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June 2026

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BLAIR VEGA NORFOLK

FOUNDER & MANAGING DIRECTOR

BIOME

H1 FY26 RESULTS & COMPANY PRESENTATION

Biome Australia

Australia’s #1 fastest-growing probiotic brand — clinically-backed, profitable, and scaling.

Blair Vega Norfolk · Founder & Managing Director

ASX: BIO

Certified B Corporation

Our mission

To prevent disease, improve health outcomes and quality of life, and make our products accessible to all

INVESTMENT HIGHLIGHTS

Profitable, clinically-differentiated, and scaling

Biome develops, owns and clinically validates proprietary probiotic strains, sold through pharmacy and practitioner channels under the Activated Probiotics® and Activated Therapeutics® brands.

Australia's #1 fastest-growing probiotic brand

Leader by revenue in community pharmacy, with 100% of the range in growth.

A record, profitable first half

H1 FY26 was the eighth consecutive EBITDA-positive quarter, building on FY25's first full-year net profit.

Clinically differentiated

30+ randomised controlled trials, plus a proprietary strain — BMB18 — now in a 240-participant human trial.

Scaling at home and abroad

~7,500 points of sale and five international markets live, tracking to the Vision 2027 plan.

OUR JOURNEY

From start-up to Australia’s fastest-growing probiotic brand

Revenue has compounded at **~86% a year** from FY20 to FY25 — and FY26 has opened with a record half.

FY20

$830k

First full year of sales

→

FY25

$18.4m

Revenue, +41.6% — first net profit

→

FY26

Record H1

$12.4m revenue, +40% PCP

Clinically-backed range

Built on 30+ randomised controlled trials.

Profitable and compounding

Eight consecutive EBITDA-positive quarters.

Scaled distribution

From a standing start to ~7,500 points of sale across pharmacy.

International reach

Live in five markets, with international sales up 69% in FY25.

H1 FY26 FINANCIAL SCORECARD

Record results across every key metric

REVENUE

$12.40m

+40% vs PCP

ADJUSTED EBITDA

$1.47m

8th consecutive quarter

NET PROFIT

$1.18m

+172% vs PCP

GROSS MARGIN

61%

1H25: 61.0%

OPERATING CASH FLOW

$2.09m

$3.21m turnaround

EPS

0.53c

+165% vs PCP

OPERATING LEVERAGE

Earnings growing far faster than revenue

+40%

Revenue growth (PCP)

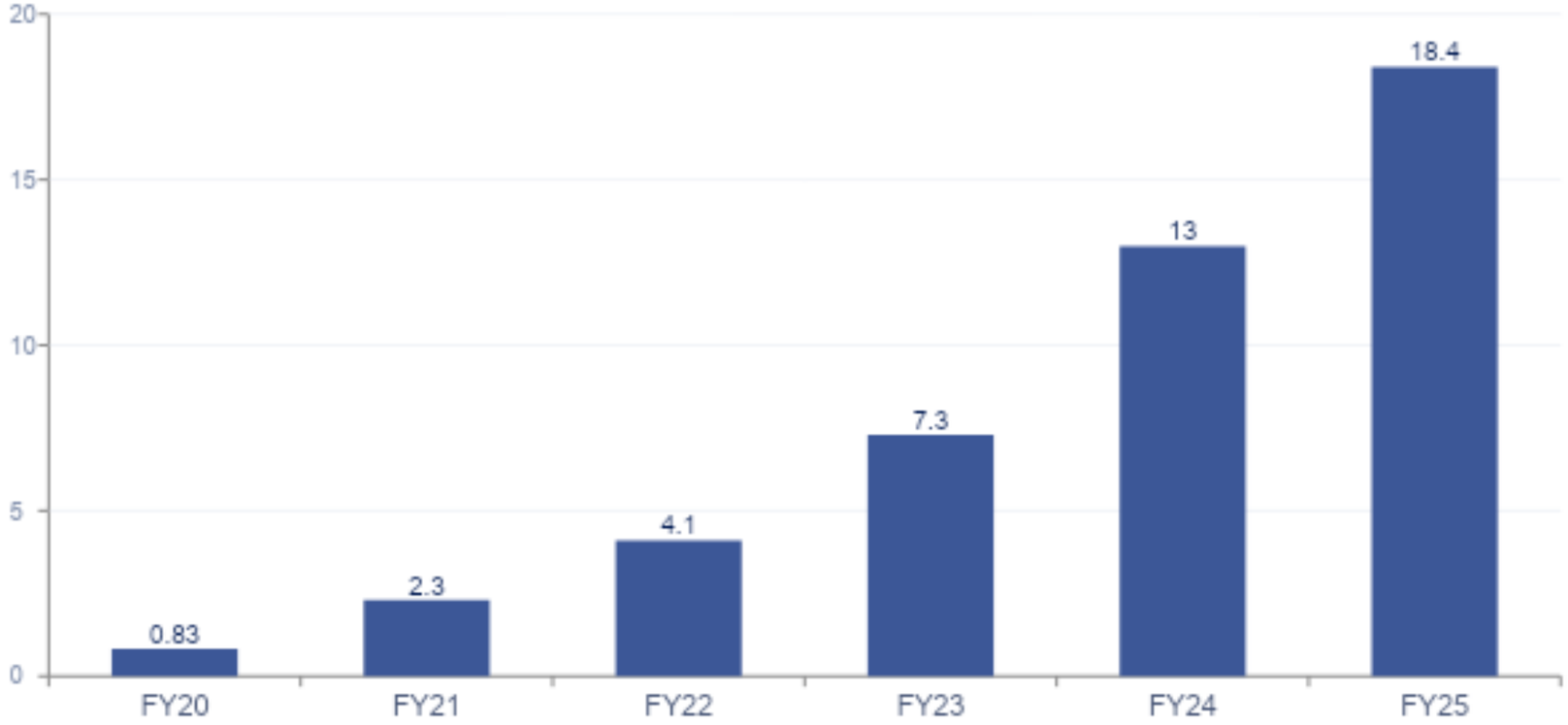
+172%

Net profit growth (PCP)

Profit is compounding more than four times faster than revenue — with gross margin held at 61.1% and an eighth consecutive EBITDA-positive quarter.

REVENUE TRAJECTORY

Compounding revenue, now profitable



H1 FY26

$12.4m

Revenue · +40% PCP

$1.47m

Adj EBITDA (excl SBP)

FY25 — first full-year net profit. Eight straight EBITDA-positive quarters.

FY20–FY25 actual full-year revenue. H1 FY26 actual was $12.4m, up 40% on the prior corresponding half.

MANUFACTURING & MARGIN

Onshoring manufacturing — margin and working-capital upside

A binding supply & purchase agreement brings key manufacturing onshore — structurally lifting gross margin and releasing working capital.

Gross-margin uplift

Increasing significantly from the strong 61% today commencing from FY27

Working-capital release

A shorter, local supply chain will up free significant capital tied up in inventory, goods-in-transit and shortens the cash-conversion cycle.

Supply security & Australian-made

Onshore production reduces lead times and import dependency — aligned with Biome's B Corp credentials.

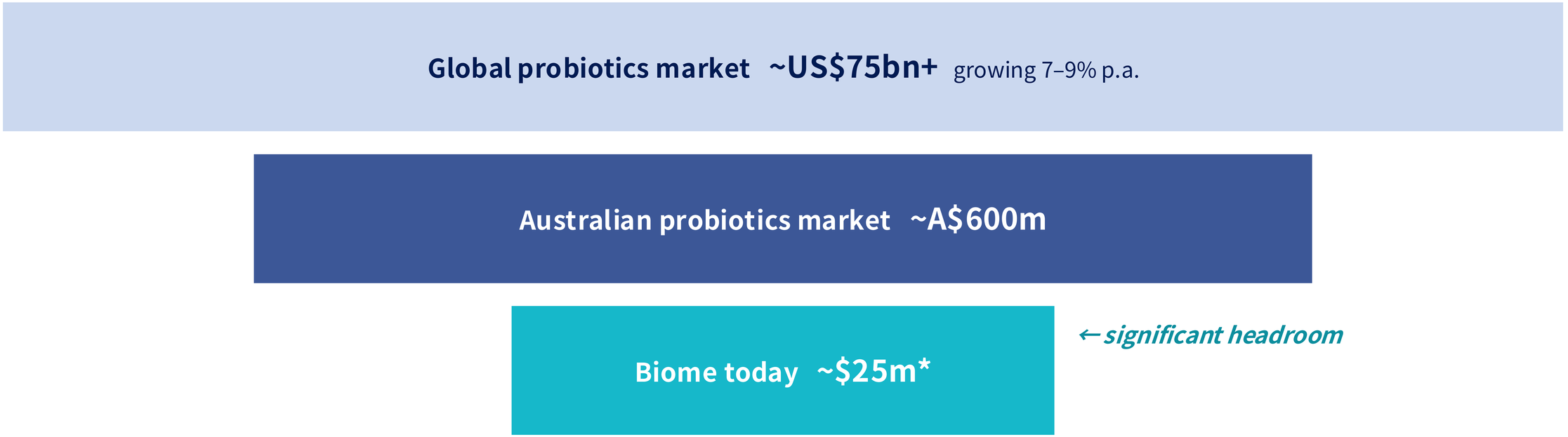
The milestone

Binding agreement was executed on July 2 2026; first onshore production from September 2026.

Draft — subject to execution of the agreement; figures to be confirmed. Do not circulate until signed and, if price-sensitive, announced to the ASX.

MARKET OPPORTUNITY

A large market — significant growth headroom



We hold a low-single-digit share of our home market today —
with 8,000-store distribution and five international markets still to convert.

*Annualised on H1 FY26 revenue. Market sizes are management estimates.

MARKET POSITION

Fastest-growing brand in pharmacy’s biggest category

#1	**Community pharmacy (ex CW)**	Largest probiotic brand in community pharmacy by revenue — and the fastest growing.
#2	**Terry White Chemmart**	Second-largest brand by revenue in largest category.
48%+	**Priceline Pharmacy**	Moving-annual-total (MAT) sales growth and 5th brand for profit in category.
#1	**Wholesale (Symbion / API)**	100% of the range in growth.

