FIRST CHOICE PRACTICE SALES, INC.

a California Corporation (01916111)

STREETSIDE STANDALONE! ASSOCIATE RUN! GREAT NET & LOTS OF UPSIDE!

\$639,000 PRACTICE 21 – 227 **PRICE:** \$1,000,000 BUILDING A/R'S: No LISTING # Est. 2019 POPULATION: Hispanic **LOCATION:** Hawthorne **DESCRIPTION:** Lease X__ Option/Renew NEW Yrs. Remain NEW \$/Month YOUR MORTGAGE! Own Office Hours TH \mathbf{M} Т \mathbf{W} FR SAT **SUN** 9 - 6 A1 | 9 - 6 A1 | Staff | 9 - 6 A2 | Staff | 9 - 4 A2 | closed **Front:** ____1 Salary: \$20 / hr Will Stay Yes **STAFF** Back: 1 **Salary:** \$17 / hr Will Stay Yes **Other:** Associates **Salary:** 1 - \$750, 2 - \$850 Will Stay Yes **Salary:** ____ \$300 / day____ Other: Biller Will Stay 30 - 60 days **PATIENT PROFILE:** 5-10 Yrs: 2% 11-19 Yrs: 17% 20-49 Yrs: 58% 50-75+: 23% % Group **PPO** 12% **Plans** % Reimb **Cash** 12% Idemn _____ Cap _____ Avg. Cap ____ Medical 70% %Revenue Restorative 25% Crown & Bridge 26% Endo 19% Perio 20% Oral Surgery 7% Prosthetics 3% Ortho 0% Procedures referred out: Implants, some pedo, ortho, retreats, PRACTICE STATS: *(Need to verify with Buyer Audit) (approx) # Active Charts ______ # of Recalls per month* _____ # of New Patients per month* _____ 50+ Total # of New Patients YTD* ____ 650+ 2020! Any one referral source account for more than 10% of practice revenue? Yes No Does practice employ a hygienist? NO Number of days _____ % of Gross ____ FINANCIAL: (Need to verify with Tax Returns and Financial Information by Seller) **2019** \$19,687 **2020** \$799,619 **Current YTD** Pending 2021 **EQUIPMENT:** # X-Rays _____ 2 ___ Pano __room __ Other ____ Special Equip owned: Laser _____ Intraoral Camera Other Is the practice computerized? Yes _____ **Type of Software:** Easy Dental **COMMENTS:** Seller bought building, renovated and opened scratch practice. Staff will stay. Next to street with parking in

Patient rich area and huge signage on building draws business all day long!

back. This can be a 6 day per week practice!

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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>21 - 227</u>	Location	Hawthorne
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 requested will void your request and we will not provide any additional information. Thank you.
Phone (Circle One: Mobile/Home/Business)		
E-mail Address		

PLEASE FAX BACK TO: 949 548-0525