



Practice Transitions Made Perfect™

## CONFIDENTIAL PURCHASER PROFILE

Upon completion or if you have any questions, please contact your local representative:

Southeast Florida - Stuart M. Auerbach, DDS  
954.431.3624  
stuart@adsflorida.com

Central and North Florida – Paul Rang, DMD, JD  
407.671.2998  
paul@adsflorida.com

West and Southwest Florida - Greg Auerbach, MBA  
941.746.7959  
greg@adsflorida.com

Managing Member and Broker – H.M. (Hy) Smith, MBA  
800.262.4119 x11  
hy@adsflorida.com

<http://www.ADSflorida.com>

ADS Florida, LLC  
Licensed Real Estate Broker  
999 Vanderbilt Beach Road, Suite 200 | Naples, Florida 34108  
Phone / Fax: 800.262.4119



Dear Doctor,

Thank you for choosing ADS Florida, LLC to assist you in the purchase of a practice. To assist us in finding the appropriate opportunity and to enable us to secure financing from our practice acquisition lenders, the enclosed information is required in as complete and current a form as possible.

Before we can provide you with the opportunities available, this form must be completed. Additional information will be required in order to complete the purchase and financing of a practice, but will be requested at the appropriate time.

All of the information will be considered confidential, and no access will be available other than to those persons or firms as you authorize.

We look forward to working with you at this important milestone in your career.

Sincerely,

A handwritten signature in black ink that reads "H.M. Smith".

H.M. Smith, Managing Member  
ADS Florida, LLC

hy@adsflorida.com

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Our profession is regulated by the State of Florida Department of Business and Professional Regulation  
Division of Real Estate.

Under these regulations, we are required to provide the following notice:

### NOTICE OF NON-REPRESENTATION

Florida law requires that Real Estate Licensees provide this notice at first contact to all potential sellers and  
buyers of real estate

You are hereby notified that ADS Florida, LLC and I do not represent you in any capacity. You should not  
assume that any real estate broker or salesperson represents you unless you agree to engage a real estate  
licensee in an authorized brokerage relationship, either as a single agent or as a transaction broker. You  
are advised not to disclose any information you want to be held in confidence until you make a decision on  
representation.

Your signature below acknowledges receipt of this form and does not establish a brokerage relationship.

\_\_\_\_\_  
Date

\_\_\_\_\_  
(Signature Optional)

\_\_\_\_\_  
(Signature Optional)

Practice Transitions Made Perfect™

Date: \_\_\_\_\_

Name \_\_\_\_\_ DDS \_\_\_ DMD \_\_\_

Date of Birth \_\_\_\_\_ Social Security #: \_\_\_\_\_ - \_\_\_\_\_ - \_\_\_\_\_

Spouse's Name \_\_\_\_\_

Home Address \_\_\_\_\_

City/State/Zip \_\_\_\_\_ County \_\_\_\_\_

Office Phone (\_\_\_\_) \_\_\_\_\_ Office Fax #: (\_\_\_\_) \_\_\_\_\_

Home Phone: (\_\_\_\_) \_\_\_\_\_ Cell Number (\_\_\_\_) \_\_\_\_\_

Pager Number (\_\_\_\_) \_\_\_\_\_ E-Mail Address: \_\_\_\_\_

**PLEASE INDICATE ANY OF THE FOLLOWING LOCATIONS OF INTEREST:**

South West Coast \_\_\_\_\_ South East Coast \_\_\_\_\_ West Coast \_\_\_\_\_

Central Florida \_\_\_\_\_ East Central Florida \_\_\_\_\_ North Florida \_\_\_\_\_

Any Cities or other areas in particular: \_\_\_\_\_

Are you working with any other broker? \_\_\_ Yes \_\_\_ No If yes, Who? \_\_\_\_\_

