Southeast Florida Periodontic FINANCIAL DATA SUMMARY FOR PRACTICE 9480 The following statistics are based on assumptions that the subject practice will continue to be operated as it has been in the past. Vartiation from past performance are 1) increase in fees for each year; 2) no production increase occurs; and 3) overhead expenses increase each year. Fee and overhead increases are based on estimates of inflation and The purpose of this summary is to demonstrate the individual practice revenues and profitability of this particular practice. PRACTICE FINANCIAL SUMMARY AMOUNT OF INCOME PERSONALLY GENERATED BY PURCHASER \$1,760,085 COMPENSATION FOR PURCHASER FOR HIS/HER PRODUCTION. CONSIDER A GENEROUS COMMISSION RATE OF \$616,030 NOW CONSIDER THE PRACTICE PROFIT. THIS IS AN AMOUNT OVER AND ABOVE THE COMPENSATION FOR PURCHASER'S PRODUCTION. THE PROFIT IS THE BENEFIT OF OWNERSHIP OF THE PRACTICE. ONLY PRACTICE OWNERS REALIZE PRACTICE PROFIT. IN THIS PRACTICE, THE PROFIT, AFTER ALL EXPENSES AND SALARY COMPENSATION TO THE PURCHASER IS PAID AMOUNTS TO \$804,079 THE PROFIT - NOT INCLUDING PURCHASER SALARY, DIVIDED BY THE TOTAL LOAN FOR THE PRACTICE PRICE AND WORKING CAPITAL, REPRESENTS THE RATE OF 29% TO COMPARE THIS OPPORTUNITY TO OTHER OPPORTUNITIES, WHETHER THEY ARE ASSOCIATESHIPS OR OTHER PRACTICES TO PURCHASE, LOOK AT SEVERAL KEY DATA POINTS. SUBJECT PRACTICE 1. HOW DOES THE ALTERNATIVE COMPARE WITH BEFORE TAX DOLLARS (AFTER DEBT SERVICE) \$804,079 2. WHAT IS PERCENT OF PERSONAL PRODUCTION OF PRACTICE NET INCOME 46% 3. ARE THERE TAX SAVINGS AND EQUITY INCREASES FOR THE PURCHASER \$203,978 4. TOTAL ECONOMIC BENEFIT - NET CASH FLOW (AFTER DEBT SERVICE), EQUITY, AND TAX SAVINGS \$1,008,057 5. WHAT IS PERCENT OF TOTAL ECONOMIC BENEFIT VERSUS PURCHASER PERSONAL PRODUCTION 57%

Southeast Florida Periodontic FINANCIAL DATA FOR PRACTICE 9480 The following summary illustrates a projected year's income and expenses for the subject practice which incorporates an increase in fees and overhead expense but no increase in production. This summary is not a representation or warranty of future practice performance. Purchasers should obtain qualified legal and accounting counsel prior to any purchase decisions. NOTE: Practice price does not include accounts receivable PRACTICE INCOME EXPECTED GROSS COLLECTIONS \$1,795,606 100.0% HYGIENE COMPONENT \$35,521 2.0% DENTIST COMPONENT \$1,760,085 98.0% RETAINED SELLER ASSOCIATE **PURCHASER** \$1,760,085 98.0% VARIABLE EXPENSES WAGES, PAYROLL TAX, ETC. \$393,768 21.9% LABORATORY \$1,510 0.1% CLINICAL SUPPLIES \$141,980 7.9% OTHER VARIABLE EXPENSE \$65,019 3.6% **TOTAL VARIABLE EXPENSE** \$602,277 33.5% FIXED EXPENSES \$96,000 5.3% RENT PHONE, UTILITIES \$10,450 0.6% LEGAL & ACCOUNTING \$6,695 0.4% INSURANCE 0.4% \$7,725 OTHER FIXED EXPENSE \$86,918 4.8% TOTAL FIXED EXPENSE \$207,788 11.6% PRACTICE DEBT SERVICE 2.8% INTEREST \$50.549 PRINCIPAL \$130,913 7.3% TOTAL