### FIRST CHOICE PRACTICE SALES, INC.

a California Corporation (01916111)

# STREETSIDE LOCATION! BEAUTIFULLY REMODELED! **GREAT ADVERTISING & PATIENT BASE!**

## **SELLER DOING LOTS OF CROWNS & VENEERS!!**

### 50%+ NET!

LISTING #	21 - 282	21 - 282		<b>PRICE:</b> \$799,000			A/R'S: Negotiable				
LOCATION:	South Gate			<b>Est.</b> 2016		POPULATION: Hispanic					
<b>DESCRIPTION:</b>	# of C	# of Ops: 5		# Not Plumbed:			<b>Sq. Ft.</b> 1,650 +/-				
Lease X	Own	Opti	ion/Renew _	1 x 5	Yrs. Rema	in <u>9-10</u>	mos.	\$/Month	\$5,50	00 total	
Office Hours	M	T	V	7	TH	FR		SAT		SUN	
	9 – 6	Closed	9 –	- 6	9 – 6	Staff		9 - 2	(	Closed	
<b>STAFF</b>	Front: _	1		Salary: _	y: \$23		Will Stay		Yes		
	Back: _	2		Salary: _	\$18/\$23	3	Will S	tay	Yes		
	Other: _	Endo 1x/r	no.	Salary: _	50%		Will S	tay	Yes		
PATIENT PROFI	LE:										
% Group	5-10 Yrs:	5%	11-19 Yrs:	6%	<b>20-49 Yrs</b>		72%	50-7	75+: _	17%	
% Reimb	Cash	93%	Idemn	ı		PPO _	5%	5% P			
	Medical	2%	Cap	0%	Avg.	Cap _	\$0		_		
%Revenue	Restorative	<u>10%</u> (	Crown & Bri	idge <u>6</u>	<mark>4%</mark> _	Endo _	7%	P	erio _	12%	
	<b>Oral Surgery</b>	4%	Prosthe	etics 19	<u>%</u>	Ortho _	1%	Imp	lant _	1%	
Procedures referred out:											
PRACTICE STATS: *(Need to verify with Buyer Audit) (approx)											
			-	+ # of Recalls per month*							
# of New Patients per month* 20 – 25											
Any one referral source account for more than 10				0% of practice revenue?			Yes		No		
Does practice employ a hygienist?			NO	Numbe	er of days		% of Gross				
FINANCIAL: (Need to verify with Tax Returns and Financial Information by Seller)											
<b>2019</b> \$1,1	91,054	2020 _	\$646,274	202	\$920,30	01 <b>Cur</b>	rent YT	' <b>D</b> Pe	ending	2022	
<b>EQUIPMENT:</b>											
# Chairs 3 Hygien		giene	2			Avg. Age			Newer		
# X-Ray	s Portable Dig	gtal_ ]	Pano Prexi	on CT	Othe	er					
Special Equip owned: Laser Soft Tissue Intraoral Camera Yes Other											
Is the practice computerized? Yes Type of Software: Easy Dental											
Great advertising ar and has newer equip											

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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 – 282	Location	South Gate				
Accepted and Agreed to:						
Signature		Agent				
Print Name		Print Name				
Date		Date				
Address	<del></del>	P. O. Box 8445 Newport Beach, CA 92660 (949) 548-4559				
City Z	<u>Zip</u>	Any additions or deletions to this page other than information we have				
Phone (Circle One: Mobile/Home/Business  E-mail Address	)	requested will void your request and we will not provide any additional information. Thank you.				

PLEASE FAX BACK TO: 949 548-0525