FIRST CHOICE PRACTICE SALES, INC. a California Corporation (01916111)

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

MOSTLY RESTORATIVE & CROWNS!

50%+ NET!

LISTING #	22 - 282		PRICE:	5799,000	A/R'	S: Negotiabl	e		
LOCATION:	South Gate		Est. 2016		POPULATION: Hispanic				
DESCRIPTION:	# of Ops: 5		# Not Plumbed:		Sq. Ft.	1,650 +/-			
Lease X	Own	Option/I	Renew 1 x 5	Yrs. Remain	n 9-10 mos	s. \$/Month	\$5,500 total		
Office Hours	M	T	W	TH	FR	SAT	SUN		
	9-6	Closed	9 – 6	9 – 6	Staff	9 - 2	Closed		
<u>STAFF</u>	Front: _	1	_ Salary:	\$23	Wi	Will Stay Yes			
	Back: _	2	_ Salary:	\$18/\$23	Wi	ll Stay	Yes		
	Other:	Endo 1x/mo.	Salary:	50%	Wi	ll Stay	Yes		
PATIENT PROFILE:	<u>.</u>								
% Group	5-10 Yrs:	5% 11	1-19 Yrs:6	20-49	Yrs:	72% 50-	.75+: <u>17%</u>		
% Reimb	Cash	93%	Idemn		PPO	5% 1	Plans		
	Medical	2%	Cap 0	0% Avg. (Сар	\$0			
%Revenue	Restorative	10% Crov	vn & Bridge _	64% I	Endo	7%]	Perio 12%		
Or	al Surgery	4%	Prosthetics _	1% O	rtho	1% Imp	olant 1%		
Procedures referred out:									
PRACTICE STATS: *(Need to verify with Buyer Audit) (approx)									
			+ # of Recalls per month*						
				+ Total # of New Patients YTD* 236 as of 10/31					
Any one referral sour	10% of practice	e revenue?	Y	es 1	No				
Does practice employ	Does practice employ a hygienist?		NO Nun	O Number of days		% of Gross			
FINANCIAL: (Need to verify with Tax Returns and Financial Information by Seller)									
2019 \$1,191,0)54	2020 \$64	<u>-6,274</u> 2	021 \$920,301	Current	YTD On	track for \$1M!		
EQUIPMENT:									
# Chairs _	3	Hygiene	e		Avg. A	ge	Newer		
# X-Rays _	Portable Dig	tal Pane	o Prexion CT	Other					
Special Equip owned: Laser Soft Tissue Intraoral Camera Yes Other									
Is the practice comput			Yes			Easy Dental			

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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>22 – 282</u>	Location	South Gate		
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