HOW WE WIN

Practitioner Only - High Value - Solution driven

Practitioner endorsement drives full-margin growth

A pull model. Demand is created by clinical recommendation and validated by scan data — full-margin growth, without promotional discounting.

PRODUCT PLATFORM

Two clinically-backed brand families

Activated Probiotics®

Condition-specific, practitioner-recommended probiotics across the range.

Activated Therapeutics®

Selective, clinically-validated formulations for targeted applications.

MARKET EXPANSION

Adjunct medication opportunities

Condition-specific range enables multiple products per patient, positioned alongside medical treatment.

ATC MEDICATION CATEGORY	VOLUME (FY21)	
General Anti-infectives	10M	scripts / yr
Nervous System	48M	scripts / yr
Respiratory System	12M	scripts / yr
Dermatological	3M	scripts / yr
Musculo-skeletal System	7M	scripts / yr
Cardiovascular System	29M	scripts / yr

Source: PBS / Medicare prescription statistics, FY21.

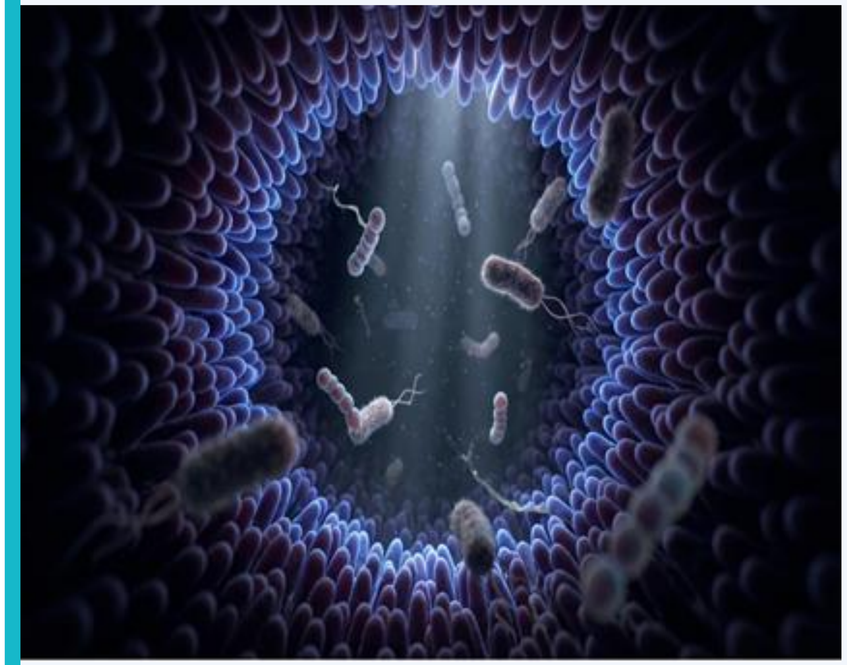
ACTIVATED PROBIOTICS PRODUCT & ADJUNCT USE	
Biome Advanced™ Probiotic	To help restore the balance of beneficial gut bacteria after antibiotic use
Biome Lift™ Probiotic	To support healthy mood balance and enhance sleep quality
Biome Breathe™ Probiotic	To help stimulate a healthy immune response in children
Biome Eczema™ Probiotic	To help reduce the symptoms of mild eczema
Biome Osteo™ Probiotic	To help promote healthy bones in adults
Biome Cholesterol™ Probiotic	To help support healthy cholesterol levels in healthy adults

Activated Probiotics are recommended by practitioners as complementary to medical treatment, not as alternatives — positioning Biome alongside medical interventions rather than competing with mass-market supplements.

CLINICAL EVIDENCE

The clinical moat competitors can’t replicate

- 30+ randomised controlled trials on Biome’s finished products.
- Peer-reviewed publication, including in The Lancet.
- Evidence across mood & sleep, immune & respiratory, skin, bone, cholesterol and children’s health.
- Practitioner-Only
- Hard to replicate — trials take years and capital, and earn the practitioner trust that drives the pull model.



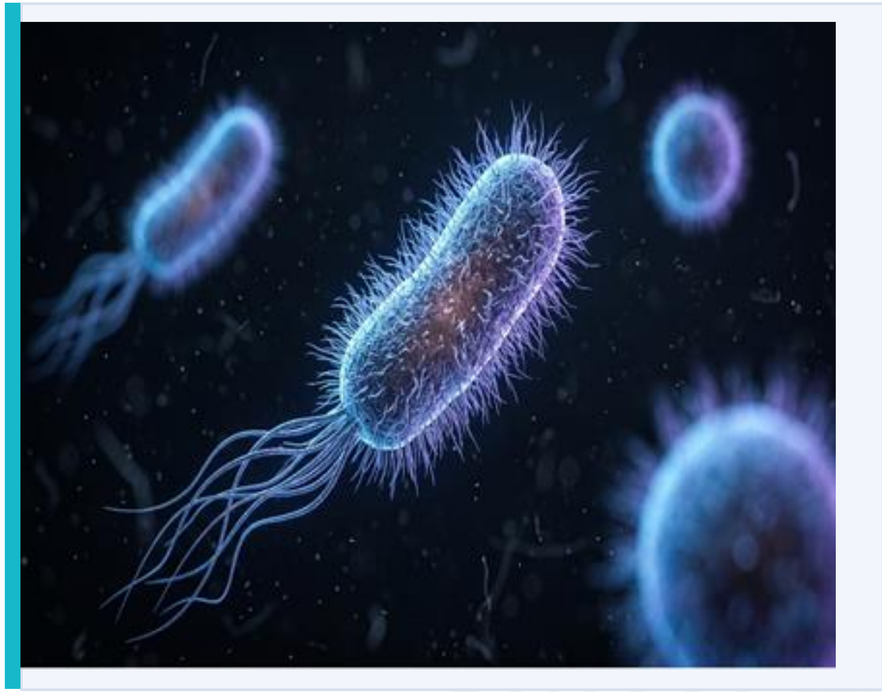
LEAD ASSET — BMB18

A proprietary strain in human clinical trial

BMB18 — ***Lactiplantibacillus plantarum***

· 100% Biome-owned · DSM registered

- In-vitro results: immune modulation, oxidative-stress reduction, gut-barrier integrity.
- 240-participant, double-blind, placebo-controlled RCT with La Trobe University; commenced February 2026 (ANZCTR registered).
- Sits on an existing base of 30+ RCTs across Biome's finished products.



DISTRIBUTION

From 100 to a 7,500-store footprint

~7,500
Points of sale by end FY26

~12,000
Addressable AU locations

8,000
FY27 target (Vision 27)

Progress to the Vision 27 distribution target

Started at 100 stores

8,000 by FY27

Distribution has grown from 100 to over 7,000 points of sale, laddering toward the Vision 27 target of 8,000 by FY27 — with roughly 12,000 addressable.

INTERNATIONAL

Five markets live; international sales up 69% in FY25 with careful investments in FY26 to build the foundation with low run rate

AUSTRALIA

Established

Scaled domestic base across pharmacy and practitioner channels.

CANADA

Growing

Fullscript live alongside Ecotrend; dedicated team building the FY27 launch base.

IRELAND & UK

Launched

Partnerships building across both markets, led by Uniphar pharmacy partnership in Ireland.

NEW ZEALAND

Launched

Live via the EBOS Group / Pharmacy channel.

VISION 2027

The roadmap to FY27

FY25
DELIVERED

- First net profit ($214,656)
- Revenue $18.4m, +41.6%
- International sales +69%
- ~7,000 points of sale

→

FY26
IN PROGRESS

- H1 revenue $12.4m, +40% PCP
- 8th consecutive EBITDA+ quarter
- BMB18 RCT commenced (La Trobe)
- ~7,500 points of sale by year-end

→

FY27
TARGET

- $75m cumulative sales (FY25–FY27)
- 8,000 points of sale
- International markets scaling
- BMB18 clinical trial readout

On track — FY25 delivered the first net profit; H1 FY26 is running +40% PCP into the plan.

H2 OUTLOOK & CATALYSTS

Near-term value drivers

Winter immunity campaign

Major above-the-line activation — outdoor, digital and co-branded with key retail partners — timed to peak demand.

International momentum

Canada scaling with Fullscript; Ireland, UK and New Zealand partnerships continuing to build.

BMB18 clinical trial

240-participant RCT underway with La Trobe University, supporting proprietary product development and IP.

Category and range expansion

New therapeutic categories under evaluation across Activated Probiotics and Activated Therapeutics.

INVESTMENT CASE

Why Biome

- **Category leader**

  #1 fastest-growing probiotic brand in Australia’s biggest pharmacy category.

- **Operating leverage proven**

  First net profit delivered; eight consecutive EBITDA-positive quarters.

- **International optionality**

  Five markets live, sales up 69% — Canada the next growth engine.

- **Premium-margin model**

  61% gross margin, sustained without promotional discounting.

- **Proprietary IP pipeline**

  BMB18 in human trial; 30+ RCTs across the range.

- **Fully-funded growth**

  Cash-generative and largely self-funding the plan to Vision 27.

CAPITAL STRUCTURE

Snapshot & balance sheet

ASX code	**BIO**
Share price	**22.5c**
Market capitalisation	**$51.5m**
Shares on issue	**228m**
Performance rights / options	**Nil**
Cash (Q3 FY26)	**$3.39m**
Debt drawn (Q3 FY26)	**$2.12m**
Undrawn facility	**$2.89m**
52-week range	**20c – 63c**

Market data and register as at 1 June 2026; cash and debt as at Q3 FY26.

BALANCE SHEET

Net cash position, **no dilution overhang**

$3.39m cash against $2.12m drawn — with a further $2.89m undrawn and no options or performance rights on issue.