DEBT SERVICE \$181,462 10.1% SUMMARY EXPECTED COLLECTIONS \$1,795,606 100.0% EXPECTED EXPENSES \$810,065 45.1% 10.1% PRACTICE DEBT SERVICE \$181,462 EXPCTD NET INCOME AFTER EXPENSES AND DEBT & PERCENT OF PERSONAL PROD. \$804,079 46% PURCHASER PRODUCED PRODUCTION \$1,760,085 98.0% EQUITY INCREASE & PERCENT OF PERSONAL PRODUCTION \$130,913 7.4% TAX SAVINGS FROM DEPRECIATION & PERCENT OF PERSONAL PRODUCTION \$73,065 4.2% TOTAL ECONOMIC BENEFIT-CASH, TAX SAVINGS, EQUITY & % PERSONAL PROD. \$1,008,057 57% THIS CASH FLOW EXAMPLE IS BASED ON THE FOLLOWING ASSUMPTIONS: PRACTICE SALES PRICE & PERCENT OF GROSS \$1,435,000 82% **WORKING CAPITAL** \$87,000 TOTAL PRACTICE LOAN \$1,522,000 PRACTICE LOAN INTEREST RATE 3.60% PRACTICE LOAN TERM (MONTHS) 120 MONTHLY PRACTICE PAYMENT \$15,122 10% PURCHASER CASH FLOW CONSIDERATIONS MONTHLY PRACTICE PAYMENTS \$15,122 10% ESTIMATED MONTHLY HYGIENE AND ASSOCIATE PROFIT (\$373)0% PURCHASER SALARY BASED ON 35% OF PERSONAL PRODUCTION \$616,030 PRACTICE PROFIT - IN ADDITION TO PURCHASER SALARY \$442,576 29% TOTAL PURCHASER SALARY AND PRACTICE PROFIT \$1,058,606 LESS PRACTICE DEBT SERVIC (\$181,462)

\$877,144

PURCHASER SALARY, PROFIT AND TAX SAVINGS AFTER DEBT SERVICE

| Southeast Florida | | | | | |
|------------------------------------------------------------------------------------------------------------------|---------------------------------------------------------------------------------------------------------------------|--|--|--|--|
| DATA FOR PRACTICE NUMBER | 9480 | | | | |
| 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 cou | | | | | |
| OFFICE DATA | | | | | |
| SQUARE FOOTAGE OF OFFICE | 3,450 | | | | |
| EXPANDABLE FOOTAGE | | | | | |
| CURRENT MONTHLY RENTAL i.e. "1200" | \$8,000 | | | | |
| PRICE PER SQUARE FOOT | \$27.83 | | | | |
| IS OFFICE HANDICAPPED ACCESSIBLE? | | | | | |
| NUMBER OF PARKING SPACES | | | | | |
| PROXIMITY OF PARKING PLACES | | | | | |
| # EQUIPPED OPS | 8 | | | | |
| NUMBER OF PLUMBED BUT UNEQUIPPED OPERATORIES | 2 | | | | |
| NUMBER OF OPERATORIES USED PRIMARILY BY DENTIST(S) | 4 | | | | |
| NUMBER OF OPERATORIES USED PRIMARILY BY HYGIENIST(S) | 4 | | | | |
| NUMBER OF UNPLUMBED AND EMPTY OPERATORIES | | | | | |
| DO YOU OWN YOUR BUILDING? YES OR NO | No | | | | |
| DO YOU WISH TO SELL THE BUILDING? YES OR NO | No | | | | |
| | | | | | |
| IF NOT APPRAISED, ESTIMATED BUILDING PRICE | | | | | |
| IF NOT SOLD, MONTHLY RENTAL AMOUNT | \$8,000 | | | | |
| ANNUAL REAL ESTATE TAXES | | | | | |
| ANNUAL REAL ESTATE INSURANCE COST | | | | | |
| DATE OF LEASE i.e. "6/1/2016" | | | | | |
| DATE LEASE ENDS - i.e. "1/1/2020" | | | | | |
| IS THERE AN OPTION TO PURCHASE? | | | | | |
| RENEWAL OPTIONS BUILDING VALUE TO BE USED | | | | | |
| PURCHASER MORTGAGE INTEREST RATE | 3.75% | | | | |
| PURCHASER MORTGAGE TERM - YEARS | | | | | |
| PURCHASER MONTHLY PAYMENT | | | | | |
| PURCHASER CURRENT MONTHLY RENT | | | | | |
