FIRST CHOICE PRACTICE SALES, INC.

a California Corporation (01916111)

BUSY STRIP CENTER! 100% ASSOCIATE RUN!

LOW RENT AND ENDLESS PATIENTS!

LISTING #	22 - 286	PRICE: \$279,000 OBO! A/R'S: Not included					
LOCATION:	North Hills	_					
DESCRIPTION:	# of O	ps: 4	# Not Plumbed:		Sq. Ft. 916		
Lease X	Own	Option/	Renew no	Yrs. Remain	n 2.5	\$/Month	\$2,700 total
Office Hours	M	T	W	TH	FR	SAT	SUN
	Closed	9 – 6	Closed	9- 6	Closed	9 – 4	closed
<u>STAFF</u>	Front: _	1	Salary	\$25 / hr	W	ill Stay	Yes
	Back:	2	Salary	\$18.75 / h	<u>r</u> W	ill Stay	Yes
	Other:	Associate	Salary	:\$700 / day	<u> </u>	ill Stay	Yes
PATIENT PROFII	<u>.E:</u>						
% Group	5-10 Yrs:	9% 1	1-19 Yrs:	8% 20-49	Yrs:	41% 5	0-75+: 42%
% Reimb	Cash	27%	Idemn		PPO 8%		Plans
	Medical	65%	Cap	0% Avg. (Cap	\$0	
% Revenue	Restorative	44% Cro	wn & Bridge _	20% I	Endo	8%	Perio 16%
	Oral Surgery	9%	Prosthetics _	3% O	rtho	0%	
Procedures r	eferred out: _						
PRACTICE STAT	<u>S</u> : *(Need to ve	rify with Buy	er Audit) (appr	cox)			
# Active Charts _		650)+	# of Recalls per month*			
# of New Patients per month*			30 To	atients YTD* 350+ last 12 months			
Any one referral so	ource account fo	or more than	10% of practic	e revenue?	Y	es	No
Does practice employ a hygienist?			NO Number of days			% of Gross	
FINANCIAL: (Nee	d to verify with	Tax Returns	s and Financial	Information by	Seller)		
2020 \$478	8,314	2021 \$328	<u>,118</u> 2022	\$348,870	Current Y	TDP6	ending 2023
EQUIPMENT:							
# Chairs	s4	Hygien	ne		Avg. A	age	Mixed
# X-Ray	s 2 digital	Pan	No No	Other			
Special Equip owned: Laser		ser	Intraoral Camera		Other		
Is the practice computerized? COMMENTS: Located in busy, streetside stri			Yes	oftware: _		Dactaurant na	
door and money order	•				•	•	

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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>21 – 286</u>	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	<u> </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