FIRST CHOICE PRACTICE SALES, INC.

a California Corporation (01916111)

RETAIL LOCATION! HIGH NET PEDO PRACTICE! 100% ASSOCIATE RUN!

LISTING #	22 - 524		PRICE: \$499,000		A	A/R'S: Negotiable			
LOCATION:	Brea		Est. (1990) 2019		9 P C	POPULATION: Mixed			
DESCRIPTION:	# of O	# of Ops: _4		# Not Plumbed:		Sq. Ft. 1,535 sq ft +/-			
Lease X	O/-wn	Option	tion/Renew 3 x 5 Yrs. Remain 6.5+ \$/Month \$4,842 total			\$4,842 total			
Office Hours	M	T	W	TH	FR	SAT	SUN		
_	8 – 5	8 - 5	8 – 5	Closed	Closed	Closed	Closed		
STAFF	Front: _	1	Salary:	\$22	W	ill Stay	Yes		
	Back: _	2	Salary:	\$20 / \$1	8 W	ill Stay	Yes		
	Associate: _	1 GP	Salary:	35%	W	ill Stay	Yes		
PATIENT PROF	FILE:								
% Group	5-10 Yrs:	1	1-19 Yrs:	19 Yrs: 20-49 Yrs		50-75+:			
% Reimb	Cash	7%	Idemn		PPO 20%	PO 20% Plans			
	Medical	73%	Cap 0	% Avg.	Cap	\$0			
% Revenue	Restorative	_85%_ Cro	own & Bridge	7%	Endo	5%	Perio 0%		
	Oral Surgery	3%	Prosthetics	0%	Ortho	0%			
Procedures referred out:									
PRACTICE STA	ATS: *(Need to ve	rify with Bu	yer Audit) (appro	ox)					
# Active Charts			1,200 # of Recalls per month*						
# of New Patients per month* 25			- 30 Tot	al # of New P	atients YTD	ents YTD* 249 as of 10/31			
Any one referral	source account fo	or more than	10% of practice	revenue?	Y	Yes No			
Does practice employ a hygienist?			Number of days % of Gr			% of Gross			
FINANCIAL: (N	leed to verify with	ı Tax Return	s and Financial I	nformation b	y Seller)				
2019	NA	2020 \$3	71,451 20	021 \$527,58	85 Curren	t YTD\$514	4,001 as of 10/31		
EQUIPMENT:									
# Cha <u>irs 4 Hygi</u> en			ne		Avg. A	Avg. Age Mixed newer			
# X-Rays	1 fixed + 1 port	able I	Pano No Other 2 Sensors & ScanX						
Special Equip owned: Laser Intraoral Camera Yes Other Portable N2O/0						Portable N2O/O2			
Is the practice co	-	c practice in 1	Yes Type of Software: DentiCon ice, busy shopping plaza. Great family friendly anchors, large parking						
lot and excellent 1									

days. Easy \$1M+ full-time 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. 22 – 524	Location	Brea			
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	<u>'ip</u>	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