



INVESTOR PRESENTATION

April 2015

- Mission:**
- To introduce the first FDA approved evidence-based test for depression/anxiety
 - Present an objective test for evaluating the efficacy of treatment for mental illness
 - Develop an monetise an objective test to measure stress

- Vision:**
- Early entrant in the transformation of Healthcare by technology (Digital Health)

- Strategic Partners:**
- Johns Hopkins University and the Black Dog Institute
 - World leaders in mental health research



- Market:**
- Depression diagnostic alone is a US\$16bn revenue opportunity – “large”

- Timeline:**
- First revenue via corporate stress-test products targeted H2 2015
 - Johns Hopkins validation study completed in 8-10 months
 - Targeting FDA Approval within 12 months from completion of study

- Valuation:**
- Capitalisation \$25m with \$2m in cash
 - 90M shares @ \$0.275

MENTAL HEALTH LANDSCAPE

350 Million Worldwide Diagnosed With Depression
1 Suicide Every 40 Seconds

1 Million Suicides
Every Year



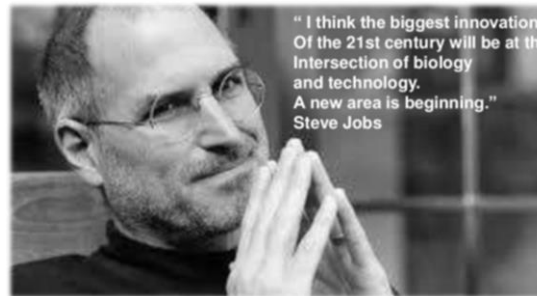
Global Cost US\$2.5T (2030 est. US\$6T) — Depression and Anxiety account for **+50%** of this burden

<http://www3.weforum.org/docs>

WEF_Harvard_HE_GlobalEconomicBurdenNonCommunicableDiseases_2011.pdf

LONG TERM VISION – MEDTECH FOR MENTAL HEALTH AND STRESS

- World's first Digital Health Diagnostics Platform specialising in the analytics of ECG data focused on Stress and Mental Health
- Digital Health: Hardware agnostic for the collection of ECG Data
- Allowing for global access to all payers in the Health, Occupational Health, Wellbeing, and E-Health space
- Monetise each segment of the market and diversify the potential client base:
 - Medical Diagnostics
 - Remote Patient Monitoring
 - Corporate Wellness/Elite Sports
 - Wearables/Consumer Apps
- Hardware is not our core business
- Become a data play which adds value based on a secure HIPAA⁽¹⁾ protected analytics platform with the largest collection of clean ECG data sets worldwide

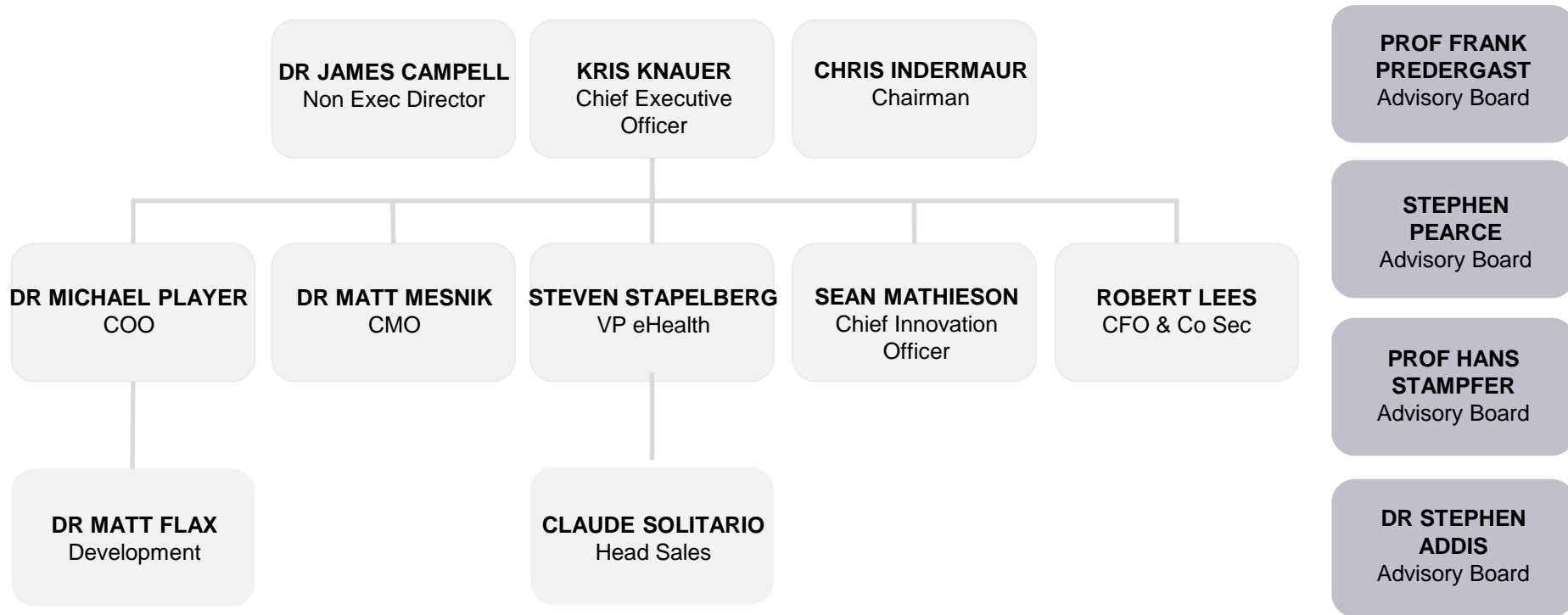


⁽¹⁾ HIPAA - US Health Insurance Portability and Accountability Act of 1996. The HIPAA Security Rule sets national standards for the security of electronic protected health information

KEY COMPANY MILESTONES

Timing	Milestone	Status
Q4 2014	Australian and US validation studies (BDI & JHU)	✓
Q1 2015	Delivery of Commercialisation Study (AMETUS)	✓
	Establish World-Class Advisory Board (Dr Prendergast)	✓
Q2 2015	Acquisition remaining patents covering the technology (USA/Canada)	✓
	Complete beta testing of Stress Algorithms	
	Strategic Device Partner	
	Announcement of foundation customers	
	Pre-submission package delivered to the FDA and FDA feedback	
Q3 2015	Complete development of Corporate Stress product	
	Commercial launch of Corporate Stress product	
Q4 2015	Results from U.S./Australian validation studies published	
	Commercial launch of Consumer Stress App (subject to device)	

ORGANISATIONAL CHART



- There is no objective test for mental illness
- The diagnostic “gold standard” is a clinical/expert opinion
- Diagnostic agreement between clinicians can vary considerably even for high prevalence disorders like depression and anxiety
- Circadian Heart Rate (CHR) analysis adds an objective dimension to the diagnosis of depression/anxiety and the evaluation of treatment
- The late, under/over, and misdiagnosis of depression (and other mental illness) places a huge cost burden on the healthcare system and the workplace
- CHR can add an objective dimension to screening for depression and anxiety



