

The following summary illustrates a projected year's income and expenses for the subject practice which incorporates a 4% increase in fees and overhead expense but no increase in production. Although all variable expenses are included, fixed expenses that will not be duplicated are not included. This summary is not a representation or warranty of future practice performance. Purchasers should obtain legal and accounting counsel prior to any purchase decision. **NOTE: Practice price does not include accounts receivable.**

**PRACTICE INCOME**

EXPECTED GROSS COLLECTION INCREASE		\$535,040	100.0%
HYGIENE COMPONENT		\$123,059	23.0%
DENTIST COMPONENT		\$411,981	77.0%
RETAINED SELLER		\$117,709	22.0%
ASSOCIATE		\$0	0.0%
PURCHASER		\$294,272	55.0%

**VARIABLE EXPENSE INCREASE**

WAGES, PAYROLL TAX, ETC.		\$129,058	24.1%
LABORATORY		\$21,651	4.0%
CLINICAL SUPPLIES		\$24,006	4.5%
OTHER VARIABLE EXPENSE		\$57,774	10.8%
TOTAL VARIABLE EXPENSE INCREASE		\$232,488	43.5%

**FIXED EXPENSE INCREASE**

RENT		\$0	0.0%
PHONE, UTILITIES		\$3,000	0.6%
LEGAL & ACCOUNTING		\$3,500	0.7%
INSURANCE		\$1,500	0.3%
OTHER FIXED EXPENSE		\$14,131	2.6%
TOTAL FIXED EXPENSE INCREASE		\$22,131	4.1%

**DEBT SERVICE INCREASE**

INTEREST		\$50,871	9.5%
PRINCIPAL		\$57,487	10.7%
TOTAL DEBT SERVICE - THIS IS BREAK-EVEN RETENTION PERCENTAGE		\$108,358	20.3%

**SUMMARY**

EXPECTED INCREASED COLLECTIONS		\$535,040	100.0%
EXPECTED INCREASED EXPENSES		\$254,619	47.6%
EXPECTED INCREASED DEBT SERVICE		\$108,358	20.3%
EXPECTED INCREASED NET INCOME & PERCENT OF PERSONAL PRODUCTION		\$172,063	58.5%
PURCHASER PRODUCED PRODUCTION		\$294,272	55.0%
EQUITY INCREASE & PERCENT OF PERSONAL PRODUCTION		\$57,487	19.5%
TAX SAVINGS FROM DEPRECIATION & PERCENT OF PERSONAL PRODUCTION		\$16,568	5.6%
TOTAL ECONOMIC BENEFIT-CASH, TAX SAVINGS, EQUITY & % PERSONAL PROD.		\$246,118	83.6%

**THIS CASH FLOW EXAMPLE IS BASED ON THE FOLLOWING ASSUMPTIONS:**

SALES PRICE & PERCENT OF GROSS		\$339,000	66%
WORKING CAPITAL		\$26,000	4.9%
TOTAL LOAN		\$365,000	68.2%
LOAN INTEREST RATE		7.25%	
LOAN TERM IN MONTHS		84	
MONTHLY PAYMENT		\$9,030	20.3%
ESTIMATED MONTHLY HYGIENE/ASSOC PROFIT		\$10,196	22.9%

**Gulfport/Biloxi, Mississippi****MERGER DATA SUMMARY FOR PRACTICE NUMBER 6859**

The following data is provided by the owner of the practice. It is believed to the best of the owner's knowledge to be a true and accurate representation of the facts of the practice. It is the responsibility of any purchaser to verify all information contained herein and to seek qualified counsel in the interpretation and verification thereof.

**OFFICE DATA**

SQUARE FOOTAGE OF OFFICE	4,000
EXPANDABLE FOOTAGE	Yes
CURRENT MONTHLY RENTAL i.e. "1200"	
PRICE PER SQUARE FOOT	
IS OFFICE HANDICAPPED ACCESSIBLE?	Yes
NUMBER OF PARKING SPACES	12-15
PROXIMITY OF PARKING PLACES	
NUMBER OF OPERATORIES EQUIPPED FOR DENTIST	5
NUMBER OF OPERATORIES EQUIPPED FOR HYGIENIST	1
NUMBER OF PLUMBED BUT UNEQUIPPED OPERATORIES	
NUMBER OF UNPLUMBED EMPTY OPERATORIES	
DATE OF LEASE i.e. "1/1/99"	
DATE LEASE ENDS - i.e. "1/1/04"	
TERM OF LEASE IN YEARS i.e. "5"	
YEARS REMAINING ON LEASE i.e. "2.5"	
RENEWAL OPTIONS	
DO YOU OWN YOUR BUILDING? "YES" OR "NO"	Yes
DO YOU WISH TO SELL THE BUILDING? "YES" OR "NO"	Yes
PRICE OF BUILDING	\$375,000
IF NOT FOR SALE, MO. RENTAL AMOUNT	\$3,500
ANNUAL REAL ESTATE TAXES	\$500
ANNUAL REAL ESTATE INSURANCE COST	\$8,300
PURCHASER MORTGAGE INTEREST RATE	7.50%
PURCHASER MORTGAGE TERM - YEARS	15
PURCHASER MONTHLY PAYMENT	\$3,476
PURCHASER CURRENT MONTHLY RENT	
PRICE PER SQUARE FOOT	\$10.43

