FIRST CHOICE PRACTICE SALES, INC. a California Corporation (01916111)

100% ASSOCIATE RUN! 50+ NEW PATIENTS PER MONTH! PLENTY OF SPACE TO GROW TO \$3M+!

LOCATION: DESCRIPTION:	Vista		T7 4					
DESCRIPTION.	Vista		Est. 2017		POPULATION: Mixed			
DESCRIPTION.	# of Ops:8		# Not Plumbed:		Sq. Ft. 2,200			
Lease X	Own	Option	n/Renew 1x5	Yrs. Rem	nain <u>4+</u>	\$/Month \$5,500 MG		
Office Hours	M	T	W	TH	FR	SAT	SUN	
	9 – 6	9 -6	9 – 6	9 – 6	9 – 6	9 – 4 1x	Closed	
STAFF	Front:		•	y: \$70K/	•	ill Stay	•	
<u></u>		3		y: \$23 / \$25		ill Stay	<u> </u>	
	_	GP		y: \$750 / 2		ill Stay		
	_	Hygienist		y: \$55 /		ill Stay Y		
	_	Perio		y: 40%		ill Stay1		
PATIENT PROFIL	·	10110		y• <u>1070</u>	, , , , , , , , , , , , , , , , , , ,	<u> </u>	23/1110	
% Group			11-19 Yrs:	20-	49 Yrs:	50-	75+:	
% Reimb		40%	Idemn		PPO 60%		lans	
	Medical			2% Av	·	·		
% Revenue			rown & Bridge			1% P	erio 5%	
	Oral Surgery		_			1% Imp		
Procedures r						-		
PRACTICE STATS								
# Active Charts1,						month*		
	ents per month*	-				-		
Any one referral sou			-				lo .	
Does practice emplo	• •		Yes N	·		_ % of Gross		
FINANCIAL: (Need	•				,			
2021 \$977	,439	2022 \$	2,128,337	2023 \$1,22	4,225 Cur	rent YTD	Pending	
EQUIPMENT:								
# Chairs	6					. Age	mixed	
# X-Rays	3 (2 sensors		Pano <u>CBCT</u>	Other				
Special Equip owne	d: La		oft ssue Intra	oral Camera	Yes	Other		
Is the practice comp COMMENTS: IN						Dentrix Ascend		

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**, **INC**. 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 – 408</u>	Location	Vista		
Accepted and Agreed to:				
Signature		Agent		
Print Name		Print Name		
Date		Date		
Address		17821 17 th Street, Suite 180 Tustin, CA 92780 (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		,		

PLEASE FAX BACK TO: 949 548-0525