

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			\$1,996,053	100.0%
	HYGIENE COMPONENT		\$540,930	27.1%
	DENTIST COMPONENT		\$1,455,123	72.9%
	RETAINED SELLER		\$0	0.0%
	ASSOCIATE		\$0	0.0%
	PURCHASER		\$1,455,123	72.9%

VARIABLE EXPENSE INCREASE

	WAGES, PAYROLL TAX, ETC.		\$490,632	24.6%
	LABORATORY		\$96,604	4.8%
	CLINICAL SUPPLIES		\$172,370	8.6%
	OTHER VARIABLE EXPENSE		\$39,714	2.0%
TOTAL VARIABLE EXPENSE INCREASE			\$799,319	40.0%

FIXED EXPENSE INCREASE

	RENT		\$0	0.0%
	PHONE, UTILITIES		\$3,000	0.2%
	LEGAL & ACCOUNTING		\$3,500	0.2%
	INSURANCE		\$1,500	0.1%
	OTHER FIXED EXPENSE		\$43,235	2.2%
TOTAL FIXED EXPENSE INCREASE			\$51,235	2.6%

DEBT SERVICE INCREASE

	INTEREST		\$90,322	4.5%
	PRINCIPAL		\$160,807	8.1%
TOTAL DEBT SERVICE - THIS IS BREAK-EVEN RETENTION PERCENTAGE			\$251,129	12.6%

SUMMARY

EXPECTED INCREASED COLLECTIONS			\$1,996,053	100.0%
EXPECTED INCREASED EXPENSES			\$850,555	42.6%
EXPECTED INCREASED DEBT SERVICE			\$251,129	12.6%
EXPECTED INCREASED NET INCOME & PERCENT OF PERSONAL PRODUCTION			\$894,369	61.5%
PURCHASER PRODUCED PRODUCTION			\$1,455,123	72.9%
EQUITY INCREASE & PERCENT OF PERSONAL PRODUCTION			\$160,807	11.1%
TAX SAVINGS FROM DEPRECIATION & PERCENT OF PERSONAL PRODUCTION			\$70,938	4.9%
TOTAL ECONOMIC BENEFIT-CASH, TAX SAVINGS, EQUITY & % PERSONAL PROD.			\$1,126,115	77.4%

THIS CASH FLOW EXAMPLE IS BASED ON THE FOLLOWING ASSUMPTIONS:

	SALES PRICE & PERCENT OF GROSS		\$1,275,000	66%
	WORKING CAPITAL		\$96,000	4.8%
	TOTAL LOAN		\$1,371,000	68.7%
	LOAN INTEREST RATE		7.35%	
	LOAN TERM IN MONTHS		84	
	MONTHLY PAYMENT		\$20,927	12.6%
	ESTIMATED MONTHLY HYGIENE/ASSOC PROFIT		\$27,047	16.3%

Central Mississippi**MERGER DATA SUMMARY FOR PRACTICE NUMBER 8745**

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	4,800
EXPANDABLE FOOTAGE	
CURRENT MONTHLY RENTAL i.e. "1200"	
PRICE PER SQUARE FOOT	
IS OFFICE HANDICAPPED ACCESSIBLE?	
NUMBER OF PARKING SPACES	
PROXIMITY OF PARKING PLACES	
NUMBER OF OPERATORIES EQUIPPED FOR DENTIST	6
NUMBER OF OPERATORIES EQUIPPED FOR HYGIENIST	4
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"	no
PRICE OF BUILDING	\$700,000
IF NOT FOR SALE, MO. RENTAL AMOUNT	\$7,500
ANNUAL REAL ESTATE TAXES	
ANNUAL REAL ESTATE INSURANCE COST	
PURCHASER MORTGAGE INTEREST RATE	7.00%
PURCHASER MORTGAGE TERM - YEARS	15
PURCHASER MONTHLY PAYMENT	
PURCHASER CURRENT MONTHLY RENT	
PRICE PER SQUARE FOOT	\$18.75

WORK SCHEDULE

PLANS AFTER SALE OF PRACTICE	Relocation; will stay on 24 - 36 months
DAYS/WEEK CURRENTLY WORKED	5
ENTER DESIRED WORK DAYS FOR MERGER 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