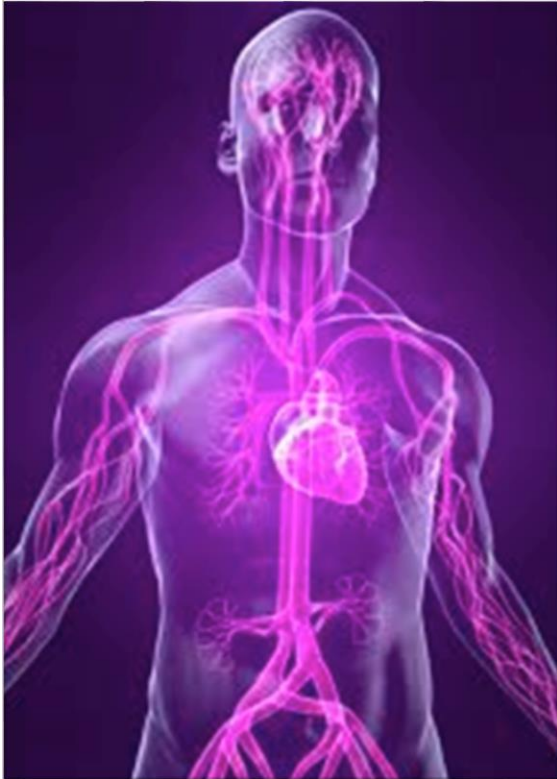
“It is critical to realise that we cannot succeed if we use DSM categories as the gold standard” - “We need a quantitative method for diagnosing depression”

(U.S. National Institute of Mental Health - May 2013)

- Quantitative, objective test
- Diagnosis based on biological data (circadian heart rate)
- Simple, safe and unobtrusive
- Gives objective indication of therapeutic effectiveness
- Earlier diagnosis enables earlier intervention
- Improved monitoring helps to optimize effective treatment
- Savings to the health system from earlier diagnosis



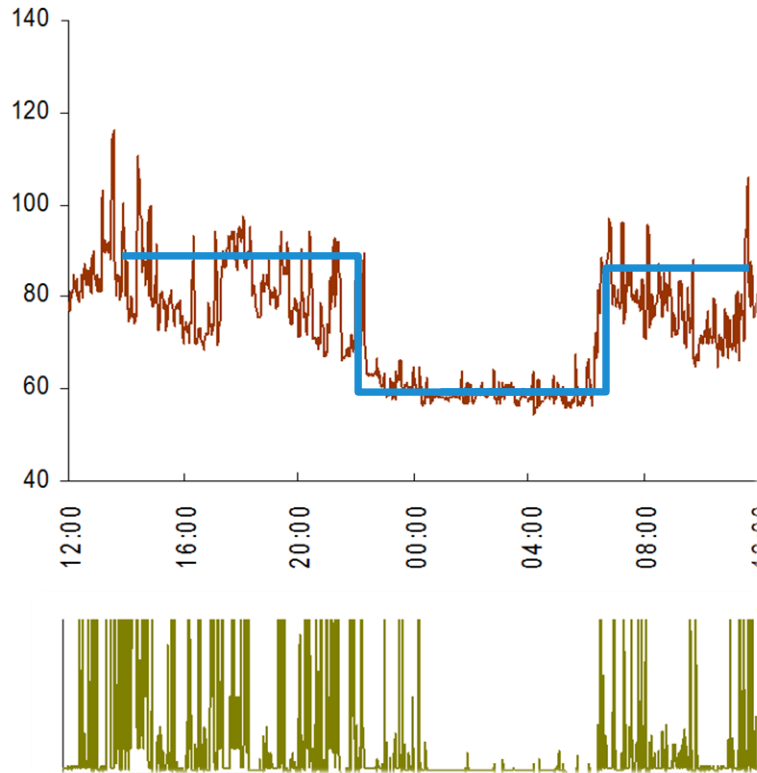
“The need for screening for and early detection of depression in primary care services is unarguable”
(World Federation for Mental Health)



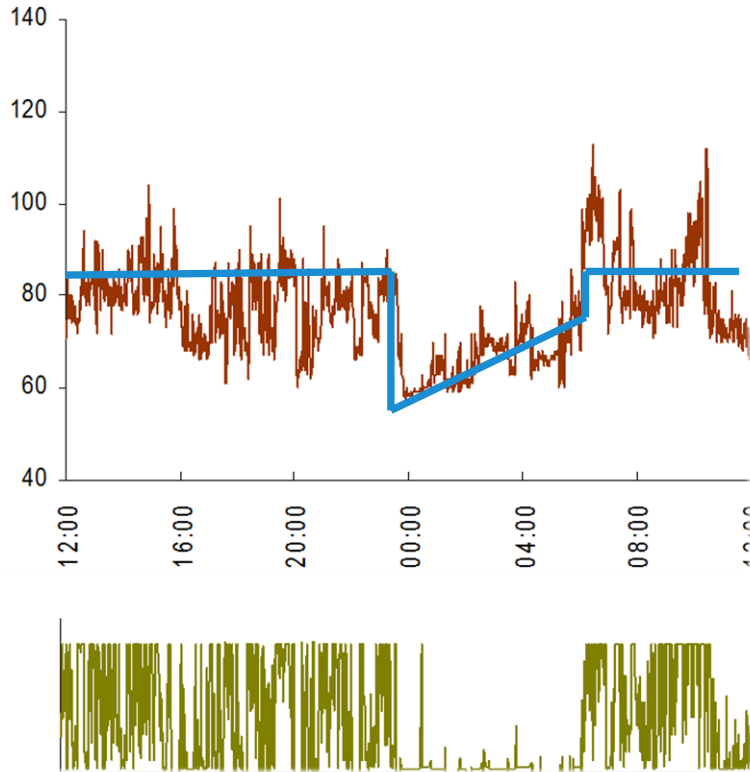
- The autonomic nervous system (ANS) plays a key role in circadian sleep-wake regulation of physiological activity including heart rate
- It is well known that mental illness is associated with disturbances in ANS/circadian regulation
- Mental state-linked ANS disturbance is observed via the cardiovascular system, particularly during sleep when external influences are absent
- Therefore an analysis of CHR gives objective indications of ‘core’ physiological differences between broadly different forms of mental illness such as anxiety and depression and stress



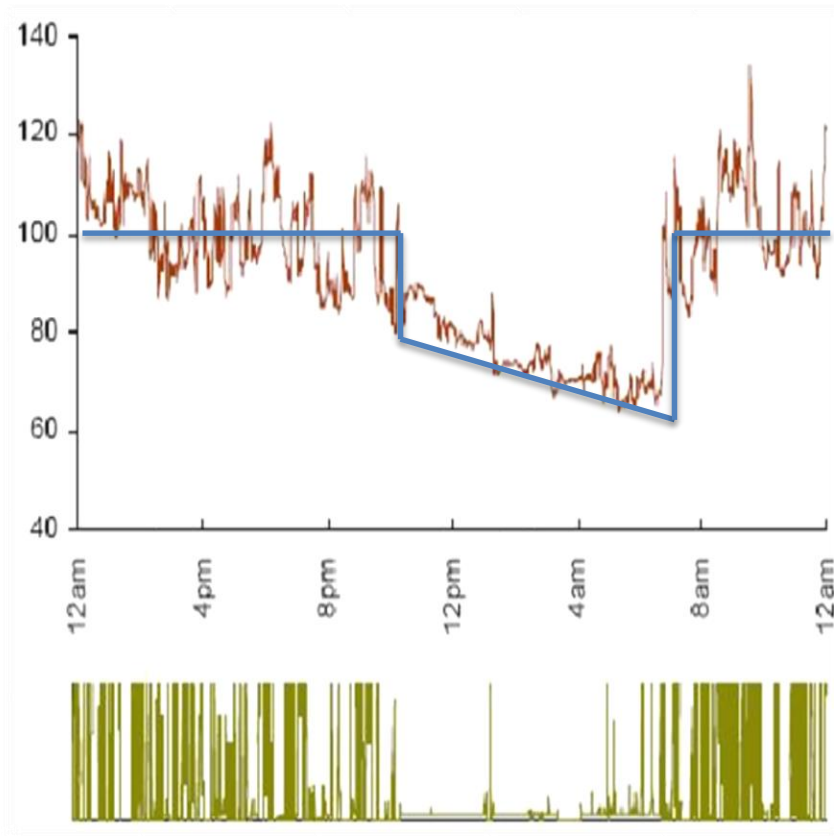
- Based on over 15 years of research
- Different forms of mental illness such as anxiety and depression are associated with distinctly different patterns of CHR-V
- Distinct 'biomarkers' in heart rate data for depression and certain other mental illnesses have been identified
- CHR is 'state-dependent' - a change in clinical status is associated with a change in CHR patterns
- Serial monitoring of patients under psychiatric treatment has shown that:
 - *effective treatment is associated with normalisation of CHR-V*
 - *ineffective treatment does not show normalisation*
 - *provides a tool for determining the effectiveness of treatment*