**WHAT TYPE OF PRACTICE ARE YOU LOOKING FOR?**

- Sole Ownership
- Partnership
- Associate
- Group-Solo

Size, # of ops: \_\_\_\_\_ Net Annually: \_\_\_\_\_

Days per week: \_\_\_\_\_ Ad/Non ad: \_\_\_\_\_

Current monthly production level: \$ \_\_\_\_\_

Welfare? \_\_\_ Yes \_\_\_ No

Capitation? \_\_\_ Yes \_\_\_ No

**PLEASE TELL US ABOUT YOURSELF**

How long have you been a dentist? \_\_\_\_\_

Dental school attended? \_\_\_\_\_

How long have you looked for a practice? \_\_\_\_\_

Where do you work now? \_\_\_\_\_

Days off? \_\_\_\_\_

Personal Plans/Reason for Buying or Selling? \_\_\_\_\_

How much money available for down payment? \_\_\_\_\_

Operating Capital? \_\_\_\_\_

Do you own real estate? If yes what/where? \_\_\_\_\_

How do you prefer to be addressed? \_\_\_\_\_

Your Accountant: \_\_\_\_\_

Firm: \_\_\_\_\_

Address \_\_\_\_\_ City/State/Zip \_\_\_\_\_

Phone (\_\_\_\_) \_\_\_\_\_ May we contact them? \_\_\_\_\_

Your Attorney: \_\_\_\_\_

Firm: \_\_\_\_\_

Address \_\_\_\_\_ City/State/Zip \_\_\_\_\_

Phone (\_\_\_\_) \_\_\_\_\_ May we contact them? \_\_\_\_\_

Life Insurance Agent: \_\_\_\_\_

Address \_\_\_\_\_ City/State/Zip \_\_\_\_\_

Phone (\_\_\_\_) \_\_\_\_\_

Disability Insurance Agent: \_\_\_\_\_

Address \_\_\_\_\_ City/State/Zip \_\_\_\_\_

Phone (\_\_\_\_) \_\_\_\_\_

Fire/business Overhead Insurance Agent: \_\_\_\_\_

Address \_\_\_\_\_ City/State/Zip \_\_\_\_\_

Phone (\_\_\_\_) \_\_\_\_\_

Malpractice Carrier: \_\_\_\_\_

Address \_\_\_\_\_ City/State/Zip \_\_\_\_\_

Phone (\_\_\_\_) \_\_\_\_\_

**PLEASE ATTACH A COPY OF EACH OF THE FOLLOWING:**

- Florida Dental License
- DEA Permit
- Driver's License
- Alien Registration Card
- Curriculum Vitae

Please indicate any other special preference, notes or instructions:

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## CONSUMER CREDIT REPORT DISCLOSURE AUTHORIZATION

The undersigned individual(s), recognizing that his and/or her individual credit history may be a factor in the evaluation of the credit of the applicant, hereby consents to and authorizes ADS Florida, LLC and any assignee, lender or funding service that may be utilized to obtain and use a consumer credit report on the undersigned, now and from time to time, as may be needed in the credit evaluation and review process and waives any right or claim they would otherwise have under the Fair Credit Reporting Act in the absence of this continuing consent.

\_\_\_\_\_  
Borrower's Signature

\_\_\_\_\_  
Borrower's Signature

\_\_\_\_\_  
Date

\_\_\_\_\_  
Date

\_\_\_\_\_  
Borrower's Name (Print)

\_\_\_\_\_  
Borrower's Name (Print)

\_\_\_\_\_  
Address

\_\_\_\_\_  
Address

\_\_\_\_\_  
City/State/Zip

\_\_\_\_\_  
City/State/Zip

\_\_\_\_\_  
Social Security Number

\_\_\_\_\_  
Social Security Number

PERSONAL FINANCIAL STATEMENT

DATE \_\_\_\_\_

INDIVIDUAL INFORMATION	OTHER PARTY INFORMATION
NAME	NAME
ADDRESS	ADDRESS
CITY, STATE, ZIP	CITY, STATE, ZIP
OCCUPATION	OCCUPATION
BUSINESS NAME	BUSINESS NAME
BUSINESS ADDRESS	BUSINESS ADDRESS
CITY, STATE, ZIP	CITY, STATE, ZIP
LENGTH OF EMPLOYMENT	LENGTH OF EMPLOYMENT
RESIDENCE PHONE	RESIDENCE PHONE
BUSINESS PHONE	BUSINESS PHONE