**WORK SCHEDULE**

PLANS AFTER SALE OF PRACTICE	Investor, work part-time, farm
DAYS/WEEK CURRENTLY WORKED	4
ENTER DESIRED DAYS WORKED FOR NEW BUYER SALE	
DESIRED WORK DAYS/WEEK 1ST YR	0
DESIRED WORK DAYS/WEEK 2ND YR	0
DESIRED WORK DAYS/WEEK 3RD YR	0
DESIRED WORK DAYS/WEEK 4TH YR	0
DESIRED WORK DAYS/WEEK 5TH YR	0
DESIRED WORK DAYS/WEEK 6TH YR	0

<b>PRACTICE DATA</b>	
WHAT CONSULTANT USED IN PAST 5 YRS	CMA of Memphis, TN
RESULTS	
DESCRIBE INTERNAL MARKETING	
DESCRIBE EXTERNAL MARKETING	
HAS GROSS CHANGED SIGNIFICANTLY? WHY?	Yes, Hurricane Katrina
<b>PURCHASER MUST PERSONALLY VERIFY PATIENT POPULATION DATA &amp; REDUCED FEE PLANS</b>	
ESTIMATE NUMBER OF PTS LAST 18 MONTHS	3,604
AVERAGE NUMBER OF NEW PATIENTS PER MONTH	100
AVERAGE NUMBER PTS TREATED PER DAY BY DENTIST	35
AVERAGE NUMBER PTS TREATED PER DAY BY HYGIENIST	13
HOW FAR AHEAD IS DENTIST SCHEDULED?	15 days
HOW FAR AHEAD IS HYGIENIST SCHEDULED?	60 days
% PRACTICE INCOME FROM CASH	26%
% OF PATIENTS PAYING CASH	26%
% PRACTICE INCOME FROM INSURANCE	24%
% OF PATIENTS WITH INSURANCE	24%
% PRACTICE INCOME FROM HMO	
% OF PATIENTS WITH HMO	
% PRACTICE INCOME FROM PPO	20%
% OF PATIENTS WITH PPO	20%
% PRACTICE INCOME FROM CAPITATION	
% OF PATIENTS WITH CAPITATION	
% PRACTICE INCOME FROM MEDICAID	30%
% OF PATIENTS WITH MEDICAID	30%
% PRACTICE INCOME WITH REDUCED FEE PLANS	50%
% OF PATIENTS WITH REDUCED FEE PLANS	50%
<b>PURCHASER MUST PERSONALLY VERIFY PATIENT POPULATION DATA &amp; REDUCED FEE PLANS</b>	
OFFICE HOURS	MONDAY 8:30 am - 5:30 pm
	TUESDAY 8:30 am - 5:30 pm
	WEDNESDAY 8:30 am - 5:30 pm
	THURSDAY 8:30 am - 5:30 pm
	FRIDAY
	SATURDAY
DENTIST HOURS WORKED PER WEEK	32
HYGIENIST HOURS WORKED PER WEEK	16
ASSOCIATE HOURS WORKED PER WEEK	
DENTIST PATIENT VISITS PER YEAR	
HYGIENE PATIENT VISITS PER YEAR	
NUMBER OF DAYS WORKED PER YEAR	
NUMBER OF WEEKS WORKED PER YEAR	
ACTUAL ACCOUNTS RECEIVABLE BALANCE	
SIX WEEKS ACCOUNTS RECEIVABLE	\$61,735
WHAT IS YOUR COLLECTION PERCENTAGE	
WHAT TYPE RECALL SYSTEM	
WHAT TYPE COMPUTER SYSTEM	Bell

