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

## **BUSY RETAIL LOCATION! ONLY PPO/FFS! GREAT MARKETING! MOSTLY ASSOCIATE RUN! SELLER ONLY PLACES IMPLANTS!**

LISTING #	23 – 280		PRICE	<b>:</b> \$659,0	000		A/R	'S: N	egotiat	ole		
LOCATION:	West Covina						<b>PULATION:</b> Mixed					
DESCRIPTION:						Sq. F						
Lease X	Own		tion/Renew		5 Yrs. Remain		-		onth \$3,400 total			
Office Hours	Μ	Т		W	TE	I	FR		SA	г	S	UN
	9-6	Staff	f 9	6	Stat	ff	9 – 6		Clos	od	Cl	osed
STAFF	<b>Front:</b> 1				6 Staff \$24					Yes		Jscu
STAFT	<b>Back:</b> 2				\$22 rda / \$22 da					Yes		
		V					Yes					
PATIENT PROFI			Suluig	•	7 Duy of	3070 1033			<u>stu</u> j		105	
% Group			11-19 Yrs	5:		20-49 Y	rs:			50-7	5+:	
% Reimb		80%		n				20%				
	Medical	0%		p 09						-		
%Revenue	Restorative	27%	Crown & E	Bridge	45%	E	ndo _	29	6	Per	rio 🗌	3%
	Oral Surgery									_	nts	14%
Procedures	referred out: S											
PRACTICE STAT	FS: *(Nood to vor	ify with	Buyor Audi	t) (onnr	)							
I RACIICE STA	# Active Charts	-	-			Recalls n	er mo	nth*				
# of New Pat	ients per month*										of 8/3	1
Any one referral s								Yes		No	51 0/5	1
Does practice emp		-				% of Gross						
FINANCIAL: (Ne		-				-			/0 01			
	65,429		2 \$557,855			-			ent YT	<b>D</b> P	endin	g 202
EQUIPMENT:				_	-							0
	# Chairs 4 I		Iygiene					Avg. Age _		Mixed Newer		
	2 (1  sensor)											
Special Equip own		laser		Intraor						er		
Is the practice con COMMENTS: S	-	line mor	Yes rketing in pla	ce Cons		ype of So w patient					huev	etail
center. Only PPO/F week dentist! Rece	FFS. Seller only go	bes to off	fice to place i	implants								

### **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 – 280</u>	_ocation	West Covina				
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)	_	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