| PRICE PER SQUARE FOOT | \$27.83 | | | | |
| WORK SCHEDULE | | | | | |
| PLANS AFTER SALE OF PRACTICE | Retire | | | | |
| DAYS/WEEK CURRENTLY WORKED | 4.0 | | | | |
| HOW MANY DAYS WOULD YOU PREFER TO WORK FOR BUYER | | | | | |
| DESIRED WORK DAYS/WEEK 1ST YR | | | | | |
| DESIRED WORK DAYS/WEEK 2ND YR | | | | | |
| DESIRED WORK DAYS/WEEK 3RD YR | | | | | |
| DESIRED WORK DAYS/WEEK 4TH YR | | | | | |
| DESIRED WORK DAYS/WEEK 5TH YR | | | | | |
| DESIRED WORK DAYS/WEEK 6TH YR | | | | | |
| COVID INFORMATION | | | | | |
| DATE CLOSED FOR COVID | March 20, 2020 | | | | |
| DATE REOPENED FOR COVID | May 30, 2020 | | | | |
| DATE OF LATEST PRACTICE REVENUE | December 31, 2020 | | | | |
| AMOUNT OF LATEST PRACTICE REVENUES | \$1,510,637 | | | | |
| ANNUALIZED 2020 COLLECTIONS ADJUSTED FOR TIME CLOSED | \$1,875,451 | | | | |
| AMOUNT OF ANY OUTSTANDING PPP OR EIDL LOANS | | | | | |

| PRACTICE DATA | |
|---------------------------------------------------------|-----------------------|
| MANAGEMENT CONSULTANT IN LAST 5 YRS? IF SO WHO? | |
| RESULTS | No Sale |
| DESCRIBE INTERNAL MARKETING | , no out |
| | |
| DESCRIBE EXTERNAL MARKETING | |
| | |
| HAS GROSS CHANGED SIGNIFICANTLY? WHY? | |
| | |
| LIST SEDATIONS USED - NITROUS, DOCS, IV SEDATION | |
| IS YOUR PRACTICE MERCURY FREE - NO AMALGAM? | |
| WHAT TYPE RECALL SYSTEM | |
| WHAT TYPE COMPUTER SYSTEM | |
| PURCHASER MUST PERSONALLY VERIFY PATIENT POPULATION DAT | A & REDUCED FEE PLANS |
| ESTIMATE NUMBER OF PTS LAST 18 MONTHS | 3,926 |
| AVERAGE NUMBER OF NEW PATIENTS PER MONTH | 29 |
| AVERAGE NUMBER PTS TREATED PER DAY BY DENTIST(S) | |
| AVERAGE NUMBER PTS TREATED PER DAY BY HYGIENIST(S) | |
| HOW FAR AHEAD IS DENTIST SCHEDULED? | |
| HOW FAR AHEAD IS HYGIENIST SCHEDULED? | |
| PRACTICE DATA | |
| % INCOME FROM CASH | 100% |
| % OF PATIENTS PAYING CASH | 100% |
| % INCOME FROM INSURANCE | |
| % OF PATIENTS WITH INSURANCE | |
| | |
| | |
| % PRACTICE INCOME FROM CAPTITATION | |
| % OF PATIENTS WITH CAPITATION | |
| % PRACTICE INCOME FROM MEDICAID | |
| % OF PATIENTS WITH MEDICAID | |
| % PRACTICE INCOME FROM REDUCED FEE PLANS | |
| % OF PATIENTS WITH REDUCED FEE PLANS | |
| SCHEDULING DATA | |
| MONDAY TUESDAY | |
| WEDNESDAY | |
| | |
| THURSDAY | |
| FRIDAY | |
| SATURDAY | |
| | 43910 |
| OWNER HOURS WORKED PER WEEK | 32 |
| ASSOCIATE HOURS WORKED PER WEEK | 16 |
| HYGIENIST HOURS WORKED PER WEEK | 32 |
| DENTIST PATIENT VISITS PER YEAR | |
| HYGIENE PATIENT VISITS PER YEAR | |
| NUMBER OF DAYS WORKED PER YEAR | |
| NUMBER OF WEEKS WORKED PER YEAR | |
| COLLECTION DATA | |
| WHAT IS YOUR COLLECTION PERCENTAGE | |
| ACTUAL ACCOUNTS RECEIVABLE BALANCE | |
| WHAT IS YOUR PATIENT CREDIT BALANCE | |
| ACCOUNTS RECEIVABLES - CURRENT | |
| ACCOUNTS RECEIVABLES - 31-60 DAYS | |
| ACCOUNTS RECEIVABLE - 61-90 DAYS | |
| ACCOUNTS RECEIVABLE >90 DAYS | |

| WHAT PERCENTAGE OF THE PRACTICE INCOME IS: | |