<b>WHAT % OF THE PRACTICE INCOME IS:</b>	
HYGIENIST PRODUCTION	23%
OPERATIVE	26%
PEDODONTICS	0%
ORTHODONTICS	0%
IMPLANTS	0%
REMOVABLE PROSTHETICS	11%
FIXED PROSTHETICS	1%
ENDODONTICS	14%
PERIODONTICS	0%
ORAL SURGERY	21%
COSMETIC	0%
TMJ TREATMENT	0%
SOFT TISSUE MANAGEMENT	0%
OTHER	4%
TOTAL	100%
<b>MARKET FACTOR DATA</b>	
EQUIPMENT FACTOR SCALE 0% - 100%	85%
LOCATION DEMAND SCALE 0% - 100%	50%
PLAN / MEDICAID PRACTICE %	50%
ANNUAL FEE INCREASE %	4%
ANNUAL OVERHEAD INCREASE %	4%
<b>FEE SCHEDULE</b>	
ADULT PROPHY 01110	\$80
GOLD INLAY 02540	
TWO SURFACE POSTERIOR COMPOSITE 02386	\$160
TWO SURFACE AMALGAM 02150	\$160
CORE BUILD-UP INCLUDING PINS 02950	\$170
GOLD / PORCELAIN CROWN 02750	\$850
ANTERIOR CANAL ROOT CANAL 03310	\$610
BICUSPID ROOT CANAL 03320	\$660
LABIAL PORCELAIN VENEER 02962	\$820
AVERAGE OF FEES	\$439
PERCENT OF FEE PARITY	82%
<b>DEMOGRAPHIC DATA</b>	
WHAT IS APPROX. POPULATION OF YOUR CITY OR TOWN	70,000
WHAT IS APPROX. POPULATION OF YOUR DRAWING AREA	200,000
NUMBER OF DENTISTS WITHIN 5 MILES	
NUMBER NEW DENTISTS WITHIN 5 MILES IN LAST 5 YEARS	
MAJOR EMPLOYERS IN AREA	Casinos
DESCRIBE ANY MAJOR ECONOMIC CHANGES IN YOUR DRAWING AREA	

<b>STAFF DATA</b>			
DESCRIBE STAFF BY POSITION AS TO	ANNUAL SALARY	WILL POSSIBLY STAY?	YEAR HIRED
RECEPTIONIST	\$20,000	Yes	2009
OFFICE MANAGER	\$31,000		2000
RECEPTIONIST	\$ _____		
ASSISTANT	\$23,000	Yes	2005
ASSISTANT	\$ _____		
ASSISTANT	\$ _____		
ASSISTANT	\$ _____		
ASSISTANT	\$ _____		
HYGIENIST	\$24,000	Yes	2007
HYGIENIST	\$ _____		
HYGIENIST	\$ _____		
HYGIENIST	\$ _____		
LAB TECHNICIAN	\$ _____		
LAB TECHNICIAN	\$ _____		
OTHER _____	\$ _____		
OTHER _____			
DESCRIBE FRINGE BENEFITS AND VALUE			
DO YOU HIRE ANY UNPAID FAMILY MEMBERS	No		
DESCRIBE DUTIES			
ESTIMATED ANNUAL VALUE OF ABOVE			
<b>PRODUCTION CENTERS</b>			
	YEAR TO DATE	LAST YEAR	TWO YEARS AGO
ENTER YEAR	1/1/10-6/30/10	2009	2008
GROSS PRODUCTION	\$485,000	\$555,000	\$604,000
HYGIENISTS	\$ _____	\$ _____	\$ _____
OWNER	\$ _____	\$ _____	\$ _____
ASSOCIATE	\$ _____	\$ _____	\$ _____
ASSOCIATE	\$ _____	\$ _____	\$ _____
ASSOCIATE	\$ _____	\$ _____	\$ _____
ENTER ASSOCIATE SALARY IN DOLLARS IF FIXED			
ENTER ASSOCIATE COMMISSION PERCENTAGE			
ENTER HYGIENIST SALARY IN DOLLARS IF FIXED			
ENTER HYGIENIST COMMISSION PERCENTAGE			
<b>CONFORMITY DATA</b>			
DOES YOUR PRACTICE MEET OSHA STANDARDS?	Yes		
WHY NOT			
DOES YOUR PRACTICE MEET CDC STANDARDS?	Yes		
WHY NOT			
DOES PRACTICE MEET ALL GOVERNMENTAL REGULATIONS?	Yes		
EXPLAIN ANY DISCREPANCIES			
HAVE YOU HAD ANY DISCIPLINARY ACTION IN LAST 7 YRS	No		
EXPLAIN			
HAVE YOU HAD ANY PRACTICE RELATED SUITS FILED	No		
AGAINST YOU IN THE PAST TEN YEARS? EXPLAIN			
DESCRIBE ANY HEALTH PROBLEMS WHICH WOULD AFFECT YOUR PRACTICE OF DENTISTRY	None		