FIRST CHOICE PRACTICE SALES, INC.

a California Corporation (01916111)

100% ASSOCIATE RUN! 20+ NEW PATIENTS PER MONTH! PLENTY OF SPACE TO GROW TO \$3M+!

LISTING #	23 - 408	P	RICE:\$8	45,000	A/R'S	: Negotial	ole	
LOCATION:			Est. 2017 8 # Not Plumbed:		POPULATION: Mixed			
DESCRIPTION:					Sq. Ft. 2,200			
Lease X	Own	Option/R	enew 1x5	Yrs. Rem	ain <u>4+</u>	\$/Mo	onth \$5,500 MG	
Office Hours	M	T	W	TH	FR	SAT	Γ SUN	
	9 – 6	9 -6	9 – 6	9 – 6	9 – 6	9-4	1x Closed	
STAFF	Front:				•	•	Y	
		3		\$23 / \$25			Y	
	Other:		-			_	Y	
		Hygienist	-				Y - 3x/wk	
	Other:	Perio	_	40%		_	1-2x/mo	
PATIENT PROFI	LE:		-			- <u>-</u>		
% Group	5-10 Yrs:	11-	19 Yrs:	20-4	49 Yrs:		50-75+:	
% Reimb	Cash	40%	Idemn		PPO _58	%	Plans	
	Medical	0%	Cap2	2% Avg	g. Cap\$	2,000 +/-		
% Revenue	Restorative	33% Crov	vn & Bridge_	25%	Endo	1%	Perio 5%	
	Oral Surgery	15% I	Prosthetics _	8%	Ortho	1%	Implant 12%	
Procedures	referred out:							
PRACTICE STAT								
KACHEESIAI		•			ls ner mont	h*		
			1,239 # of Recalls 20+ Total # of New		Patients YTD* 125 as of 7/11/24			
Any one referral so		_					No	
Does practice emp			-					
FINANCIAL: (Ne								
2021 \$97	•				•	rrent YTD	\$545K as of 7/1	
EQUIPMENT:								
# Chairs	6	Hygien	ie		Av	g. Age	mixed	
	3 (2 sensors)							
Special Equip own		Soft					er	
Is the practice com			Yes		f Software:			
COMMENTS: II							d \$2M+! Seller Mostly PPO/FFS.	

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	<u> </u>	17821 17 th Street, Suite 180 Tustin, CA 92780 (949) 548-4559			
City	<u>'ip</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