

# Outpatient Medical Plaza WALLER, TEXAS

Primary Care-Anchored | Ground-Up Development

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20 years' experience | 30 completed deals



Vertically integrated development platform  
Project details at [AlexanderGreene.com](https://AlexanderGreene.com)



Alexander-Greene presents a confidential opportunity to invest in the ground-up development of a modern outpatient medical plaza in Waller, Texas.

The project is anchored by independent primary care providers and supported by complementary specialty practices and on-site ancillary medical services.

The development represents the first phase of a 43-acre master-planned site, combining near-term stabilized medical income with long-term development optionality.

## KEY METRICS

40,000 SF Medical Plaza

50% Pre-Lease Target

NNN Leases | 10-Year Terms

\$28 / SF Rent | 2% Escalations

Equity Multiple: **2.2x – 3.6x**

**ROI 124% to 259%**

# PROJECT PARTNERS

<b>Dr. Mohit Gupta, PCP</b> 15+ Cleaveland Clinic, Private Practice	<b>Dr. Davinder Wadehra</b> Division Head, Nephrology, William Osler, Toronto	<b>Dr. Pankaj Satija</b> Neurologist and Interventional Pain Medicine, Private Practice	<b>Dr. Varun Sharma</b> DMD, Private Practice
<b>Dhiraj Dudeja</b> Co-founder and Ex-CCO, NESR Corp	<b>A.G Gupt</b> President, Alexander Grene	<b>Amrish Patel</b> CEO & Co-Founder, Global Wealth Strategist & Medical Practice Sales	<b>Sunny Bedi</b> Developer/ Broker of Record Right at Home Realty Excellence



# LOCATION

Waller, Texas  
(30.070153, -95.772917)

- Land under contract
- Zoned correctly for medical and retail
- Utilities adjacent

Radius	2024 Population	2029 Population	Household Income
3 miles	13,008	18,517	\$103,984
5 miles	62,412	75,263	\$121,459
10 miles	258,866	295,540	\$124,262

# WHY THIS WORKS

## Healthcare Tailwinds

- Aging population drives sustained outpatient demand
- Structural shift from inpatient hospitals to outpatient clinics
- Insurers and CMS favor lower-cost sites of care
- Providers expand neighborhood-based clinics
- Medical office demonstrates resilience vs. traditional office

## MEDICAL RETAIL & SPECIALTY



**Outpatient Diagnostic Center**



**Compounding Pharmacy**



**Surgery Center (ASC)**



**Diffusion Center**

### PRIMARY CARE ANCHOR

Independent physician group  
(5 - 10 providers committed)

### COMPLEMENTARY SPECIALTIES

Pediatrics | OB/GYN |  
Cardiology | Orthopedics |  
Gastroenterology |  
Pulmonology | Neurology |  
Behavioral Health | PT /  
Rehab | Imaging

### ANCILLARY SERVICES

Pharmacy | Lab | Imaging |  
Urgent Care | Procedure  
Suites

# CAPITAL STRUCTURE

# BUSINESS PLAN

## USE OF FUNDS

- Land: \$6.5
- Hard Costs: \$12.5M
- Soft Costs: \$0.5M
- Total Project Cost: ~\$19.5M

## CAPITAL STACK

- 65% LTC Construction Loan @ 7%
- \$7.0M Equity Raise
- LP 80% | GP 20%

## TIMELINE- PHASE I

Pre-Lease → Build to Suit → Stabilize → Refinance (Year 3) → LP Returns

## TIMELINE- PHASE II

Pad Sales + Back Lot Sales → LP Returns

- Refinance in Year 3
- Retail pads sold at stabilization
- Target pricing: \$15 / SF

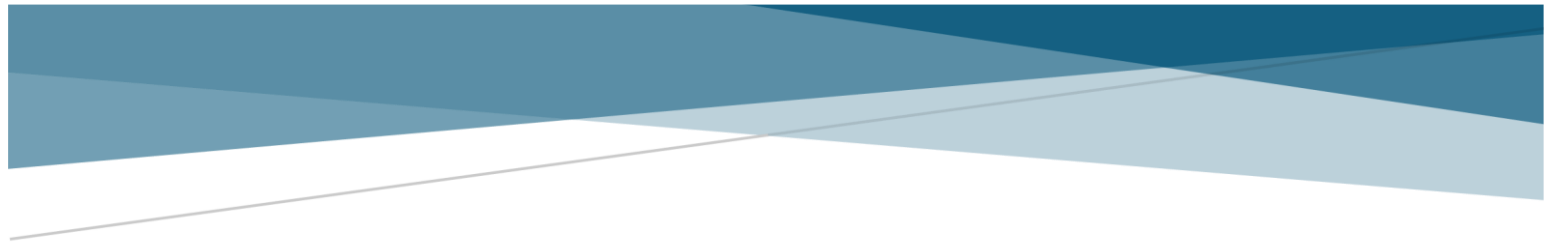
## TARGET LP RETURNS

- Exit Cap Rate: 6.0% – 7.0%
- **Target Equity Multiple: 2.2x – 3.6x**
- **ROI 124% to 259%**

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# WHAT'S IN IT FOR YOU?

## A Strategic Capital Placement for Physician-Investors (Minimum \$250,000)

This is not just a real estate investment. It is a risk-averse placement of capital designed for physicians who want to expand strategically, own real estate, and participate in revenue streams typically captured by hospitals and third parties.

Physician Pain Point	How This Model Solves It
Scaling a Second Location Is Risky and Capital Intensive	Physicians expand within a professionally developed outpatient campus where development, infrastructure, and operational costs are shared. This significantly reduces personal risk while enabling growth in a purpose-built medical environment.
Leaving Significant Ancillary Revenue on the Table	Physician-investors are eligible to participate in the economics of on-site ancillary services through ownership and profit participation structures designed to comply with regulatory requirements—allowing physicians to capture value they already help create.



## 1. HOW THE ECONOMICS WORK

- Project-level JV earns market rent plus 20% profit participation from ancillary services
- Tenant-physicians may participate in up to 80% of ancillary operating margins
- Participation structured is based on ownership and utilization, not referral volume
- Designed to comply with Stark Law and Anti-Kickback regulations

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## 3. RISK REDUCTION THROUGH SHARED INFRASTRUCTURE

- Access to ancillary services you could not economically build alone
- Reduced personal balance-sheet exposure vs standalone expansion
- Conversion of growth into passive income
- Long-term enterprise value creation
- Potential partial liquidity via refinance (~Year 3) and monetization events

## 4. PLATFORM UPSIDE

Physician-investors receive right of first look on future outpatient medical plazas and may participate in a Physician Advisory Council shaping future locations and tenant mix across the Houston market.