FIRST CHOICE PRACTICE SALES, INC.

a California Corporation (01916111)

BUSY STRIP CENTER! 100% ASSOCIATE RUN! **LOW RENT AND ENDLESS PATIENTS!**

DDICE: \$410,000

LISTING #	21 - 286	21 – 286			PRICE: \$419,000				A/R'S: Not included				
LOCATION:	North Hills		Est	Est. (1980) 2018 POPU			ULAT	LATION: Hispanic					
DESCRIPTION:	# of C		# Not Plumbed:			Sq. Ft. 916							
Lease X	Own	Op:	tion/Ren	Renew no		Yrs. Remain		2.5 \$/ Mo		nth \$2,700 total			
Office Hours	M	T		W		TH		FR S		Γ	SUN		
	Closed	9 – 6		Closed		9- 6		Closed 9 –		4 closed			
STAFF	Front: _	1		_ Salary:		\$25 / hr		Will Stay _		Yes			
	Back: _	2		Salar	y:	\$18.75 / hr		Will Stay _		Yes			
	Other:	Associa	ate	Salary:		\$700 / day		Will Stay		Yes			
PATIENT PROFIL	<u>LE:</u>												
% Group	5-10 Yrs:	9%	11-19	Yrs:	8%	20-49	Yrs:	4	1%	50-75+:	42%		
% Reimb	Cash	27%	Id	lemn		<u> </u>	PPO	8%		Plans			
	Medical	65%		Cap	0%	_ Avg.	Cap		\$0	_			
%Revenue	Restorative	44%	Crown &	& Bridge	20%	_]	Endo	8	3%	Perio	16%		
	Oral Surgery	9%	Pr	osthetics	3%	_	Ortho	0)%	_			
Procedures r	eferred out: _												
PRACTICE STAT	S: *(Need to ve	erify with	Buver A	udit) (apr	rox)								
# Active Charts 65													
		- 30 Total # of New Patients YTD*											
Any one referral so								Ye		No			
•				NO Number of days									
FINANCIAL: (Need to verify with Tax Returns and Financial Information by Seller)													
2018	•					•			YTD	Pending	2021		
EQUIPMENT:		-			_								
# Chair	s 4	Hy	giene				A	Avg. Ag	ge	Mixed			
# X-Ray	s 2 digital			No		ther							
Special Farris arms	.d. T										•		
Special Equip own		Intraoral Camera											
Is the practice com COMMENTS: L		streetside		es ter on maj		Type of S Foot tra					ant next		
door and money ord													

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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. 21 – 286	Location	North Hills
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.
E-mail Address		

PLEASE FAX BACK TO: 949 548-0525