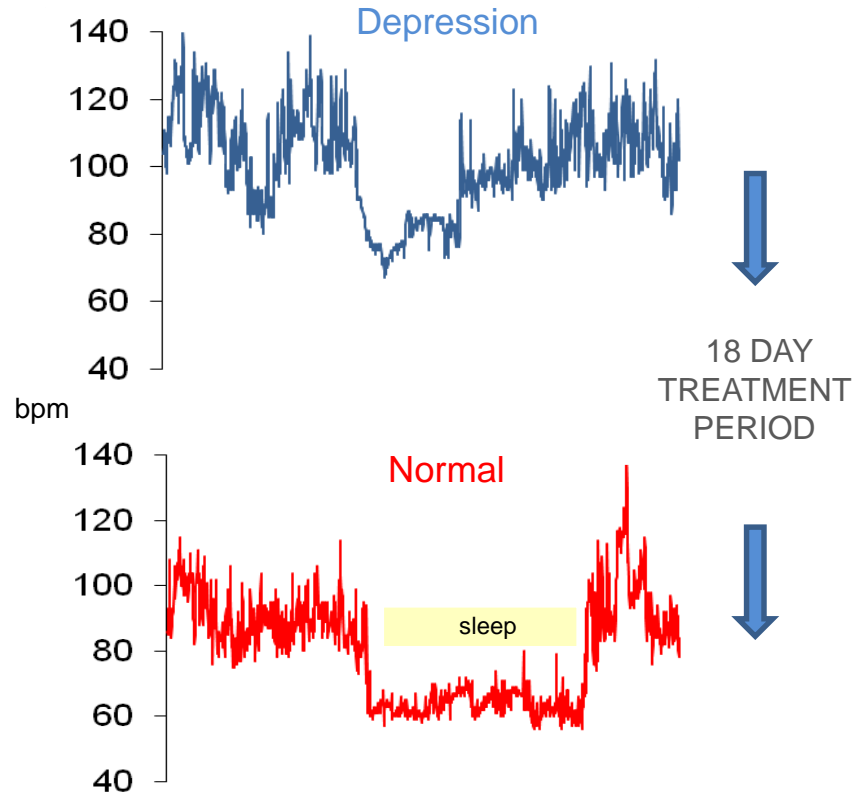
- Sleep rates are visibly lower and less variable than awake rates.
- The onset of sleep and moment of waking show a clear change in the mean trend.
- Sleep and waking is usually brief and occurs quickly.
- Body movement data clearly correlates with heart rate, with a cessation of movement during the sleep period.



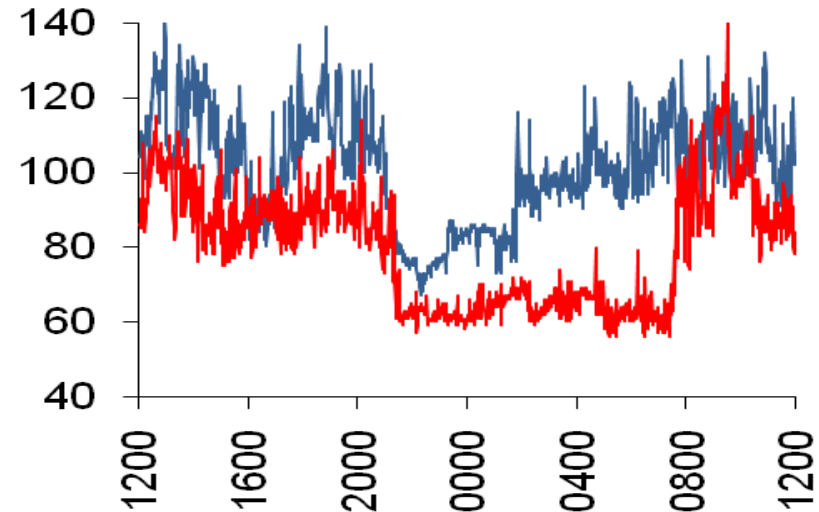
- The mean is within the normal range, but the sleep mean is slightly elevated.
- Rates fall to their lowest level shortly after the onset of sleep, and then rise progressively to awake values.
- This rising trend causes early waking, a common symptom of depression.
- Correlation between heart rate and body movement variable.



- Both the 24 hour and sleep means are moderately elevated.
- Rates are high at the onset of sleep due to sustained daytime physiological arousal.
- Heart rate declines to its lowest values an hour or two before waking.
- Morning rates are also elevated, accounting for acute morning anxiety that is often experienced by sufferers.



- Depressed individual upon initial diagnosis
- Same individual after 18 days following effective treatment



STUDY OBJECTIVE

To validate the use of Medibio's CHR technology to differentiate between depressed and non-depressed individuals
Designed to provide clinical data to support FDA certification of Medibio's proprietary depression test

STUDY TIMELINE

Anticipated results published in Q4 2015

JOHN HOPKINS UNIVERSITY (JHU)

\$7 billion integrated global health enterprise established in 1889
Ranked number one in the U.S. by US News & World Report for 22 years of the survey's 25-year history



PRINCIPAL RESEARCHER

DR NARESH PUNJABI

Professor of Medicine and Epidemiology in the Division of Pulmonary and Critical Care Medicine
Associate Director of Graduate Training Program in Clinical Investigation at JHU
Bloomberg School of Public Health
Published more than 100 research papers

STUDY OBJECTIVE

To demonstrate that Medibio's CHR Technology can distinguish between melancholic and non-melancholic depression.

STUDY TIMELINE

Anticipated results published in Q4 2015



BLACK DOG INSTITUTE (BDI)

AUSTRALIA'S PREEMINENT MENTAL HEALTH RESEARCH ORGANISATION.

- Over 150 research and clinical staff
- Focus on the rapid translation of mental health research into improved clinical practice

PRINCIPAL RESEARCHER

PROFESSOR GORDON PARKER

Founder of the Black Dog Institute and Officer of the Order of Australia

One of the world's leading authorities on depression and bipolar disorder



A positive outcome in the BDI study would make a significant impact on the treatment of depression and improved patient outcomes. Why?

