## FIRST CHOICE PRACTICE SALES, INC. a California Corporation (01916111) LARGE RETAIL LOCATION! MASSIVE FOOT TRAFFIC! ONLY PPO & FFS! BUSY AREA HAS WALK-INS EVERYDAY! LOTS OF CASH BUSINESS!

LISTING #	24 - 264		PRICE: \$	PRICE: <u>\$290,000</u> A/R'S: <u>N</u>			egotiable			
LOCATION:	Rowland Heights		<b>Est.</b> (1985) 2019		19 <b>P</b>	POPULATION: Mixed				
DESCRIPTION	: # of O	# of Ops: _4 # Not Plumbed:				<b>Sq. Ft.</b> 1,200 +/-				
Lease X	Own	Option/l	Renew	Yrs. Remain	n <u>2+</u>	\$/Mon	th <u>\$5,49</u>	1 total		
<b>Office Hours</b>	М	Т	W	ТН	FR	SAT		SUN		
_	9 – 6 O or A	Closed	9-6 A	Closed	9-6 A	Closed	1	Closed		
<u>STAFF</u>	Front:	1	Salary:		W	ill Stay	Yes			
	Back:	2	Salary:		W	ill Stay	Yes			
	Associate:	2	Salary:	\$800/\$1,000	day W	ill Stay	Yes			
PATIENT PROFILE:										
% Group	5-10 Yrs:	11	-19 Yrs:	20-49	Yrs:		50-75+:			
% Reimb	Cash	71%	Idemn		PPO	29%	Plans			
	Medical	0%	<b>Cap</b> 0	% Avg. (	Cap	\$0				
% Revenue	Restorative	<u>28%</u> Crov	vn & Bridge	<u>18%</u>	Endo	2%	Perio	15%		
	<b>Oral Surgery</b>	16%	Prosthetics	2% 0	rtho	0%	Implant	19% (16)		
Procedures referred out: Ortho, pedo										
	<b><u>PRACTICE STATS</u>:</b> *(Need to verify with Buyer Audit) (approx)									
PRACTICE STA	ATS: *(Need to ve	_								
PRACTICE STA		erify with Buy	er Audit) (appr	ox)						
	# Active Charts	erify with Buy 375-	er Audit) (appr +	ox) # of Recalls	per month <sup>:</sup>	k				
# of New Pat		erify with Buy 375- 7-11	er Audit) (appr + I Tot	ox) # of Recalls al # of New Pa	per month <sup>:</sup> tients YTD <sup>:</sup>	k k	No			
# of New Pat Any one referral	# Active Charts ients per month* source account f	erify with Buy 375- 7-11 For more than	er Audit) (appr + L Tot 10% of practice	ox) # of Recalls al # of New Pa e revenue?	per month <sup>:</sup> tients YTD <sup>:</sup> Y	¢ ¢ es	No			
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# of New Pat Any one referral Does practice en <u>FINANCIAL</u> : (N	# Active Charts ients per month* source account f ploy a hygienist? Need to verify wit	erify with Buy 375- 7-11 For more than h Tax Returns	er Audit) (appr + I Tot 10% of practice NO Num and Financial	ox) # of Recalls al # of New Pa e revenue? bber of days Information by	per month <sup>*</sup> tients YTD <sup>*</sup> Y y Seller)	es % of Gross	No			
# of New Pat Any one referral Does practice en <u>FINANCIAL</u> : (N 2021\$	# Active Charts ients per month* source account f ploy a hygienist? Need to verify with 350,566	erify with Buy 375- 7-11 For more than h Tax Returns	er Audit) (appr + Tot 10% of practice NO Num 5 and Financial 10,752 2	ox) # of Recalls al # of New Pa e revenue? bber of days Information by	per month <sup>*</sup> tients YTD <sup>*</sup> Y y Seller)	* es % of Gross t YTD	No			
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### **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 \$15,000, 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>24 – 264</u>	Location	Rowland Heights			
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 Zij	p	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

Phone: (949) 548-4559 • Fax: (949) 548-0525 • <u>www.firstchoicedds.com</u> ALL INFORMATION PROVIDED SUBJECT TO BUYER VERIFICATION – BROKER MAKES NO WARRANTIES