## FIRST CHOICE PRACTICE SALES, INC.

a California Corporation (01916111)

## **ALL PPO!**

# GREAT RENT AND LOCATED IN BUSY AREA! SOLID HYGIENE & MANY REFERRED PROCEDURES!

| LISTING #  | 23 - 288              | 23 - 288      |         | <b>PRICE:</b> \$260,000 |                     |              |               | A/R'S: Negotiable       |       |                          |        |  |
|--|-----------------------|---------------|---------|-------------------------|---------------------|--------------|---------------|-------------------------|-------|--------------------------|--------|--|
| LOCATION:  | Clarer                | Claremont     |         | <b>Est.</b> 2007        |                     |              |               | POPULATION: Mixed       |       |                          |        |  |
| <b>DESCRIPTION:</b>  | # of C                | # of Ops: 3   |         |                         | # Not Plumbed: S    |              |               | <b>q. Ft.</b> 1,100 +/- |       |                          |        |  |
| Lease X  | Own                   | Opt           | ion/Rei | enew Yrs. Remain        |                     |              | in <u>1</u> + |                         | \$/Me | <b>nth</b> \$2,750 total |        |  |
| Office Hours   | M                     | T             |         | W                       |                     | TH           |               | FR SA                   |       | T SUN                    |        |  |
|  | 9 – 5 + H             | 9 – 5         |         | 9-5+H                   |                     | 9 – 5        | Sta           | .ff                     | Clos  | sed                      | Closed |  |
| <b>STAFF</b>   | Front:                | 1             |         | Salary:                 |                     | \$19         |               | Will Stay _             |       | Yes                      |        |  |
|  | Back:                 | 1 + 1(intern) |         | Salary:                 |                     | \$19         |               | _ Will Stay _           |       | Yes                      |        |  |
|  | Other:                | : Hygienist   |         | Salary:                 |                     | \$350 / day  |               | _ Will Stay _           |       | Yes                      |        |  |
|  | Other: _              | Other: Biller |         | Salary:                 |                     | \$25.50 / hr |               | Will Stay               |       | Yes                      |        |  |
| PATIENT PROF   | ILE:                  |               |         |                         |                     |              |               |                         |       |                          |        |  |
| % Group  | 5-10 Yrs:             | 5%            | 11-19   | 9 Yrs:                  | 10%                 | 20-49        | Yrs:          |                         | 17%   | 50-75+                   | 38%    |  |
| % Reimb  | Cash                  | 45%           | 1       | demn                    |                     |              | PPO           | 55%                     |       | Plans                    | š      |  |
|  | Medical               | 0%            |         | <b>Cap</b>              | 0%                  | Avg.         | Cap           |                         | \$0   | _                        |        |  |
| % Revenue  | Restorative           | 67%           | Crown   | & Bridge                | 28%                 | <u>6</u>     | Endo          |                         | 0%    | Perio                    | 2%     |  |
|  | Oral Surgery          | 1%            | P       | rosthetics              | 1%                  | _ (          | Ortho         |                         | 1%    | <b>Implants</b>          | 0%     |  |
| Procedures referred out: Most extractions, root canals, surgeries, ortho   |                       |               |         |                         |                     |              |               |                         |       |                          |        |  |
| PRACTICE STATS: *(Need to verify with Buyer Audit) (approx)  |                       |               |         |                         |                     |              |               |                         |       |                          |        |  |
|  | # Active Charts       |               |         |                         |                     | of Recalls   | s per n       | onth*                   | •     |                          |        |  |
| # of New Pation  | Total # of New Patien |               |         |                         | nts YTD* 66 in 2022 |              |               | 22                      |       |                          |        |  |
| Any one referral source account for more than 10% of practice revenue?  Yes  No  |                       |               |         |                         |                     |              |               |                         |       |                          |        |  |
| Does practice employ a hygienist? Yes Number of days 2 / wk % of Gross   |                       |               |         |                         |                     |              |               |                         |       |                          |        |  |
| FINANCIAL: (Need to verify with Tax Returns and Financial Information by Seller)   |                       |               |         |                         |                     |              |               |                         |       |                          |        |  |
| <b>2020</b> \$1  | 74,471                | 2021          | \$277,1 | 197                     | 2022                | \$260,03     | 88 <b>C</b>   | urren                   | t YTD | Pending                  | g 2023 |  |
| <b>EQUIPMENT:</b>  |                       |               |         |                         |                     |              |               |                         |       |                          |        |  |
| # Chai   | # Chairs 3 Hygiene    |               | giene _ | <u> </u>                |                     | Avg. Age     |               | Mixed, newer            |       |                          |        |  |
| # X-Ra   | ys 2 digital          |               | Pano _  | no                      | (                   | Other        |               |                         |       |                          | _      |  |
| Special Equip own  | ned: La               | aser          |         | _ Intrac                | oral Ca             | ımera        | Yes           |                         | Othe  | er                       |        |  |
| Is the practice computerized? Yes Type of Software: EagleSoft  COMMENTS: Seller going to semi-retire due to long-term health issues. Solid practice with great base of patients. |                       |               |         |                         |                     |              |               |                         |       |                          |        |  |
| Steady hygiene and new patients. Seller refers most surgeries. Landlord will write new lease. Location has good parking  |                       |               |         |                         |                     |              |               |                         |       |                          |        |  |

and located in busy, downtown area. Practice has been well-kept, open and bright operatories!

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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>23 – 260</u>              | Location | Claremont   |
|--|----------|---|
| Accepted and Agreed to:                  |          |   |
| Signature                                |          | Agent   |
| Print Name                               |          | Print Name  |
| Date                                     |          | Date  |
| Address                                  |          | P. O. Box 8445<br>Newport Beach, CA 92660<br>(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