FIRST CHOICE PRACTICE SALES, INC.

a California Corporation (01916111)

BUSY RETAIL LOCATION! GROCERY STORE ANCHOR! MIX OF OWNER AND ASSOCIATE! GREAT RENT & ROOM TO GROW!

\$359,000 OBO

LISTING #	19 – 233			PKI	CE:	\$299,0	<mark>00</mark>	_ A	/ R 'S: <u>ne</u>	gotiable			
LOCATION:	La Puent	La Puente		Est. (2004) 5/2010		POPULATION:			N: Hispan	Hispanic			
DESCRIPTION	# o	# of Ops: _4		# Not Plun		nbed: Sq.		Sq. Ft.	Ft. 1,300 sq ft +/-				
Lease X	Own	Opt	ption/Renew _		10	Yrs. I	Yrs. Remain 1		\$/Mont		h \$3,900		
Office Hours	M	T	T		W		TH		SAT	Γ	SUN		
	closed	Associat	e	Assoc	ciate	Own	er	closed	Owner	r 1x	clos	ed	
STAFF		1	•	115500	Salary				Will Stay	•			
		2			Salary				Will Stay				
		1 Associa			Salary				Will Stay				
PATIENT PROI	FILE:				v			<u> </u>					
% Group		3%	11-19	Yrs:	12%		20-49	Yrs:	62%	50-	-75+:	23%	
% Reimb	Cash	50%	Id	lemn]	PPO 30°	%	 	Plans		
		20%						Сар	\$0				
%Revenue	Restorative	51%	Crown	& Bridg	ge _	20%	E	Endo	8%]	Perio	6%	
O	ral Surgery	6%		Pros	thetics _	2%	O	rtho	7%				
Procedures refe	erred out: _												
PRACTICE STA													
		•	•				ecalls 1	ner montl	ı*				
# Active Charts 750 # of New Patients per month* 15								s per month* 178 past 12 month					
Any one referral													
Does practice en				-	-							D	
FINANCIAL: (N		_					_						
2017 \$32	5,418	2018	\$377,7	787	2019	\$434	4,029	Curr	ent YTD	\$168,7	58 as c	f 6/30	
EQUIPMENT:								_					
# Chai	rs4	Ну	giene					Avg.	Age	Mixed-	– newe	r	
# X-Ray	ys 1 digi	tal	Pano	digital v	v/ceph_		Other						
~	_	_				~							
Special Equip ov		Laser		_	Intraoral	Camer			Othe				
Is the practice co COMMENTS:	omputerized Busy retail		several		es hor stores	l Miv of			ware: <u>Ea</u>	•		ral	
business. Plenty full-time dentist!													

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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. <u>19 – 233</u>	Location	La Puente
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