TOP SHAREHOLDERS

Founder, management & staff	**13%**
Board	**4%**
High-net-worth investors	**5% · 3.5%**
Institutional funds	**4% · 3.5% · 2.5%**
Top 50 holders	**57%**

THANK YOU

Profitable. Clinical. Scaling.

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biomeaustralia.com · activatedprobiotics.com.au

ASX: BIO

Certified B Corporation.

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DR NINA WEBSTER

CEO & MANAGING DIRECTOR

Dimerix

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ACTION3
FSGS CLINICAL STUDY

Developing new therapies to treat inflammatory causes of kidney disease with unmet clinical needs

HealthInvest 2026

May 2026

Authorised for lodgement by the Board of the Company

Forward looking statements

This presentation includes forward-looking statements that are subject to risks and uncertainties. Although we believe that the expectations reflected in the forward looking statements are reasonable at this time, Dimerix can give no assurance that these expectations will prove to be correct. Readers are cautioned not to place undue reliance on forward-looking statements.

Actual results could differ materially from those anticipated. Reasons may include risks associated with drug development and manufacture, risks inherent in the regulatory processes, delays in clinical trials, results of clinical trials, contractual risks, risks associated with patent protection, future capital needs or other general risks or factors, including but not limited to those factors outlined in the most recent Dimerix Limited Annual Report.

Phase 3 Global Opportunity

Phase 3 trial
recruitment complete in trial of DMX-200 in focal segmental glomerulosclerosis (FSGS)

Reduced risk
- Proteinuria endpoint **passed blinded interim** (futility) assessment[1]
- Blinded review confirmed ACTION3 **statistically powered (>90%)** to demonstrate statistical significance of predicted proteinuria treatment effect of DMX-200[2]

FSGS indication
is a **rare disease** that causes scarring of the kidney, leading to irreversible damage[3]

Orphan drug designations
regulatory, marketing exclusivity and pricing **benefits** in key territories[4]

4 commercial partners
DMX-200 licensed in USA, Europe, Canada, Australia, NZ, Japan and GCC[5]

up to $1.4 billion
in total development and sales milestone payments **plus** royalties[5]

1. ASX release 11 March 2024 2. ASX release 28 April 2026; 3. Guruswamy Sangameswaran KD, Baradhi KM. Focal Segmental Glomerulosclerosis (July 2021), online: https://www.ncbi.nlm.nih.gov/books/NBK532272/; 4. ASX releases: 14 December 2015, 21 November 2018, 07 June 2021; 5. ASX release 05 October 2023, 27 May 2024, 07 January 2025 and 01 May 2025

Cycle of damage in glomerular diseases

What is FSGS?

Focal	**= some**
Segmental	**= sections**
Glomerulo	**= of the kidney filtering units**
Sclerosis	**= are scarred**

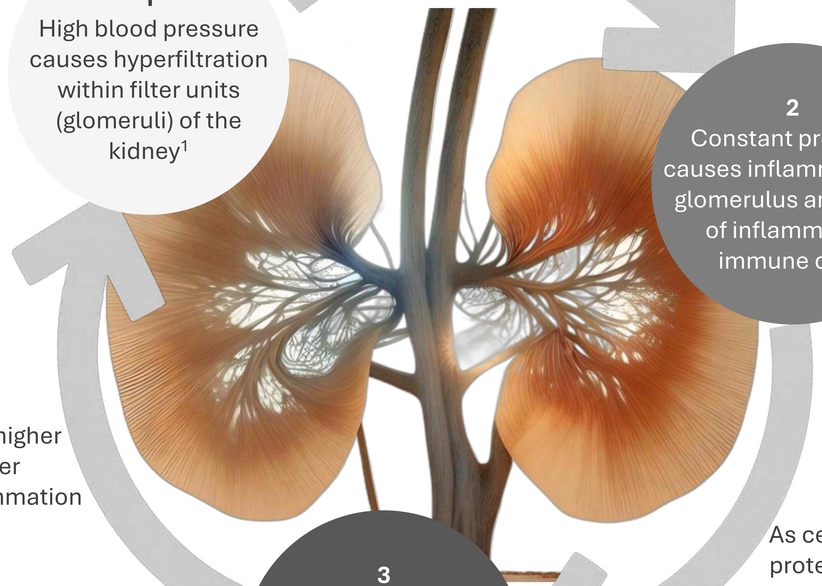
Existing blood pressure medication

Glomeruli exposed to stress from high blood pressure

DMX-200

1
High blood pressure causes hyperfiltration within filter units (glomeruli) of the kidney[1]

2
Constant pressure causes inflammation of glomerulus and influx of inflammatory immune cells



Fewer kidney cells drive higher blood pressure and further hyperfiltration and inflammation

As cells die, glomerular become scarred and protein leaks into the urine (**proteinuria**)

3
Pro-inflammatory environment drives sclerosis and fibrosis that is permanent and non-reversable

1. Lewis, E. J. et al. (2001), New Engl J Medicine 345, 851–860

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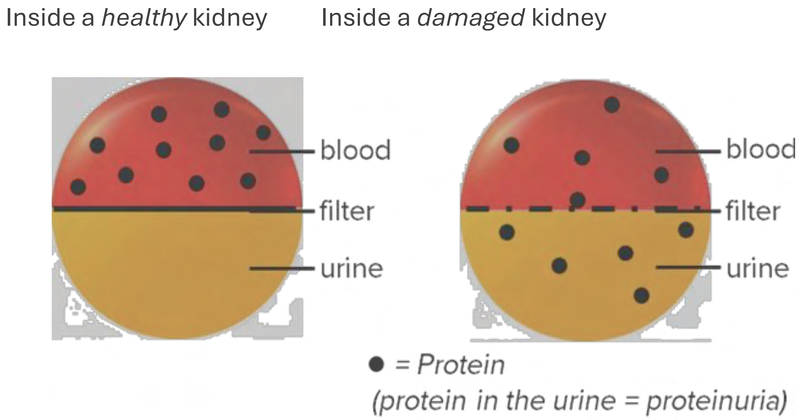
Interpreting proteinuria as a surrogate endpoint

Proteinuria is the quantity of protein in the urine

A healthy kidney is a good filter and allows little to no protein into the urine[1]



- When kidneys are damaged, protein can leak into the urine causing proteinuria
- Proteinuria represents an important early marker of kidney function[2]

Proteinuria as a predictor of kidney disease[3]

Dip test	*uPCR g/g*
Neg	<0.13
Trace	0.13
+	0.62
	0.88
++	1.24
+++	2.30
++++	>3.09

NORMAL
MICROALBUMINURIA
HEAVY ALBUMINURIA

normal
proteinuric
nephrotic

Minimal uPCR for ACTION3 inclusion

Proteinuria is typically less variable and easier to measure than eGFR[4]

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1.Guruswamy Sangameswaran KD, Baradhi KM. Focal Segmental Glomerulosclerosis (July 2021), online: https://www.ncbi.nlm.nih.gov/books/NBK532272/; 2. Nephcure FSGS living with the disease (2024) at https://nephcure.org/livingwithkidneydisease/ns-and-other-glomerular-diseases/understanding-fsgs/ ; 3. Adapted from graphics prepared by Renal Unit at the Royal Infirmary of Edinburgh and the University of Edinburgh; 4. PARASOL outcomes 2024, a working group made up of: NephCure, ISGD, NKF, KHI are co-sponsors of the project, FDA and EMA involvement, University of Michigan is data coordinating center, Industry invited as participants

Proteinuria as ACTION3 primary endpoint

Blinded review confirmed ACTION3 remains appropriately **statistically powered (>90%)** to demonstrate statistical significance for the predicted treatment effect of DMX-200 for the primary endpoint[1]

ACTION3 Phase 3 futility analysis demonstrated **DMX-200 was performing better than placebo in reducing proteinuria** at that point in time[2]

Phase 2 clinical trial: 86% of patients **demonstrated reduced proteinuria** when administered DMX-200 compared to when administered placebo[3]

FDA agreed that **proteinuria is an appropriate endpoint DMX-200 full regulatory approval**[4] in ACTION3; recent FDA approval of an FSGS therapy in the US based on the proteinuria endpoint further supports proteinuria as the primary study endpoint[5]

Collectively, the PARASOL working group,[6] the National Registry of Rare Kidney Diseases UK (RaDaR),[7] Kaiser Permanente[8] and third party FSGS study data all **support proteinuria change from baseline** as a statistically achievable endpoint

Substantially reduced risk phase 3 renal asset

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1. ASX release 28 April 2026; 2. ASX release 11 March 2024; 3. ASX release 29 July 2020; 4. ASX release 28 April 2025; 5. FDA announcement https://www.fda.gov/drugs/drug-alerts-and-statements/first-fda-approved-treatment-patients-focal-segmental-glomerulosclerosis-rare-kidney-condition; 6. ASX release 08 October 2025; 7. RaDaR registry: https://www.ukkidney.org/audit-research/data-permissions/data/radar-database; 8. Munis M et al (2026), Real-world eligibility for FSGS clinical trials: insights from a US health system; Clinical Kidney Journal, 19(2); https:/doi.org/10.1093/ckj/sfaf377

