#### FIRST CHOICE PRACTICE SALES, INC.

a California Corporation (01916111)

## **SELLER HAS HEALTH ISSUES!**

# POSSIBLE PARTNERSHIP AND SELLER FINANCING! SELLER OPEN TO ALL OFFERS!

# **NEEDS FULL TIME DENTIST ASAP!**

LISTING #	20 - 522	PR	PRICE: \$300,000 OBO! A/R'S: Negotiable						
LOCATION:	Irvine	_ ]	Est. 2012 POPULATION:				Upper		
DESCRIPTION:	IPTION: # of Ops: 5 # Not Plumbed: Sq. Ft1,450 +/-								
Lease X	Own	Option/R	enew <u>1 x 5</u>	Yrs. Rem	ain <u>3+</u>	\$/Mo	onth \$8,94	) total	
Office Hours	M	T	$\mathbf{W}$	TH	FR	SAT	Г .	SUN	
	O + H	Associate	О	Associate	Staff	Close	ed C	losed	
STAFF			· L	<b>!</b>	Will Stay Yes				
<u>/1/11 1                               </u>		1		ry: \$1:			y Yes		
	Other: H			ry: \$400		· <u></u>			
PATIENT PROF		lygicinst (ivi)		<u> </u>	y r day	Will Stay			
% Group		11-	19 Yrs:	20-4	19 Yrs:		50-75+:		
% Reimb		63%	Idemn			28%			
	Medical			5% Avg					
%Revenue		21% <b>Crow</b>		_		6%	Perio	6%	
, , , , , , , , , , , , , , , , , , , ,		8% I				1%	•	16%	
Procedures r	referred out: _	·	·				<b>F</b>		
PRACTICE STA # # of New Patien	Active Charts	3,000	)	# of Recal		<b>th*</b>	184 in 2020		
Any one referral	source accoun	t for more than	10% of prac	tice revenue	?	Yes	No		
Does practice em	ploy a hygienis	st?	Yes Nur	nber of days	2	% of Gros	ss <u>9%</u>	<b>6</b>	
FINANCIAL: (N	leed to verify w	ith Tax Returi	ns and Financ	ial Informati	ion by Sello	er)			
2018 \$9	09,770	<b>2019</b> \$872,	761 <b>202</b>	0 \$468,00	0 Cur	rent YTD _	\$75,418 as	of 2/2	
<b>EQUIPMENT:</b>									
# Chai	irs4	Hygiene			Avg	. Age	mixed		
# X-Ra	ys 3 digital	Pano	Digital	Other _					
Special Equip ow	vned: L	aser	Intraor	al Camera	yes	Othe	er		
Is the practice co		Yes <b>Type of Software:</b> DentiCon							
<b>COMMENTS:</b>	Seller has suffe	ered health issue	es and family i	issues. Can o	nly work 2	days per wee	k with one d		
hygiene. Huge ba lots of upside for t parking spaces!									

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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 – 522</u>	Location	Irvine			
Accepted and Agreed to:					
Signature	<del></del>	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