MELANCHOLIC DEPRESSION

Type of Major Depressive Disorder (MDD)

Biological Condition



Will respond to medication and/or ECT

NON-MELANCHOLIC DEPRESSION

Psychosocial Condition



Will respond better to Psychotherapy

50% of cases do not respond to antidepressants.
Medications do not change the precipitating event/stress, nor the inwards coping style, but may lessen the symptoms
High rate of spontaneous remission- treatment response can be difficult

MEDICAL

Primary Care Physicians
Psychiatrists
Psychologists
Therapists
Counsellors
Cardiologists



CORPORATE

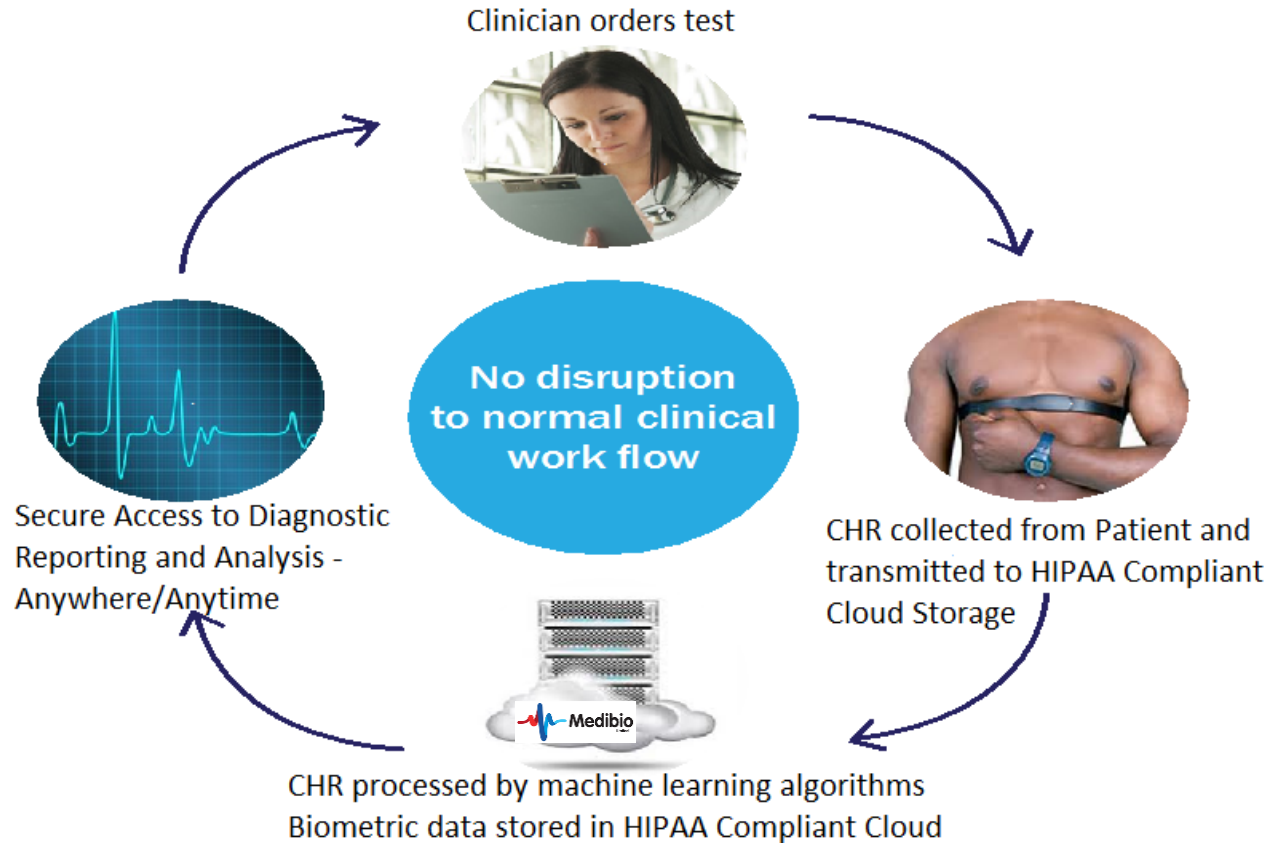
High Risk Occupations
Insurance Companies
Corporate Wellness
Professions
Elite Sports



CONSUMER

AppStores
Insurance Companies
Digital Health
Companies





- Size of the Market in the US \$2.35bn annually (Depression Only)
- US Market Research undertaken as part of the market validation study showed
 - (+90%) would use this test as a diagnostic once clinically proven and reimbursable
 - Confirmed two primary markets for the use of the technology
 - ✓ Initial diagnosis
 - ✓ Monitoring to gauge therapeutic intervention effectiveness
 - PCP's likely first adopters of the technology as a diagnostic tool
 - Mental health clinicians would use it as an adjunct tool
- Identified a series of existing CPT™ codes and payment structures which are supportive of, and can be leveraged for, MEB's business plan in the US

	Medicare	Private	Insurance	Assumption
93225	Recoding (Provider)	\$26.87	\$40	
93226	Analysis with Report (Medibio)	\$37.97	\$57	\$45
93227	Physician review & Interpretation (Provider)	\$26.87	\$40	



US MARKET

- 40 million in the US (+5,000 staff firms²)
- 21.3 million US Government positions
- US\$2.2Bn revenue potential annually

DEMAND IN THE US DRIVEN BY MANY FACTORS

- need to reduce health care spend
- social responsibility/OHS Requirements
- absenteeism, presenteeism (In a 3-month period, patients with depression miss an average of 4.8 workdays and suffer 11.5 days of reduced productivity¹)

THREE DISCTINCTIVE CHANNELS

- Full service turn-key solution
- Licensing/sale and data analytics model
- White label

1. US CDC, 2. US Census

ASSESSMENT

Enable employees to check their stress levels

Personal early warning system for people at risk

Prevention is better than cure

SUPPORT

Provide educational material and support based on their stress level

May recommend discussion with GP

Provide the ability to conduct on-going monitoring to check progress

EMPLOYER BENEFIT

Metrics on stress levels for job classes and types

Reduced absenteeism and increased productivity

Reduced claims and pressure on the health care systems

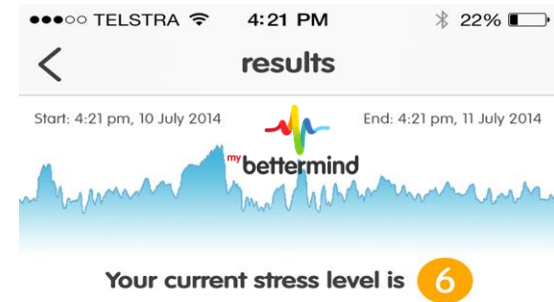
END TO END SOLUTION FOR CORPORATES

- 500 million smartphone owners using a healthcare app in 2015
- 1.7 Billion smartphone/tablet owners will have downloaded mobile health applications by 2018¹
- Currently 44,000 medical apps on the App Store
- The market for mobile health applications and associated devices will grow at a compound annual growth rate of 61% to reach \$26 billion in revenue by 2017, according to a new report from Research and Markets.
- Apple/Mayo Clinic partnership with IOS8. The Goal? iPhone/Apple Watch that makes you healthier!
- NHS (and US Institutions) predict that by 2030 self diagnosis and medication will be a necessity to alleviate pressure from the health care system resulting in only the critically ill being admitted to a medical institution.