ACTION3 phase 3 clinical trial

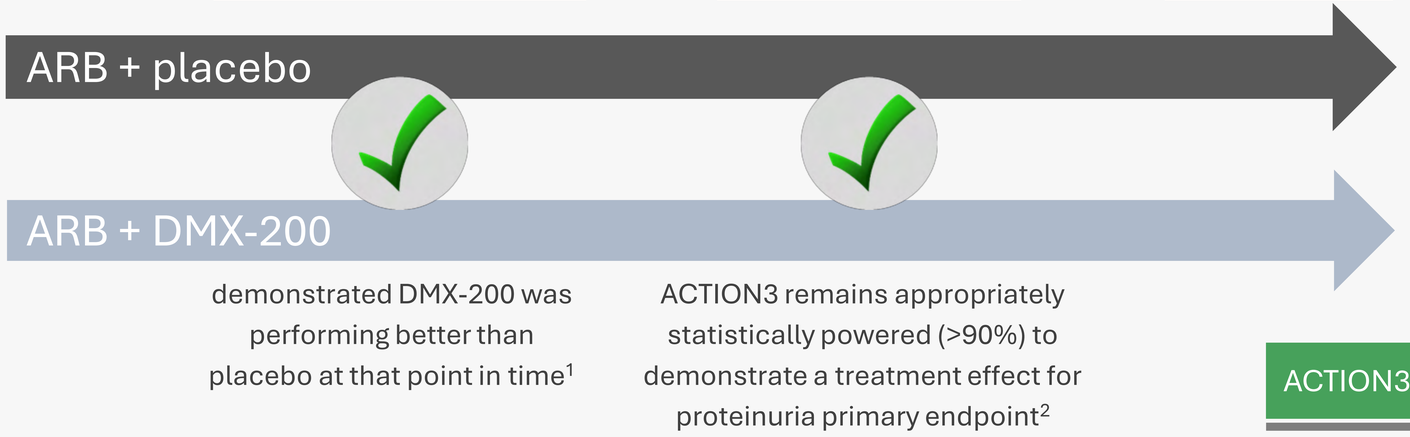
FSGS CLINICAL STUDY

A randomised, double-blind, multi-centre, placebo-controlled study of renal outcomes of DMX-200 in patients with FSGS receiving an ARB (n=≥286)

Background

- Patients recruited, then screened and stabilised on background medications
- Patients randomised to receive drug or placebo
- DXB remains blinded at all times during study

Phase 3 Trial Timeline



Open Label Extension

DMX-200
74/80 (93%)[3] patients enrolled in open label extension study to date

ACTION3 Study End[3]

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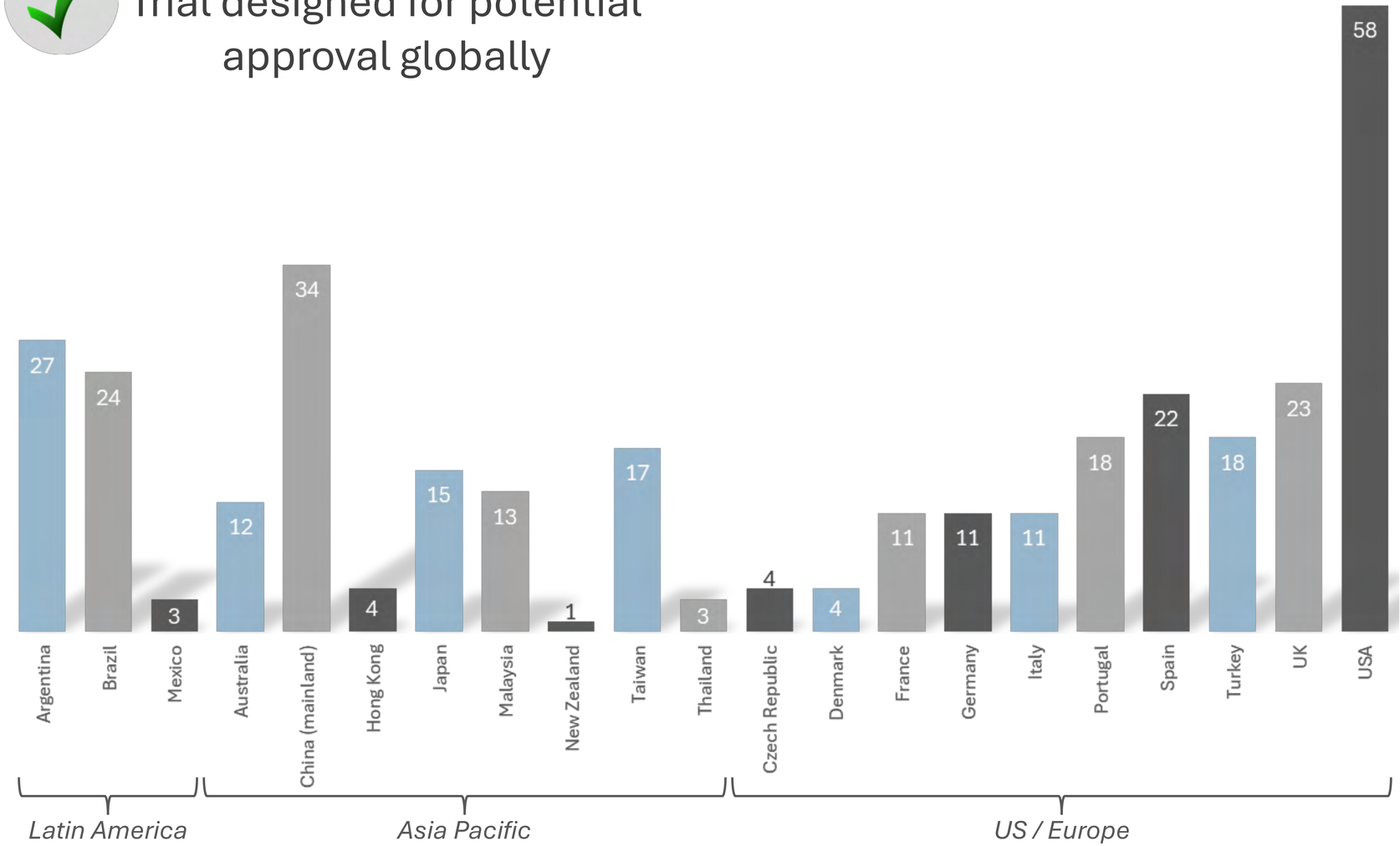
1. ASX release 11 March 2024, Predictive Power statistical model using industry standard as set by the independent renal biostatistician consultant for Dimerix, blinded interim Phase 3 analysis data does not guarantee a statistically significant outcome at the end of the trial; 2. ASX release 28 April 2026; 3. number and % of eligible patients who have completed 2 years treatment as at 27 April 2026; ARB = angiotensin receptor blocker; uPCR = urinary proteinuria; eGFR = estimated glomerular filtration rate (kidney function);

Adult patient recruitment by territory

Trial designed for potential approval globally



Recruitment completed

(adult population)[1]

333

Adult patients recruited, randomised and dosed (target ≥286)[2]

6

Paediatric patients recruited, randomised and dosed[2]

1. ASX release 15 December 2025; 2. Final numbers of adult patients, ASX release 10 March 2026; paediatric patients will continue to recruit, and will not impact final analysis timelines

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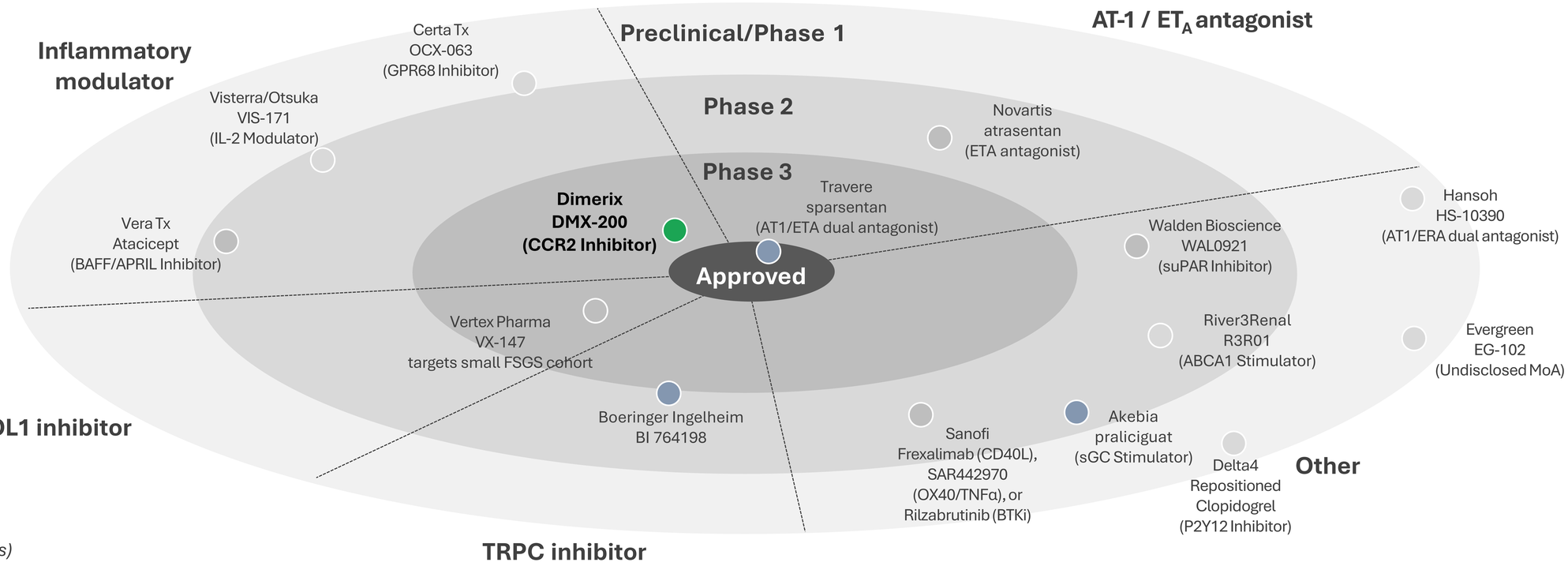
Competitive/complementary trial landscape in FSGS

- Low competition in inflammatory treatment options, large unmet medical need
- DMX-200 is the only inflammatory modulator in development specifically for FSGS
- DMX-200 has potential for use in conjunction with other drugs in development if approved



FSGS specific studies

Basket study including of patients with IgAN, FSGS, MCD, Alport syndrome and/or DKD

Programs presumed on hold (no recent updates)

