FIRST CHOICE PRACTICE SALES, INC.

a California Corporation (01916111)

HIGH VOLUME & HIGH NET!! BEAUTIFUL REMODELED PRACTICE!

100% ASSOCIATE RUN!

	22 - 308		PRICE: \$8	319,000 OBO	A/	R'S: Not in	ncluded		
LOCATION:	Rancho Cuc	Rancho Cucamonga		Est. 2019		POPULATION: Mixed, Hispanic			
DESCRIPTION:	# of Ops: 6		# Not P	# Not Plumbed:		Sq. Ft. 1,800 +/-			
Lease X	Own	Opt	tion/Renew 1 x 3	n/Renew 1 x 5 Yrs. I		\$/Mo	/Month \$3,980 total		
Office Hours	M	T	W	TH	FR	SA	Г .	SUN	
_	Front	9 – 6	Front	9 – 6	9 – 6	Clos		losed	
<u>STAFF</u>	FF Front: 3 Salary: \$20		\$20 / \$17.5	20 / \$17.50 / \$17.50			no, MGR Biller Yes		
	Back:	2	Salary: _	\$16.25	/ \$15	Will Stay	No/	Yes	
	Other: _	Associa	ate Salary:	\$700 /	day	Will Stay	Yes	S	
PATIENT PROFI	LE:								
% Group	5-10 Yrs:	1%	11-19 Yrs:	11%	20-49 Yrs:	56%	50-75+:	32%	
% Reimb	Cash	46%	Idemn		PPO _	20%	Plans		
	Medical	34%	Cap	0% A	Avg. Cap	\$0			
% Revenue	Restorative	37%	Crown & Bridge	40%	Endo	7%	Perio	12%	
	Oral Surgery	2%	Prosthetics	2%	Ortho	0%	_		
Procedures r	eferred out:								
PRACTICE STAT	'S• *(Need to ve	rify with	Ruver Audit) (ar	nrov)					
		_		•	ecalls per moi	nth*			
				-1,400 # of Recalls per more -60 Total # of New Patients Y					
Any one referral so						Yes	No		
Does practice emp			-						
FINANCIAL: (Ne									
2020 \$1,17	•				827 Currer	nt YTD \$2	265,081 as c	of 4/30	
EQUIPMENT:	 ,			<u> </u>					
	s 6	Ну	giene		Av	g. Age	Newer		
# X-Ray	·		Pano room	Other		Monitors all			
				_		·			
Special Equip own	ed: La	ser	Intra	oral Camera	Yes	Other	r		
		-							
Is the practice com <u>COMMENTS:</u> F	puterized?		Yes		e of Software				

new patients. Practice has large lobby and has the room to DOUBLE!

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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 - 308</u>	Location	Rancho Cucamonga		
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	s)	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