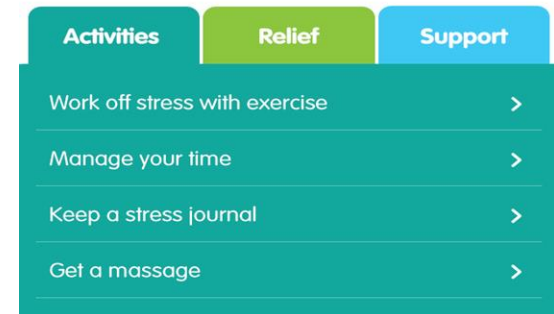


1. Source – Technology News.com.au
2. Accenture Digital Consumer Tech Survey 2014

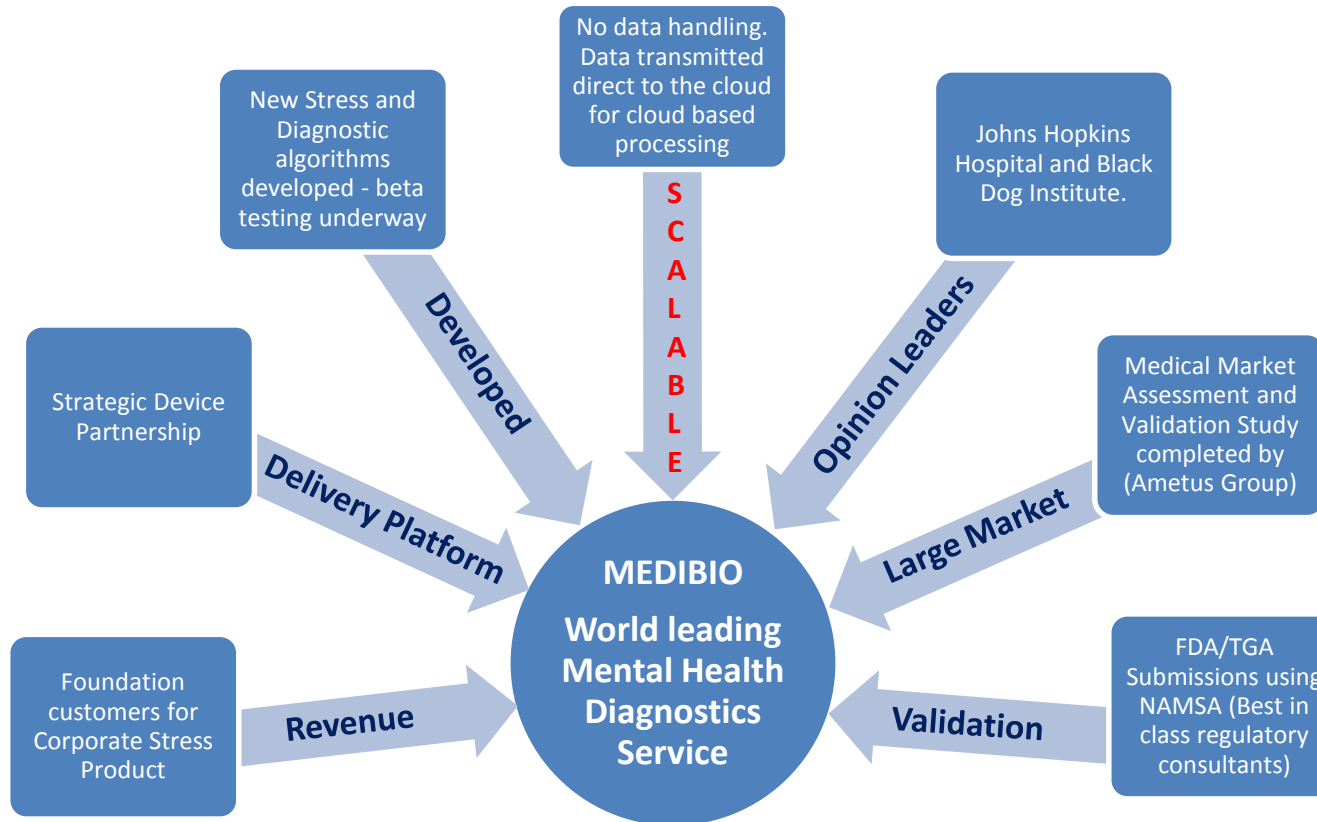
- 10% of the 44,000 Health Apps are related to stress/mental health:
 - 2538 results in the search for stress
 - 628 results for depression
 - 854 results for anxiety
 - 475 results for mental health
- Most Stress Apps are based on reducing tension via breathing, yoga, and relaxing sounds.
- All are more of a wellness product than stress identification and mental health management
- Mental health and depression Apps are mostly based on subjective DSM5 method
- None offer objective stress assessment based on extended research



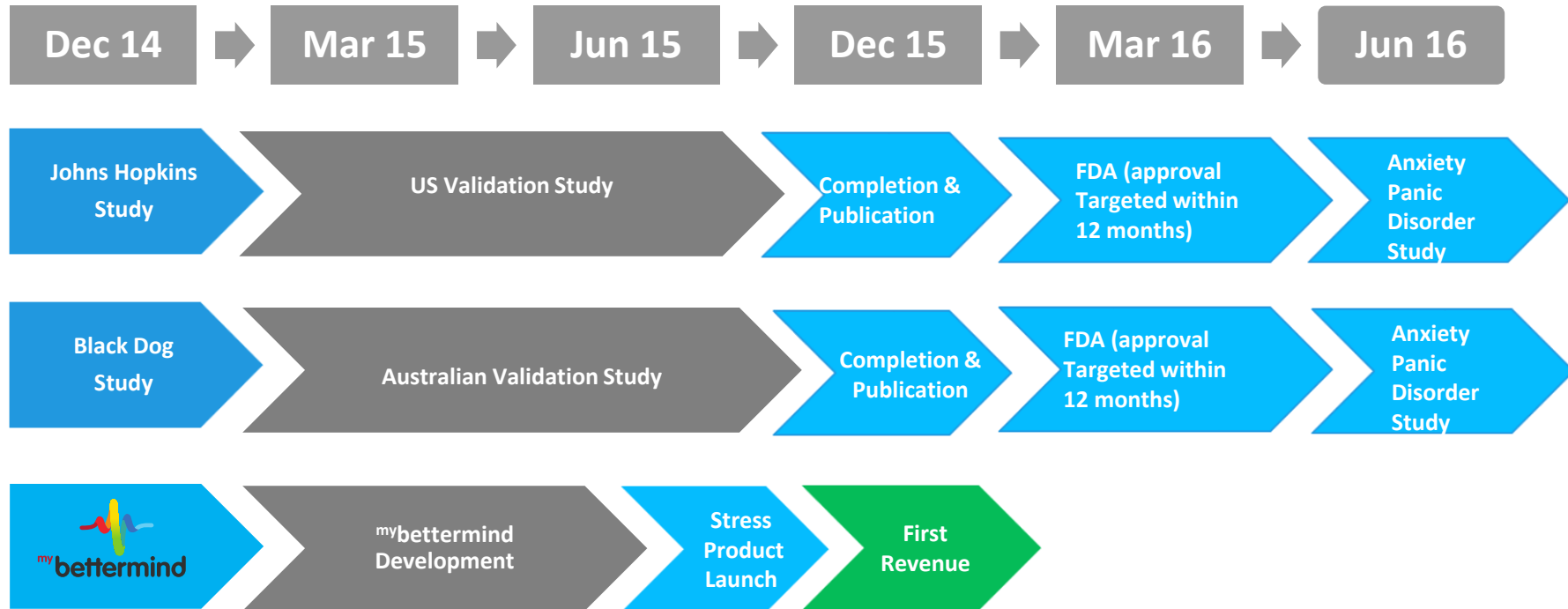
You are approaching the danger zone. You have a vulnerability to stress, and the higher your score the more serious the problem is. You may well be suffering stress related symptoms, your relationships may be strained and you may not be operating in your most resourceful state.



ALL THE BUILDING BLOCKS ARE NOW IN PLACE



TIMELINE TO COMMERCIALISATION



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Certain statements made in this presentation are forward-looking statements. These forward looking statements are not historical facts but rather are based on Medibio Limited's current expectations, estimates and projections about the industry in which Medibio operates, and its beliefs and assumptions.

Words such as "anticipates," "expects," "intends," "plans," "believes," "seeks," "estimates," "guidance" and similar expressions are intended to identify forward-looking statements and should be considered at-risk statements. Such statements are subject to certain risks and uncertainties, particularly those risks or uncertainties inherent in the process of developing technology and in the endeavour of building a business around such products and services.

These statements are not guarantees of future performance and are subject to known and unknown risks, uncertainties and other factors, some of which are beyond the control of Medibio, are difficult to predict and could cause actual results to differ materially from those expressed or forecasted in the forward-looking statements.