Source: Company information and clinicaltrials.gov

Summary of licensing deals for DMX-200 to date

Dimerix has successfully partnered DMX-200 across key markets

	Amicus Therapeutics[1]	ADVANZ PHARMA[2]	taiba access rare[3]	FUSO[4]
	United States	EU, CA, AU, NZ	GCC, Iraq	Japan
	AU$48 million[1]	AU$10.8 million[2]	AU$0.5 million[3]	AU$7.2 million[4]
	Upfront	Upfront	Upfront	Upfront + 1st milestone
	Up to AU$892 million[1]	Up to AU$219 million[2]	Up to AU$120 million[3]	Up to AU$100 million[4]
	Milestones	Milestones	Milestones	Milestones
	Escalating low-teen-low twenties%	Escalating mid-teen-20%	Starting at 30%	Between 15-20%
	Royalties	Royalties	Royalties	Royalties

Licensing deals collectively valued up to

~AU$1.4 billion

in total upfront and potential milestone fees plus royalties[1]

Over

AU$65 million

in total payments received

Significant potential additional global **deal value remains**, as Dimerix pursues and progresses **licensing opportunities** with potential partners outside the licensed territories

1. ASX release 01 May 2025 (Amicus acquired by BioMarin effective 27 April 2026); 2. Based on Euro conversions & further terms outlined in ASX Announcement on 5 October 2023; 3. Based on US dollar conversions & further terms outlined in ASX Announcement on 27 May 2024; 4. Based on Japanese ¥ Yen conversions & further terms outlined in ASX Announcement on 7 January 2025

Growth strategy

Deliver ACTION3 Phase 3 clinical trial

- Ensure drug supply continuity and patient visits for recruited patients
- Complete recruitment of paediatric patients
- Maintain regulatory engagement (FDA, EMA, PMDA, NMPA + others)
- With partners, prepare for potential market approval and launch readiness

Expand global commercial partnerships

- Build on existing licensing agreements and relationships
- Secure additional partnerships to expand and accelerate market access

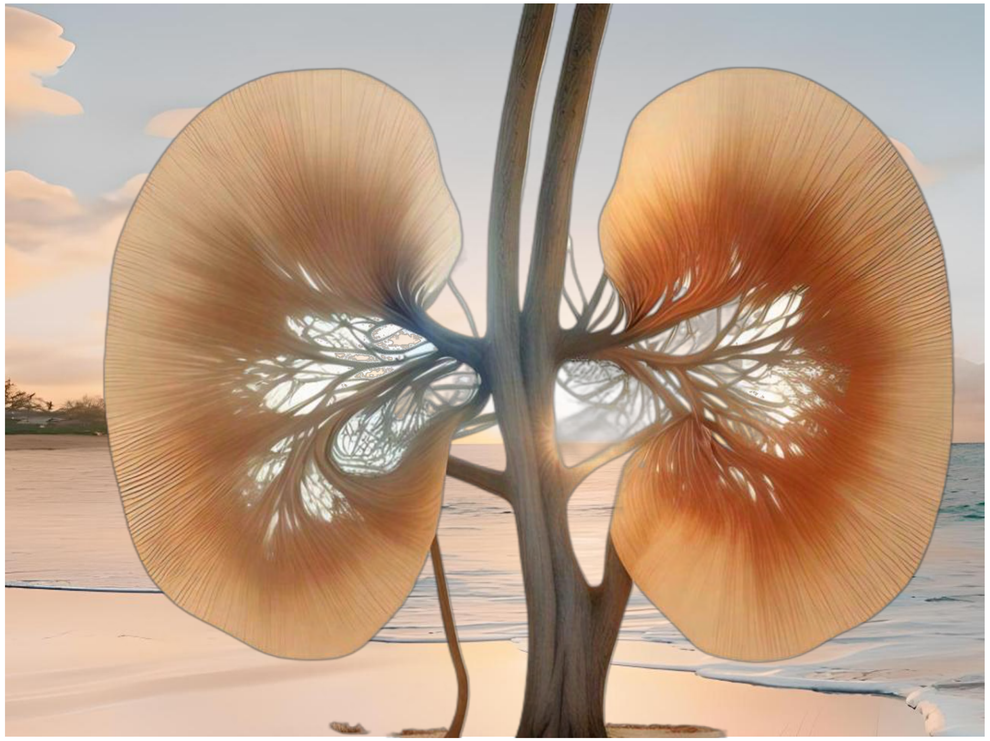
Advance pipeline development

- Identify and progress new assets in renal and/or rare disease indications
- Leverage DMX-200 platform for additional indications

Grow sustainable shareholder value through clinical success, global partnerships, and pipeline diversification

Dimerix

(ASX:DXB)



A biopharmaceutical company developing innovative new therapies in areas with unmet medical needs, with a core focus on inflammatory disease treatments such as kidney and respiratory diseases.

SCAN ME

WELL POSITIONED **TO DELIVER** AGAINST STRATEGIC PLAN

ESG Statement

Dimerix is committed to integrating Environmental, Social and Governance (ESG) considerations across the development cycle of its programs, processes and decision making. The Dimerix commitment to improve its ESG performance demonstrate a strong, well-informed management attitude and a values led culture that is both alert and responsive to the challenges and opportunities of doing business responsibly and sustainably.