ASSETS	IN DOLLARS	LIABILITIES	IN DOLLARS
CASH IN BANK		NOTES PAYABLE TO BANK SCHED E	
US GOV'T & MARKETABLE SECURITIES SCHEDULE A		STUDENT LOANS SCHEDULE E	
NON MARKETABLE SECURITIES SCHEDULE B		DUE TO BROKERS	
SECURITIES HELD BY BROKER IN MARGIN ACCOUNTS		SECURED NOTES	
RESTRICTED OR MARGIN ACCOUNT STOCKS		UNSECURED NOTES	
REAL ESTATE OWNED SCHEDULE C		ACCOUNTS AND BILLS DUE	
ACCOUNTS, LOANS AND NOTES RECEIVABLE		UNPAID INCOME TAX	
AUTOMOBILES		OTHER UNPAID TAXES AND INTEREST	
PERSONAL PROPERTY		AUTOMOBILES	
CASH VALUE OF INSURANCE POLICY SCHEDULE D		REAL ESTATE MORTGAGES SCHEDULES C & E	
OTHER ASSETS SCHEDULE F		CREDIT CARD DEBT	
		OTHER DEBTS	
<b>TOTAL ASSETS</b>		<b>TOTAL LIABILITIES</b>	
		NET WORTH (ASSETS-LIABILITIES)	
		TOTAL LIABILITIES AND NET WORTH	

ANNUAL INCOME FOR YEAR		ANNUAL EXPENSES		CONTINGENT LIABILITIES	AMOUNT
INCOME		MORTGAGE/RENT		CONTINGENT LIABILITIES? <input type="checkbox"/> YES <input type="checkbox"/> NO	
INTEREST AND DIVIDEND		REAL ESTATE TAX		LEGAL ACTIONS? <input type="checkbox"/> YES <input type="checkbox"/> NO	
REAL ESTATE		TAXES FEDERAL / LOCAL			
OTHER INCOME		CONTRACT PAYMENTS (CAR, CHARGE CARDS)			
		ALIMONY / CHILD SUPPORT			
		OTHER			
<b>TOTAL INCOME</b>		<b>TOTAL EXPENSES</b>		<b>TOTAL LIABILITIES</b>	



**SCHEDULE A US GOV'T & MARKETABLE SECURITIES**

NUMBER OF SHARES	DESCRIPTION	IN NAME OF	Registered or Owned by Others	MARKET VALUE

**SCHEDULE B NON MARKETABLE SECURITIES**

NUMBER OF SHARES	DESCRIPTION	IN NAME OF	Registered or Owned by Others	MARKET VALUE

**SCHEDULE C RESIDENCES AND REAL ESTATE OWNED**

DESCRIPTION AND LOCATION	PRESENT VALUE	MONTHLY INCOME	TITLE HOLDER	LIEN HOLDER	AMOUNT
<b>TOTALS</b>					

**SCHEDULE D LIFE INSURANCE**

NAME OF INSURANCE COMPANY	OWNER OF POLICY	BENEFICIARY AND RELATIONSHIP	FACE AMOUNT	CASH VALUE

**SCHEDULE E BANK AND OTHER INSTITUTIONAL RELATIONSHIPS**

NAME OF CREDITOR	ORIGINAL AMOUNT	DATE OF LOAN	AMOUNT DUE	Secured or Unsecured

**SCHEDULE F OTHER ASSETS**

LENDER	ORIGINAL AMOUNT	DATE OF LOAN	AMOUNT DUE	SECURED OR UNSECURED

**OTHER DEBTS**

LENDER	ORIGINAL AMOUNT	DATE OF LOAN	AMOUNT DUE	SECURED OR UNSECURED

<p><b>INDIVIDUAL</b></p> <p>SIGNATURE _____</p> <p>SOCIAL SECURITY NUMBER _____</p> <p>DATE OF BIRTH _____</p>	<p><b>OTHER PARTY</b></p> <p>SIGNATURE _____</p> <p>SOCIAL SECURITY NUMBER _____</p> <p>DATE OF BIRTH _____</p>
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