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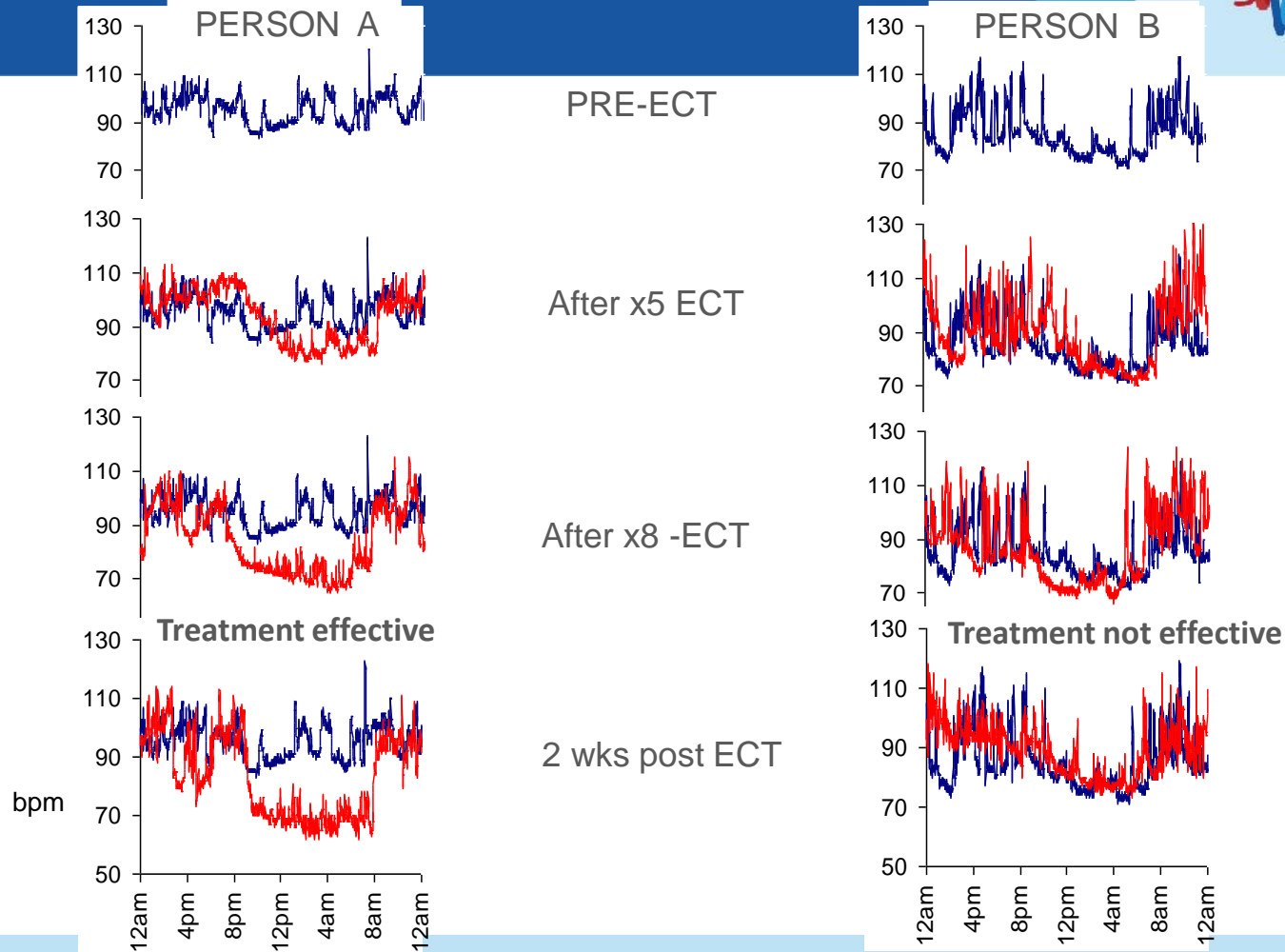
Medibio will not undertake any obligation to release publicly any revisions or updates to these forward-looking statements to reflect events, circumstances or unanticipated events occurring after the date of this presentation except as required by law or by any appropriate regulatory authority.

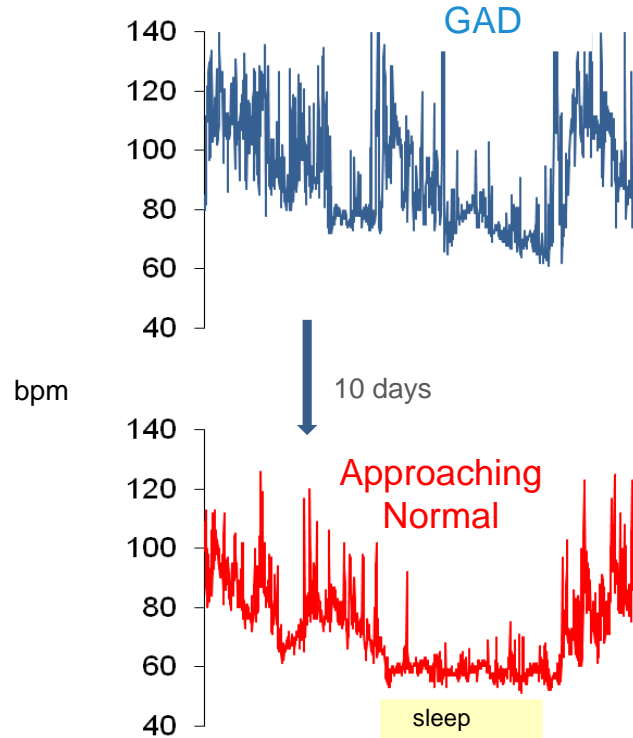
APPENDIX 1 - CAPITAL STRUCTURE

		Shares	Options
Existing shareholders	existing shareholders	35,148,974	–
Existing Convertible Notes	30 series "A"	15,000,000	15,000,000
	40 series "B"	3,516,667	
\$2.5 million Capital Raising	\$0.30 share	8,333,333	–
Invatec Vendors/Staff	100% of the technology	28,103,500	6,667,000
TOTAL ON ISSUE AT COMPLETION		90.1 million	19.0 million
Patents		10,346,803	
Vendor Milestone 1	(VALIDATION)	6,000,000	
Vendor Milestone 2	(ALGORITHM)	6,000,000	
Vendor Milestone 3	(FDA/TGA)	6,000,000	
ALL MILESTONES ACHIEVED		115.6 million	19.0 million