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HealthInvest

June 2026

#HealthInvest

Presenter

KINGSLEY HALL

CEO

MICRO-X

#HealthInvest

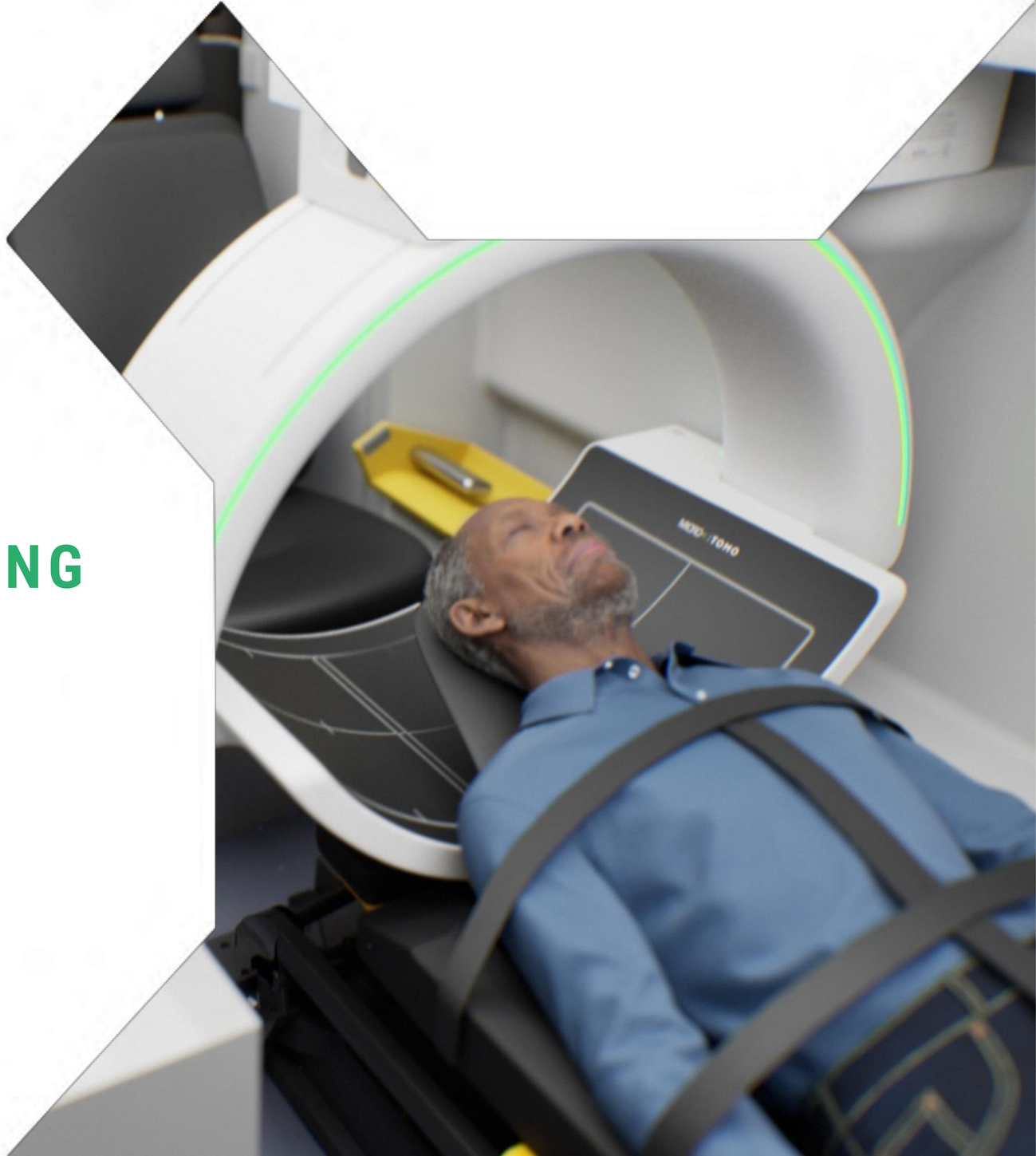
HealthInvest June 2026

MICRO-X

REIMAGINING MEDICAL IMAGING THROUGH PORTABLE CT

HealthInvest, Sydney
3 June 2026

Kingsley Hall
Chief Executive Officer



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MICRO-X

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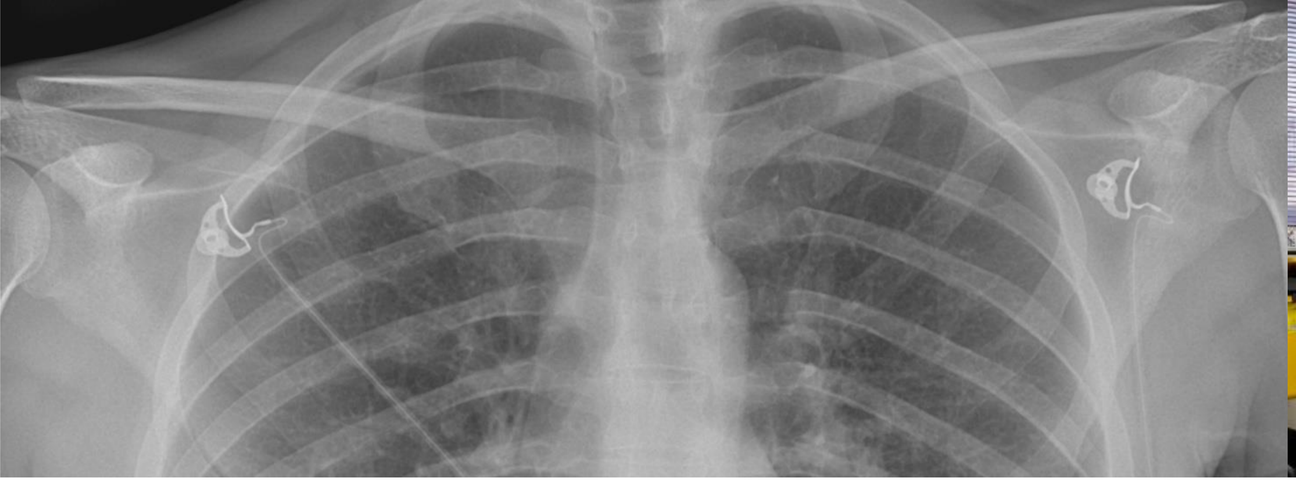
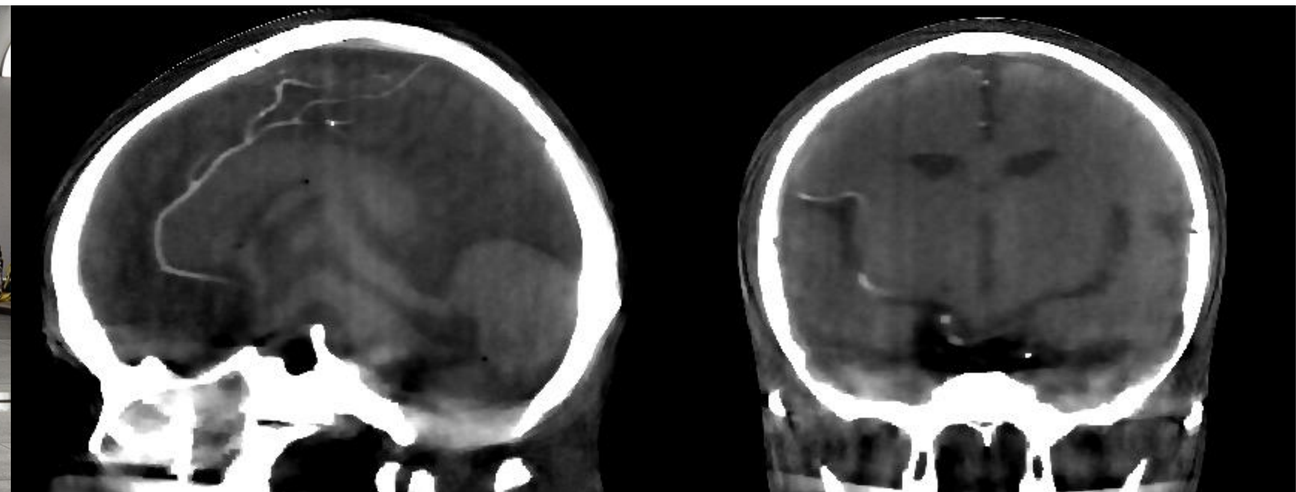


CREATING REVOLUTIONARY X-RAY IMAGING TO BETTER LIVES

Curious I Collaborative I Determined



NEXT-GENERATION CT IMAGING PLATFORM

Technology enables entirely new medical CT imaging use cases

Proprietary Nano Electronic X-ray (NEX) platform

- → A true structural technology advancement reducing size, weight and complexity
- → Cold cathode carbon nanotube X-ray a technology leader
- → Tube efficiency allows lower dose to patient

World-first portable CT architecture

- → Bringing point-of-care imaging to settings previously not possible

Near term clinical and commercial catalysts

- → Hospital human imaging trial to bring clinical validation of imaging quality
- → Ambulance trial – point-of-care validation and pre-hospital clinical workflow
- → Regulatory submissions

$90M partner funding

- → Strong partnerships connected to our target markets to de-risk R&D and drive commercial success

WHY PORTABLE CT MATTERS

Size, weight and cost of conventional CT limits progress in global healthcare priorities

CT is a clinically accepted diagnostic tool for top global diseases

- → Ischaemic heart disease- #1 cause of death
- → Stroke – #2 cause of death
- → Trachea, bronchus, lung cancers – Top 5 cause of death
- → Trauma/Injury, Respiratory, Neurological
- → Respiratory disease – Major global disease burden
- → Neurological disorders – Large ageing population burden

But CT is limited in where it can go

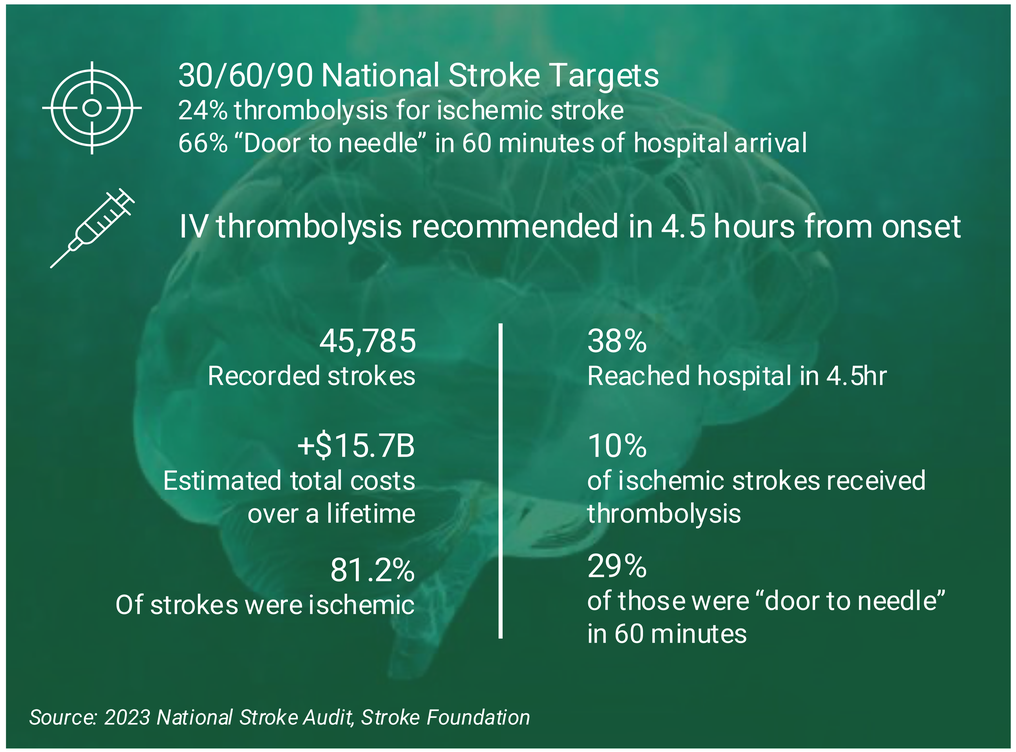
- → Fixed hospital CT up to 2700kg, Mobile Stroke Unit CT up to 1000kg
- → Considerable capex and opex, and are large, heavy, complex to operate

Rural & remote access is decreasing

- → CT primarily in hospitals in highly populated areas
- → In past 10 years, +100 US rural hospitals have closed, 600 at risk

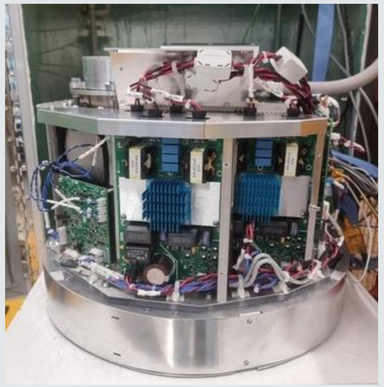
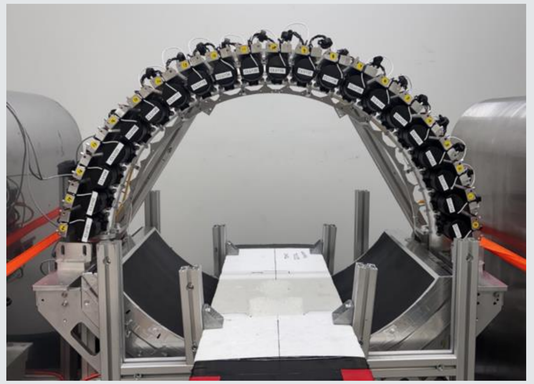
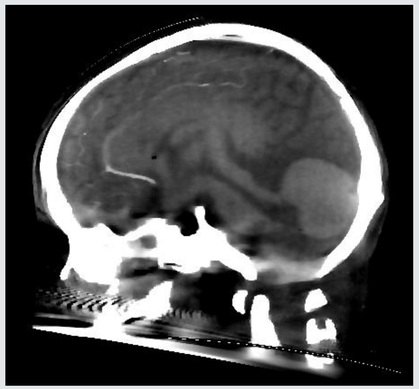
Trends towards decentralisation of care

- → Governments investing in in mobile X-ray, stroke and lung cancer screening, advanced diagnostic vehicles – MX1 has a technology advantage



SOLVING THE CT TECHNOLOGY MOAT

Proprietary and customisable technology enables use across multiple applications

NEX TUBES	HIGH VOLTAGE GENERATOR	MULTI-TUBE SWITCHING ARRAY	RECONSTRUCTION SOFTWARE
			
Cold cathode using proprietary carbon nanotube emitter 40% measured reduction in mAs Advantage in miniaturization without losing capability 100kV to 160kV used in current products	120kV and 160kV high voltage generators with solid state encapsulation to shrink the size and weight further enabling portability	CT architecture combines multiple NEX tubes with high-voltage switching electronics Design advantage – size, weight, speed and maintenance.	Proprietary reconstruction software developed with Johns Hopkins University using machine learning algorithms to create 3D CT imaging