PRACTICE DATA	
WHAT CONSULTANT USED IN PAST 5 YRS	
RESULTS	
DESCRIBE INTERNAL MARKETING	
DESCRIBE EXTERNAL MARKETING	Word of mouth, yellow pages
HAS GROSS CHANGED SIGNIFICANTLY? WHY?	
PURCHASER MUST PERSONALLY VERIFY PATIENT POPULATION DATA & REDUCED FEE PLANS	
ESTIMATE NUMBER OF PTS LAST 18 MONTHS	6,094
AVERAGE NUMBER OF NEW PATIENTS PER MONTH	88
AVERAGE NUMBER PTS TREATED PER DAY BY DENTIST	18
AVERAGE NUMBER PTS TREATED PER DAY BY HYGIENIST	3
HOW FAR AHEAD IS DENTIST SCHEDULED?	5 weeks
HOW FAR AHEAD IS HYGIENIST SCHEDULED?	
% PRACTICE INCOME FROM CASH	0%
% OF PATIENTS PAYING CASH	0%
% PRACTICE INCOME FROM INSURANCE	70%
% OF PATIENTS WITH INSURANCE	70%
% PRACTICE INCOME FROM HMO	
% OF PATIENTS WITH HMO	
% PRACTICE INCOME FROM PPO	
% OF PATIENTS WITH PPO	
% PRACTICE INCOME FROM CAPITATION	30%
% OF PATIENTS WITH CAPITATION	30%
% PRACTICE INCOME FROM MEDICAID	
% OF PATIENTS WITH MEDICAID	
% PRACTICE INCOME WITH REDUCED FEE PLANS	30%
% OF PATIENTS WITH REDUCED FEE PLANS	30%
PURCHASER MUST PERSONALLY VERIFY PATIENT POPULATION DATA & REDUCED FEE PLANS	
OFFICE HOURS	MONDAY 8 AM - 6 PM
	TUESDAY 8 AM - 6 PM
	WEDNESDAY 8 AM - 7 PM
	THURSDAY 8 AM - 6 PM
	FRIDAY 8 AM - 12 PM
	SATURDAY
DENTIST HOURS WORKED PER WEEK	
HYGIENIST HOURS WORKED PER WEEK	39
ASSOCIATE HOURS WORKED PER WEEK	
DENTIST PATIENT VISITS PER YEAR	
HYGIENE PATIENT VISITS PER YEAR	2,811
NUMBER OF DAYS WORKED PER YEAR	
NUMBER OF WEEKS WORKED PER YEAR	52
ACTUAL ACCOUNTS RECEIVABLE BALANCE	\$202,116
SIX WEEKS ACCOUNTS RECEIVABLE	\$230,314
WHAT IS YOUR COLLECTION PERCENTAGE	100%
WHAT TYPE RECALL SYSTEM	
WHAT TYPE COMPUTER SYSTEM	Practice Works (Softdent)

WHAT % OF THE PRACTICE INCOME IS:	
HYGIENIST PRODUCTION	19%
OPERATIVE	32%
PEDODONTICS	0%
ORTHODONTICS	0%
IMPLANTS	0%
REMOVABLE PROSTHETICS	3%
FIXED PROSTHETICS	4%
ENDODONTICS	13%
PERIODONTICS	1%
ORAL SURGERY	7%
COSMETIC	0%
TMJ TREATMENT	0%
SOFT TISSUE MANAGEMENT	0%
DIAGNOSTIC	21%
TOTAL	100%
MARKET FACTOR DATA	
EQUIPMENT FACTOR SCALE 0% - 100%	80%
LOCATION DEMAND SCALE 0% - 100%	65%
PLAN / MEDICAID PRACTICE %	30%
ANNUAL FEE INCREASE %	4%
ANNUAL OVERHEAD INCREASE %	4%
FEE SCHEDULE	
ADULT PROPHY 01110	\$66
GOLD INLAY 02540	\$495
TWO SURFACE POSTERIOR COMPOSITE 02386	
TWO SURFACE AMALGAM 02150	\$130
CORE BUILD-UP INCLUDING PINS 02950	\$175
GOLD / PORCELAIN CROWN 02750	\$760
ANTERIOR CANAL ROOT CANAL 03310	\$587
BICUSPID ROOT CANAL 03320	\$650
LABIAL PORCELAIN VENEER 02962	\$725
AVERAGE OF FEES	\$449
PERCENT OF FEE PARITY	74%
DEMOGRAPHIC DATA	
WHAT IS APPROX. POPULATION OF YOUR CITY OR TOWN	
WHAT IS APPROX. POPULATION OF YOUR DRAWING AREA	
APPROXIMATE NUMBER OF GENERAL DENTAL PRACTICES	45
WITHIN	5
MAJOR EMPLOYERS IN AREA	
DESCRIBE ANY MAJOR ECONOMIC CHANGES IN YOUR DRAWING AREA	

STAFF DATA			
DESCRIBE STAFF BY POSITION AS TO	ANNUAL SALARY	WILL POSSIBLY STAY?	YEAR HIRED
RECEPTIONIST	\$ _____	_____	_____
OFFICE MANAGER	\$ _____	_____	_____
RECEPTIONIST	\$ _____	_____	_____
ASSISTANT	\$ _____	_____	_____
ASSISTANT	\$ _____	_____	_____
ASSISTANT	\$ _____	_____	_____
ASSISTANT	\$ _____	_____	_____
ASSISTANT	\$ _____	_____	_____
ASSISTANT	\$ _____	_____	_____
HYGIENIST	\$ _____	_____	_____
HYGIENIST	\$ _____	_____	_____
HYGIENIST	\$ _____	_____	_____
HYGIENIST	\$ _____	_____	_____
LAB TECHNICIAN	\$ _____	_____	_____
LAB TECHNICIAN	\$ _____	_____	_____
OTHER _____	\$ _____	_____	_____
OTHER _____			
DESCRIBE FRINGE BENEFITS AND VALUE			
DO YOU HIRE ANY UNPAID FAMILY MEMBERS			
DESCRIBE DUTIES			
ESTIMATED ANNUAL VALUE OF ABOVE			
PRODUCTION CENTERS			
	YEAR TO DATE	LAST YEAR	TWO YEARS AGO
ENTER YEAR	1/1/10 TO 7/27/2010	2009	2008
GROSS PRODUCTION	\$1,142,817.78	\$2,078,293.93	\$2,008,885.00
HYGIENISTS	\$ 180,689.58	\$ 366,756.47	\$ 157,065.01
OWNER	\$ 962,128.20	\$1,741,537.46	\$1,851,757.62
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			
CONFORMITY DATA			
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		