Subject to relevant Shareholder approvals – anticipated in February 2015

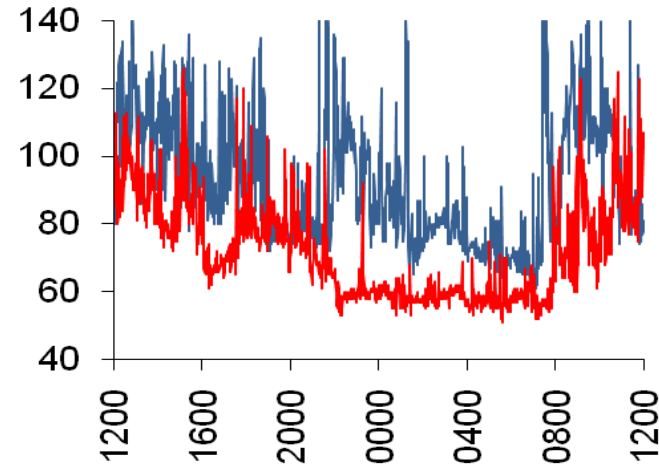
NORMALISATION OF MELANCHOLIC DEPRESSION

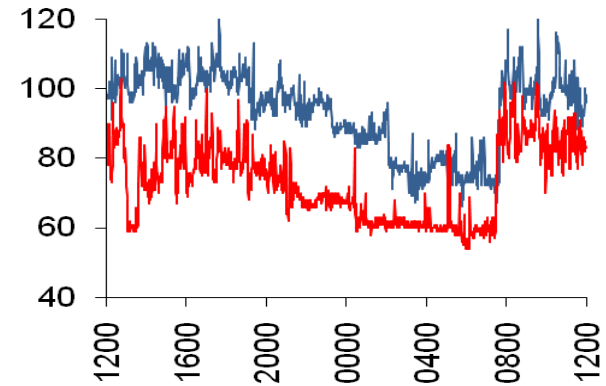
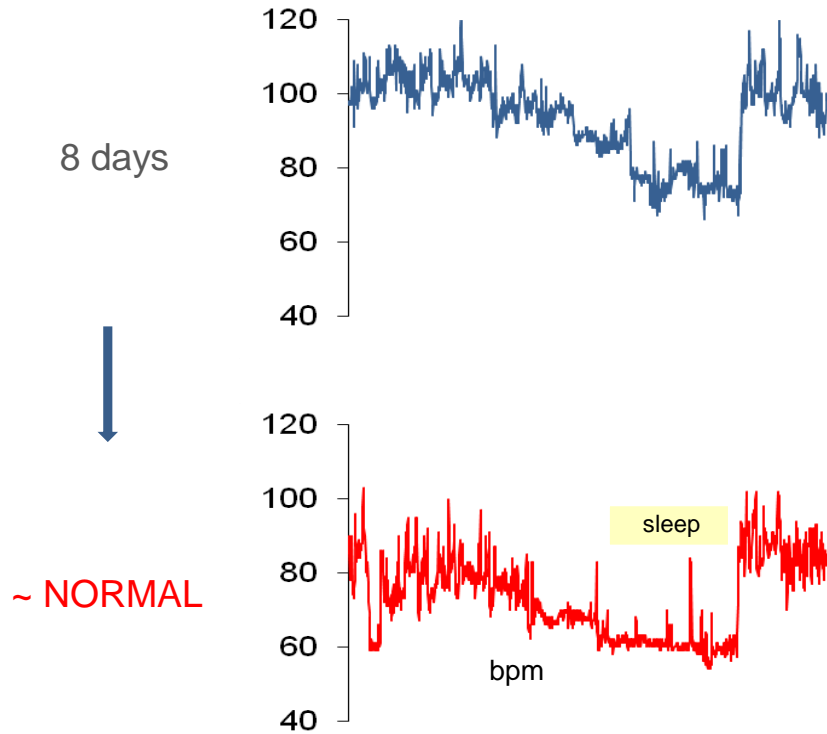




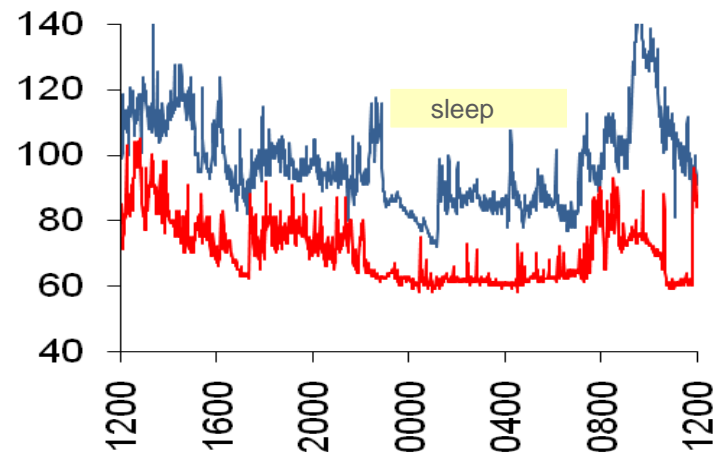
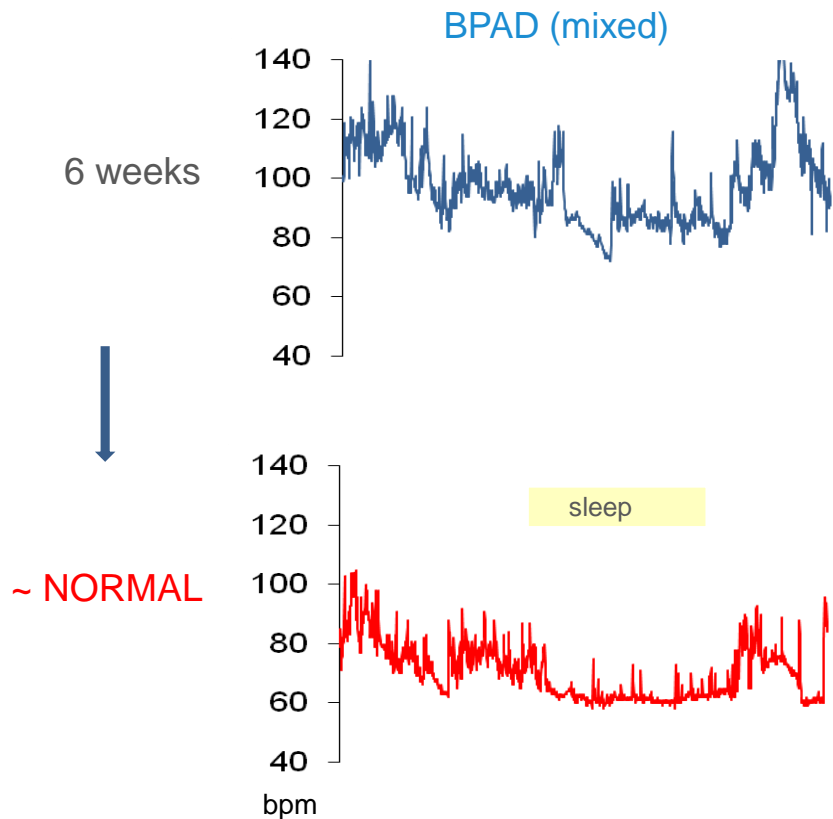
Individual with Generalised Anxiety Disorder upon initial diagnosis