|-----------------------------------------------------|-----------|
| HYGIENIST PRODUCTION | 6% |
| | |
| OPERATIVE | |
| PEDODONTICS | |
| ORTHODONTICS | |
| IMPLANTS | |
| REMOVABLE PROSTHETICS | |
| FIXED PROSTHETICS | |
| ENDODONTICS | |
| PERIODONTICS | 94% |
| ORAL SURGERY | |
| COSMETIC | |
| TMJ TREATMENT | |
| SOFT TISSUE MANAGEMENT | |
| OTHER | |
| TOTAL | 100% |
| WHAT SERVICES ARE REFERRED OUT? | |
| REVENUES SOURCES | |
| IS ANY OF YOUR REPORTED INCOME FROM ANY OTHER | No |
| SOURCE THAN PATIENT TREATMENT FROM THIS PRACTICE? | |
| IF SO HOW MUCH IN CURRENT PERIOD? | |
| | |
| IF SO , HOW MUCH FOR LAST YEAR? | |
| IF SO HOW MUCH FOR THE PREVIOUS YEAR? | |
| WHAT IS THE SOURCE OF THIS OTHER INCOME? | |
| | |
| FEE SCHEDULE | |
| ADULT PROPHY 01110 | |
| TWO SURFACE ANTERIOR COMPOSITE 02331 | |
| CORE BUILD-UP 02950 | |
| CROWN - GOLD/PORCELAIN 02750 | |
| ANTERIOR CANAL ROOT CANAL 03310 | |
| PANORAMIC X-RAY 00330 | |
| TWO SURFACE POSTERIOR COMPOSITE 02392 | |
| CROWN - PORCELAIN CERAMIC 02740 | |
| LABIAL PORCELAIN VENEER 02962 | |
| BICUSPID ROOT CANAL 03320 | UDD V/OI |
| AVERAGE OF FEES | #DIV/0! |
| PERCENT OF FEE PARITY | #DIV/0! |
| 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 | nineteen |
| | five mile |
| MAJOR EMPLOYERS IN AREA | |
| an ook and to reto it with | |
| | |
| DESCRIPE ANY MAJOR ECONOMIC CHARGES IN DRAWING AREA | |
| DESCRIBE ANY MAJOR ECONOMIC CHANGES IN DRAWING AREA | |
| | |
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| | |

| STAFF DATA | | | | | | |
|---------------------------------------------------------------------------------------------|--------------|------------|-----------------|---------------|---------------|-------------------------|
| POSITION | YEAR HIRED | STAY | BENEFITS | ANNUAL SALARY | HOURLY SALARY | ANNUAL COST OF BENEFITS |
| RECEPTIONIST | 44067 | Υ | | | \$20.00 | |
| OFFICE MANAGER | 37739 | N | | \$38,464 | | |
| RECEPTIONIST | 37018 | Υ | | \$32,324 | | |
| RECEPTIONIST | 42240 | Υ | | \$37,155 | \$25.00 | |
| RECEPTIONIST | 43531 | Υ | | \$9,135 | \$20.00 | |
| ASSISTANT | 39630 | Υ | | \$31,000 | \$22.60 | |
| ASSISTANT | 39260 | Υ | | \$28,400 | \$21.50 | |
| ASSISTANT | | | | | | |
| ASSISTANT | | | | | | |
| ASSISTANT | | | | | | |
| HYGIENIST | 41961 | Υ | | \$21,927 | | |
| HYGIENIST | | | | | | |
| HYGIENIST | | | | | | |
| HYGIENIST | | | | | | |
| LAB TECHNICIAN | | | | | | |
| LAB TECHNICIAN | | | | | | |
| ASSOCIATE | | | | | | |
| ASSOCIATE | | | | | | |
| ASSOCIATE | | | | | | |
| | | | | | | |
| 7 | | | | | | |
| WHAT BENEFITS DO YOU | PROVIDE FO | R THE S | STAFF? | 401k | | |
| | | | | | | |
| COST OF BENEFITS PROV | IDED FOR E | ACH EM | PLOYEE | | | |
| | | | | | | |
| | | | | | | |
| DO YOU | | | AMILY MEMBERS? | N | | |
| | | | DO THEY HOLD? | | | |
| WHAT IS THE ESTIM | ATED MARK | ET VALU | E OF THEIR JOB? | | | |
| | | | | | | |
| ADE THERE AND CAME | FF0.W/I/O AF | E DAID I | MODE OD 1 500 | | | |
