FIRST CHOICE PRACTICE SALES, INC.

a California Corporation (01916111)

BEAUTIFUL VIEWS & OFFICE! ALL PPO! SELLER HAS TO RELOCATE! GREAT STAFF WILL STAY!

THIS IS A STEAL!

LISTING #	23 - 236	23 - 236		PRICE: <u>\$139,000</u>		A/R'S: Negotiable			
LOCATION:	Sherman	Sherman Oaks		Est. 2020		POPULATION:			
DESCRIPTION	# of O	# of Ops: 3		# Not Plumbed:		1,000 +/-			
Lease X	Own	Option/R	Renew 1 x 5	Yrs. Rema	ain <u>3</u> +	\$/Month	\$3,660 FG		
Office Hours	M	T	W	TH	FR	SAT	SUN		
-	9 – 5	Closed	9 – 5	Closed	9 – 5	Closed	Closed		
STAFF	Front & Back: _	1	Salary:	\$25	W	ill Stay	Y		
PATIENT PRO	FILE:								
% Group	5-10 Yrs:	11-19 Yrs:		20-49 Yrs:		50-75+:			
% Reimb	Cash	50%	Idemn		PPO 50%	P	lans		
	Medical	0%	Cap 0	% Avg	. Cap	\$0			
%Revenue	Restorative	52% Crow	n & Bridge	23%	Endo	0% P	erio <u>13%</u>		
	Oral Surgery	9%	Prosthetics	2%	Ortho	1%			
Procedures referred out:									
PRACTICE STATS: *(Need to verify with Buyer Audit) (approx)									
# Active Charts			# of Recalls per mon			*			
# of New Patients per month*		12 - 1	12 - 16 Total # of N o		Patients YTD*1		in 2022		
Any one referral source account for more than 10% of practice revenue? Yes No									
Does practice en	1	NO Number of days			% of Gross				
FINANCIAL : (Need to verify with Tax Returns and Financial Information by Seller)									
2020		2021 \$125	5,208 20	022 \$145,63	36 Curren	t YTD			
EQUIPMENT:									
# Ch	airs3	Hygiene				Age	Newer		
# X-F	Rays 3 (2 sensor	S) Pano		Other					
Special Equip or	wned: La	ser	Intraora	l Camera	Yes	Other			
Is the practice computerized?			Yes Type of Software: Open Dental						
COMMENTS: front staff that w	Seller needs to re ill stay. Incredible o								

rent! Equipment is newer and in great shape.

FIRST CHOICE PRACTICE SALES, INC.

a California Corporation (01916111)

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>23 – 236</u>	Location	Sherman Oaks			
Accepted and Agreed to:					
Signature		Agent			
Print Name		Print Name			
Date		Date			
Address	<u> </u>	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	_	intermation. Thank you.			

PLEASE FAX BACK TO: 949 548-0525