Same individual after 10 days following effective treatment

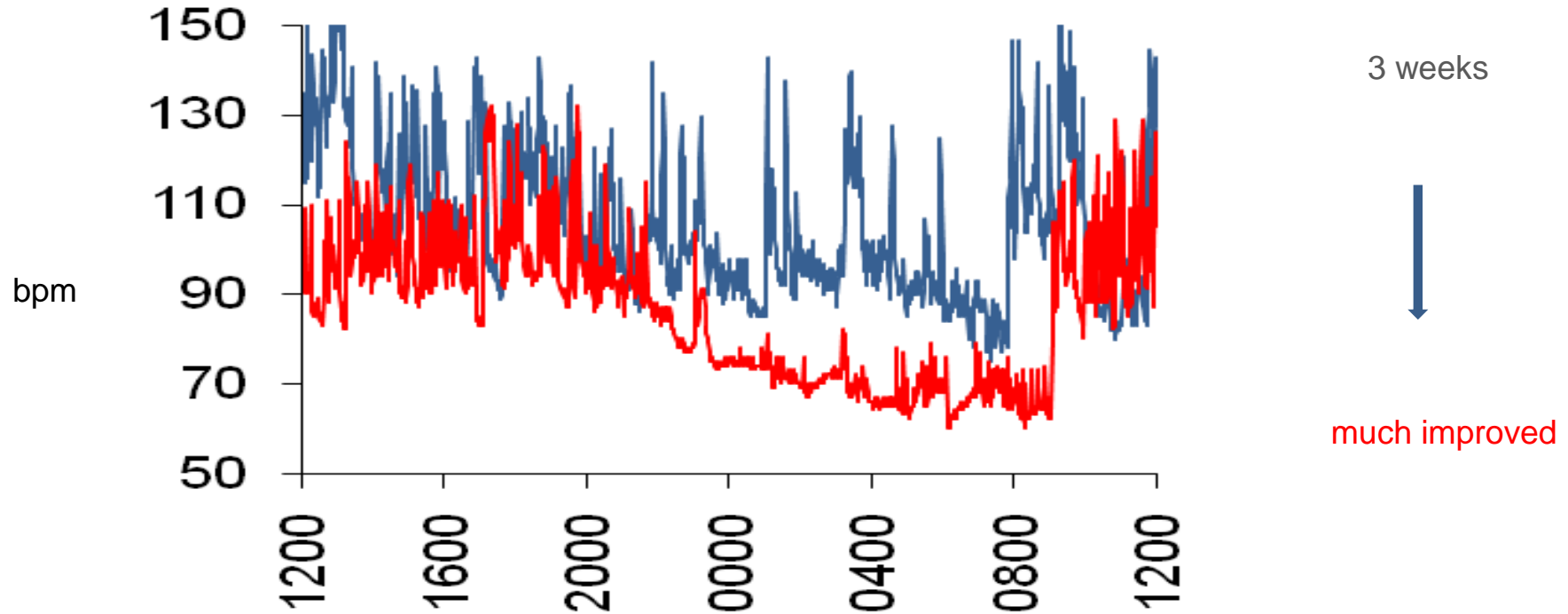




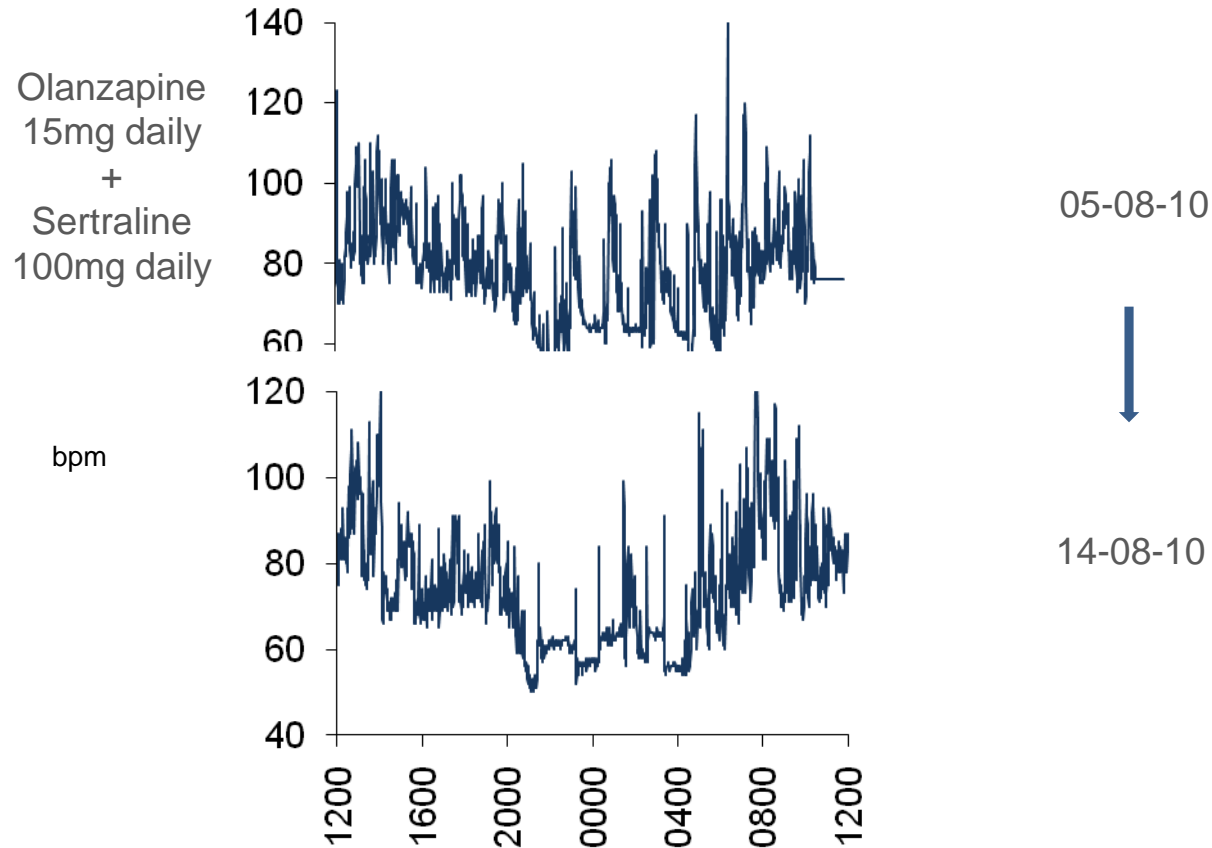
NORMALIZATION OF BPAD (MIXED)



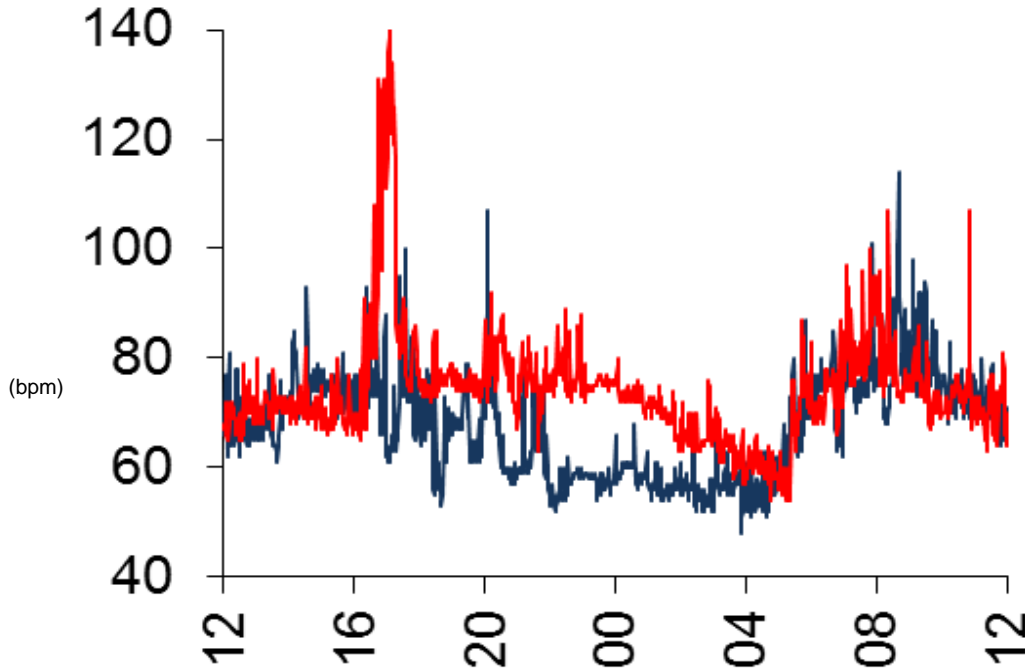
IMPROVEMENT IN SCHIZOAFFECTIVE DISORDER



SOME IMPROVEMENT WITH TREATMENT OF SEVERE DEPRESSION



CHRONIC STRESS – SERIAL CHANGES



Profile

- Middle Aged Man
- Senior Executive Position

24HR Mean	SLEEP Mean
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67	57
74	65

- Prior to Senior Position
- 6 months with treatment for BP)

OUR END-TO-END PROPOSITION