| ARE THERE ANY EMPLOY | | | | I | | |
| THAN THE NORMAL SALARY FOR THEIR POSITION? WHAT POSITIONS AND WHAT IS AMOUNT OF OVER/UNDER | | | | | | |
| WHINTI COMONO / WE | | | ATION FOR EACH | | | |
| | | JIVII LIVO | ATTORT OR EXOT | | | |
| | | | | | | |
| | | | | | | |
| | | | | | | |
| COLLECTION CENTERS | 3 | | | | | |
| | | | | | | |
| | | | | 2021 | 2020 | 2019 |
| GROSS COLLECTIONS | | | | \$1,510,637 | \$1,786,013 | |
| OWNER COLLECTIONS | | | \$1,112,286 | | | |
| HYGIENIST COLLECTIONS | | | \$99,491 | | | |
| ASSOCIATE COLLECTIONS | | | \$464,651 | | | |
| ASSOCIATE COLLECTIONS | | | | | | |
| ASSOCIATE COLLECTIONS | | | | | | |
| ASSOCIATE COLLECTIONS | | | | | | |
| ASSOCIATE - SALARY IN DOLLARS / COMMISSION PERCENT \$0 | | | | | | |
| HYGIENIST - SALARY II | N DOLLARS | / COMM | ISSION PERCENT | \$0 | | |
| | | | | | | |

| CONFORMITY DATA | | | | | | |
|----------------------------------------------------------------|-----------------|----------------|--|--|--|--|
| DOES YOUR PRACTICE MEET OSHA STANDARDS? WHY NOT? | Υ | | | | | |
| | • | | | | | |
| | | | | | | |
| DOES YOUR PRACTICE MEET HIPAA STANDARDS? WHY NOT? Y | | | | | | |
| | | | | | | |
| | | | | | | |
| | | | | | | |
| ANY DISCIPLINARY ACTION IN LAST 7 YRS? EXPLAIN | | | | | | |
| | • | | | | | |
| | | | | | | |
| | | | | | | |
| | | | | | | |
| ANY PRACTICE LAWSUITS FILED IN PAST TEN YRS. EXPLAIN | | | | | | |
| | | | | | | |
| DESCRIBE ANY HEALTH PROBLEMS WHICH WOULD AFFECT | | | | | | |
| YOUR PRACTICE OF DENTISTRY? | | | | | | |
| INSURANCE EXPLANATION | | | | | | |
| TOTAL EXPENSE FOR INSURANCE IN CURRENT PERIOD | | | | | | |
| HOW MUCH OF TOTAL IS FOR OWNER HEALTH INSURANCE? | | | | | | |
| HOW MUCH OF TOTAL IS FOR STAFF HEALTH INSURANCE? | | | | | | |
| HOW MUCH OF TOTAL IS FOR OTHER OWNER BENEFITS? | | | | | | |
| HOW MUCH OF TOTAL IS FOR MALPRACTICE INSURANCE? | | | | | | |
| HOW MUCH FOR TOTAL IS FOR BUILDING INSURANCE? | | | | | | |
| | | | | | | |
| TAXES AND LICENSES EXPLANATION | | | | | | |
| TOTAL EXPENSE FOR TAXES | | | | | | |
| HOW MUCH OF TOTAL IS FOR PAYROLL TAXES? | | | | | | |
| HOW MUCH OF TOTAL IS FOR STAFF PAYROLL TAX? | | | | | | |
| HOW MUCH OF TOTAL IS FOR OWNER PAYROLL TAX? | | | | | | |
| HOW MUCH OF TOTAL IS AD VALOREM (PRACTICE EQUIP)? | | | | | | |
| HOW MUCH OF TOTAL IS FOR REAL ESTATE TAXES? | | | | | | |
| PENSION EXPLANATION AND 401k COMBINED | | | | | | |
| TOTAL EXPENSES FOR PENSION PLAN | | | | | | |
| HOW MUCH OF TOTAL IS FOR STAFF HOW MUCH OF TOTAL IS FOR OWNER? | | | | | | |
| BENEFITS EXPLANATION | | | | | | |
| TOTAL EXPENSE FOR EMPLOYEE BENEFITS | | | | | | |
| | | | | | | |
| HOW MUCH OF TOTAL IS FOR STAFF? | | | | | | |
| HOW MUCH OF TOTAL IS FOR OWNER? | | | | | | |
| | % OF PRX INCOME | % OF YOUR FEE | | | | |
| PLAN NAME - BE SURE TO LIST DELTA PREMIERE IF YOU HAVE | FROM THIS PLAN | THIS PLAN PAYS | | | | |
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