HEAD CT – A NEW IMAGING CATEGORY

Hospital and ambulance trials ahead of FY2027 regulatory applications

Taking diagnosis to the patient to save precious time

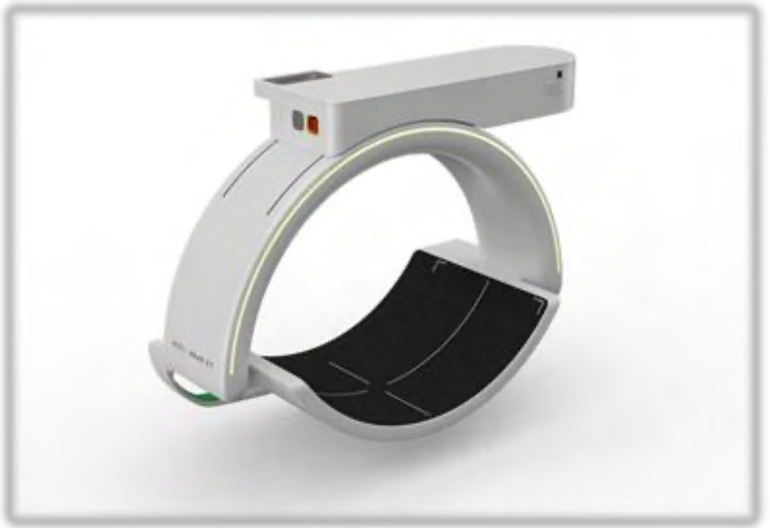
- ~70kg and able to fit in a standard road or air ambulance
- Designed to inform pre-hospital clinical diagnosis of type of stroke allowing for pre-hospital IV thrombolysis for ischemic stroke

Human imaging trial at two leading Australian stroke hospitals

- $8M Australian Government Medical Research Future Fund non-dilutive grant, Australian Stroke Alliance partner
- First test bench installed at the Royal Melbourne Hospital, training and PACS integration completed
- Second test bench manufactured for install Royal Adelaide Hospital
- Pilot study to run over 6 to 9 months comparing stroke patient Head CT imaging with conventional CT scans

Ambulance trials

- $4.4M Australian Government Industry Growth Program non-dilutive grant to support prototype development, integration and human trial in South Australian ambulance
- 6-month trial set to commence in 2026
- Additional air ambulance trial funding secured through Australian Stroke Alliance with Careflight and Royal Flying Doctors Service



FULL BODY CT – DESIGNING PROTOTYPE

Bringing full diagnostic CT scanning to the patient

Up to $25M development funding contract with US Govt biomedical research agency ARPA-H

- → Initial funding of $12.5M for first 2 years - up to $25M for a total of 5 years
- → Contract to design and deliver a lightweight and portable CT scanner for rural and remote use
- → Competitive award won against multiple conventional CT vendors

Complete CT imaging solution - NEX Technology evolution

- → Global issue of access to quality CT imaging – greater issue in rural and remote regions
- → Lightweight and portable CT scanner - a “hospital on wheels”
- → Builds on the core technology platform from the Head CT and Baggage CT projects

Staged work - all intellectual property retained

- → Funded beyond vehicle integration and testing in rural US to FDA 510k submission

$25M
ARPA-H
funding contract

Data to support
FDA
510(k) filing

Above: Diagrammatic representation of proposed Full Body CT product and portable CT diagnostic solution for remote application

ROVER – PROVEN TECHNOLOGY

Delivering on securing larger contracts and direct sales focus

Lighter, faster, reliable mobile X-ray

- → Full medical performance in a mobile system
- → 40% lower mAs[1]

Large tender opportunities and GPOs

- → $3.3M order for Malaysian Ministry of Health - largest single order in Micro-X history
- → Plan to build on sales momentum in South-East Asia markets
- → Additional in country registrations and dealers to our network

Direct customer engagement

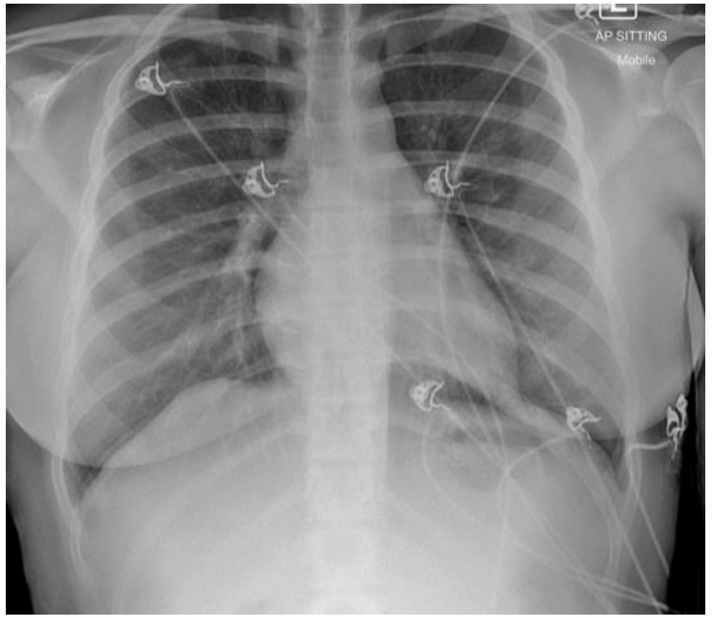
- → Small and mid-sized hospitals where Rover is particularly well-suited with price point, portability, low mAs profile and minimal infrastructure requirements.
- → Professional and college sports

2026 Rover update available mid-year

- → Update to build on existing design and capability strengths and incorporates Voice of Customer
- → Lower cost to produce leads to higher margin
- → Lumen glass-free high-resolution detector, in bin charging, larger high-definition touchscreen interface

Approvals
FDA
CE Mark, TGA

+400 units in
38
countries



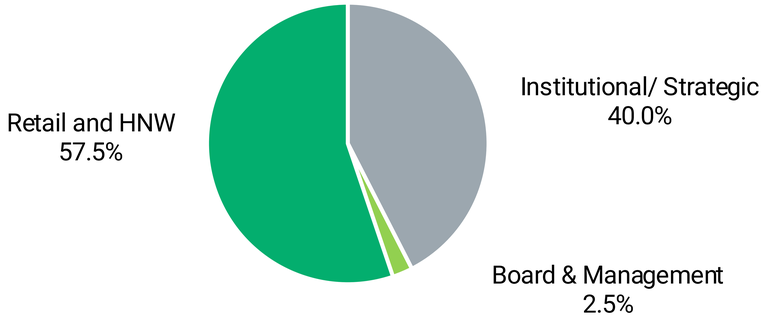
1. Identical conditions with no compromise to image quality in independently conducted testing against GE AMX-IV and GE Navigate

CORPORATE & FINANCIALS

$22.2m
Contracted Payments FY26 onwards

$13.1m
FY25 Total Revenue

$5.4m
R&D Rebate FY25:
$5.1m received during FY25 & $0.3m received during FY26



FINANCIALS & SHAREHOLDERS

Cash	$3.5m (31 March 2026)
Revenue	$13.1m (FY2025) $10.1m (HY2026)
Institutions & Strategic Investors[1]	**Acorn** (9.5%), **Perennial** (8.9%), **Billion Prima** (8.6%), **Varex** (7.2%), **Thorney** (6.0%)
Board & Mgmt[1]	2.5% excl. Performance rights

SHARE CAPITAL (29 May 2026)

Share price	$0.043 per share
Shares on issue – current	729.2 million
Shares on issue – pro forma[1]	748.0 million
Performance rights	66.0 million
Convertible notes	162.5k shares
Market cap	$32.1 million

1. Including second tranche of 18.75m new shares to be issued for Billion Prima. Excluding performance rights and convertible notes

WRAP UP

NEX Technology platform to scale

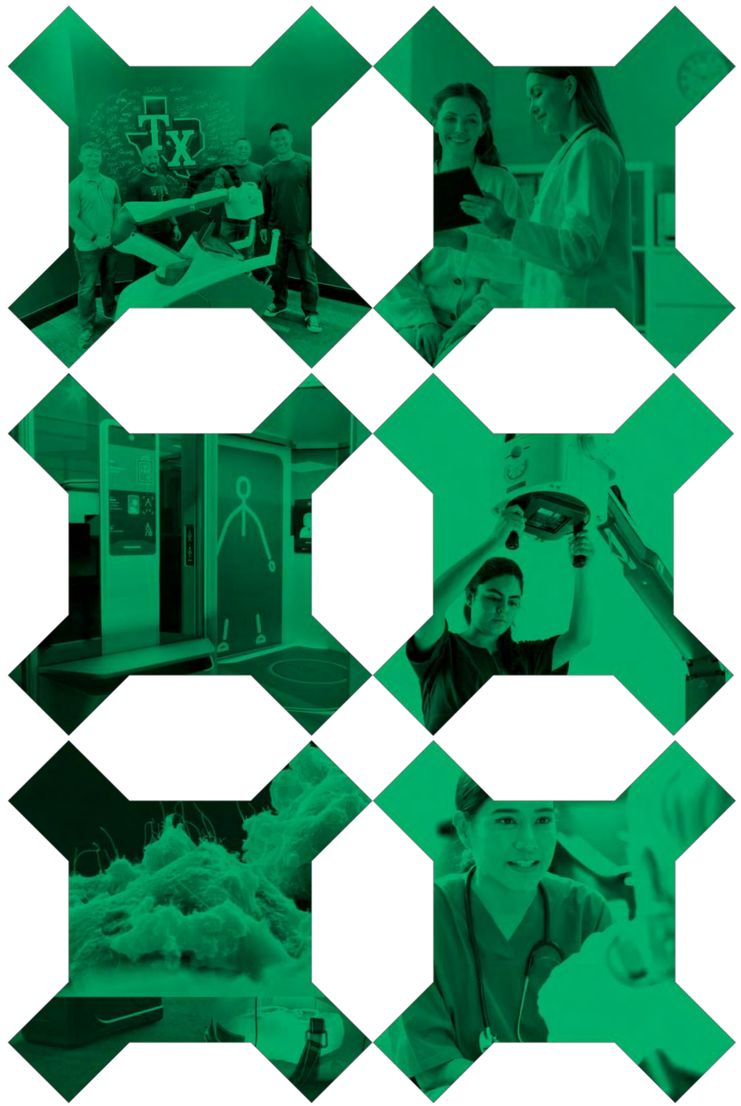
1 | Proprietary CT imaging platform

2 | Positioned at the intersection of CT and decentralised healthcare

3 | Multiple ways to win through funded developments

4 | Near term clinical and commercial catalysts

5 | NEX Technology enables portable CT



MICRO-X

For more information visit: **www.micro-x.com**

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HealthInvest

June 2026

#HealthInvest

Presenter

DR DANIEL TILLETT

CEO & MANAGING DIRECTOR

RACURA ONCOLOGY

#HealthInvest

HealthInvest June 2026

RACURA ONCOLOGY

June 2026

Silencing Cancer

Dr Daniel Tillett – CEO & MD

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Why invest in Racura Oncology?

