTS: Seller retiring and leaving behind superior base of patients! Refers out most procedures and has									
excellent hygiene p PPO practice in one Equipment is all in	rogram in place e of the best con	. Well trained a nmunities in So	and long serving	g staff ready to	assist new der	ntist in growi	ng their dream		

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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**.

NO AGENCY RELATIONSHIP IS CREATED BY SIGNING THIS AGREEMENT.

Listing No. <u>20 – 581</u>	Location	Irvine			
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	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.			
F-mail Address					

PLEASE FAX BACK TO: 949 548-0525