Investment opportunity of Racura has fundamentally changed in recent times

Clinically validated drug
Used in >50 clinical trials. Established safety and anticancer activity.

Improved drug - RC220
Reformulated for better administration. 20 years of patent protection.

20yr composition of matter patent filed
Covers the active isomer, (E,E)-bisantrene discovered by Racura research team.

G4-DNA & RNA binder
MOA identified to be G4-DNA & RNA binding. **Targets the key cancer growth regulator MYC**.

Three clinical trials underway including a pivotal Phase 3 in AML
Significant news flow throughout 2026 & 2027.

Investor & patient focused
Ethos, communication and funding strategies.

Corporate snapshot

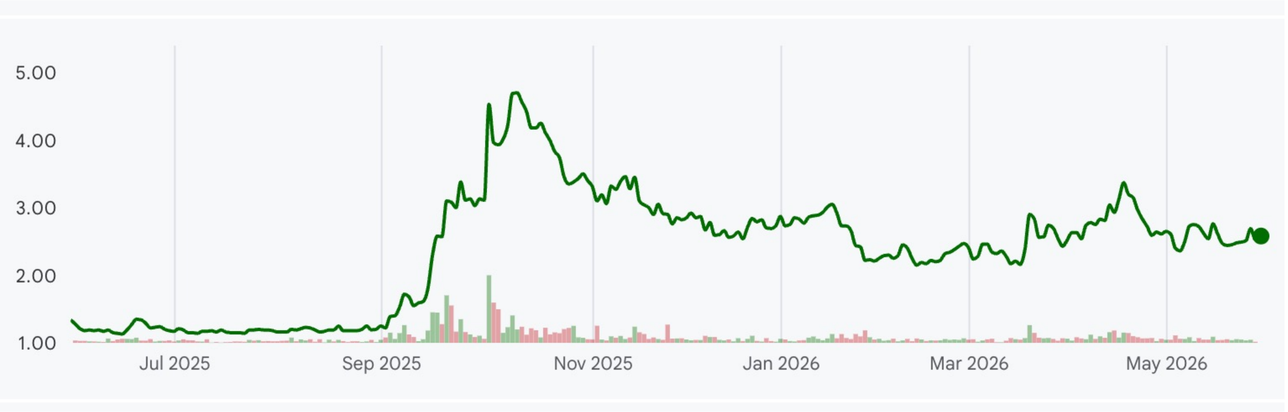
Racura Oncology is an ASX-listed, late-stage clinical biopharmaceutical company

Key metrics ($A)

ASX code	**RAC**
Share price	**$2.58[1]**
Market capitalisation	**$504.8m[1]**
Cash at bank	**$19.4m[2]**
Debt	**Nil**
Enterprise value	**$485.4m[1]**
Shares on issue	**195,664,621[1]**
Options on issue	**10,693,412[1]**

1. *As at 29 May 2026*
2. *As at 31 March 2026*

Racura 12-month trading history[1]



Current funding

- **On 29 May 2026, Racura concluded a fully underwritten option issue which has provided an additional $16.8m million since 31 March 2026.**
- **Racura is fully funded to undertake all trials and other programs through calendar 2027 from current funds**

RACURA ONCOLOGY

Board of Directors

Dr Peter Smith

Executive Chair

Dr Peter Smith has over 30 years of experience in the pharmaceutical and biotech industry, with a strong focus on therapeutics, especially oncology. He has been involved in projects at all stages from concept to phase III clinical studies.

He was previously the CEO of private biotechnology company Myrio Therapeutics, and publicly listed Australian companies Alchemia and AMRAD.

Dr Serge Scrofani

Independent Non-Executive Director

Dr Serge Scrofani has more than 28 years' experience in the healthcare sector, working in global roles across research and strategy, and corporate and business development.

He served as Vice President of Strategy & Corporate Development at CSL for 13 years where he played a pivotal role in multiple strategic initiatives including the company's global COVID-19 response and its $US11.7 billion acquisition of Vifor Pharma AG.

Dr Megan Baldwin

Independent Non-Executive Director

Dr Megan Baldwin is an accomplished biotechnology executive and scientific leader with over 25 years of experience in angiogenesis and the development of therapeutics for cancer and ophthalmic diseases.

She was the Founder and Chief Innovation Officer of Opthea Ltd, and served as the company's CEO and Managing Director from 2014 to 2023.

Dr Daniel Tillett

Managing Director & Chief Executive Officer

Dr Daniel Tillett is the Managing Director and Chief Executive Officer of Racura Oncology.

He is a veteran executive in the biotech industry with more than 25 years of management experience and leadership in all aspects of commercial operations including strategy, IP management, sales and marketing, project management, licensing and fundraising.

Clinical pipeline

Three clinical programs in AML, lung cancer and solid tumours

Cancer Indication	Total Addressable Patients[1]	Phase 1	Phase 2	Phase 3	Comment
EMILI AML Acute Myeloid Leukaemia[2]	US/EU: 50,000 Global: 100,000	Phase 3			40% response rate in two RAC supported Phase 2 trials[3] Bisantrene approved 1988 for AML (France)[2]
Harness-1 Lung Cancer EGFR Non-small lung cancer (NSCLC) in combination with osimertinib (TKI)[2]	China: 445,000 US/EU: 95,000	Phase 1			First patient recruited[4] Osimertinib sales exceeds US$6.6 billion (2024)[2]
CPACS Cardioprotection + anticancer in combination with doxorubicin in solid tumours[5]	Global: 4 million	Phase 1			Patients have safely cleared first dose level of RC220+Dox[5]

1. Estimated number of patient per year for each indication. US – USA & Canada; EU - Europe
2. Racura Oncology ASX Announcement (17 Nov 2025)
3. Racura Oncology ASX Announcement (30 Jul 2024)
4. Racura Oncology ASX Announcement (31 Mar 2026)
5. Racura Oncology ASX Announcement (15 May 2026)

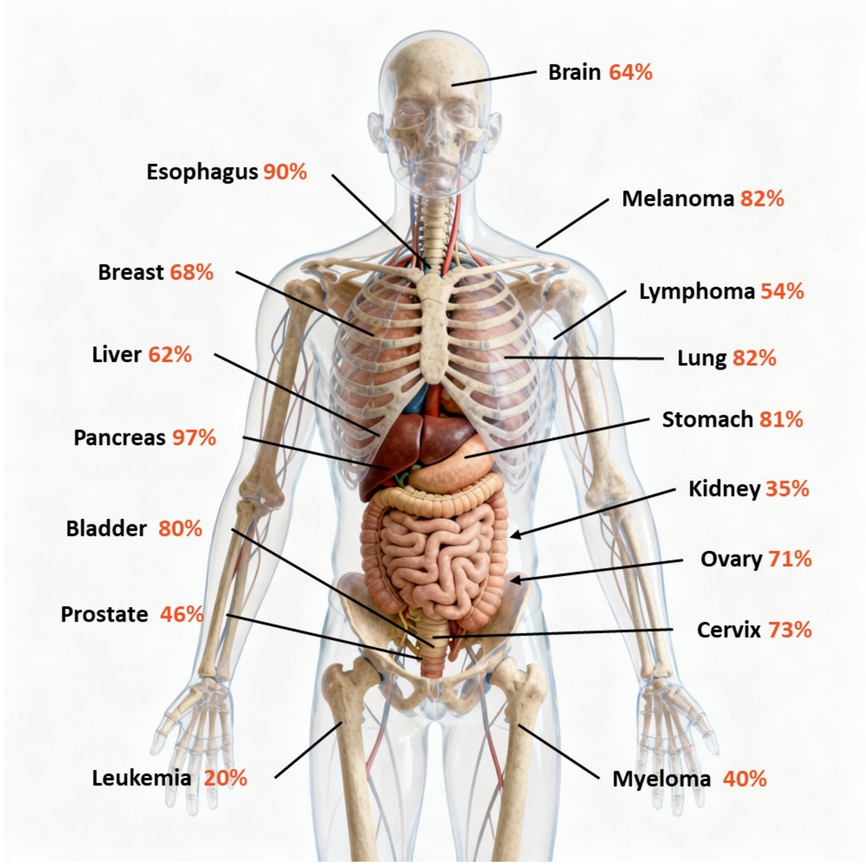
RACURA ONCOLOGY

MYC – the ‘undruggable’ cancer target

‘Holy grail’ of the oncology pharmaceutical industry for more than 40 years

- Discovered in 1982 and quickly found to be one of the most important drivers of cancer
- Despite significant pharma industry effort, **MYC is still considered to be ‘undruggable’**
  - Protein is unstructured and difficult to target
  - No direct inhibitors in any large pharma pipeline
- Function of MYC in cancer
  - Acts as a **potent accelerator of cancer** by enhancing the expression of important genes required for cell growth
- **70% of all cancers have elevated MYC activity[1]**
  - More than 1 million new cancers each year in the USA

Major cancers with elevated MYC activity[1]



1. Data from TCGA and Schaub et al., 2018, Cell Systems 6, 282–300.

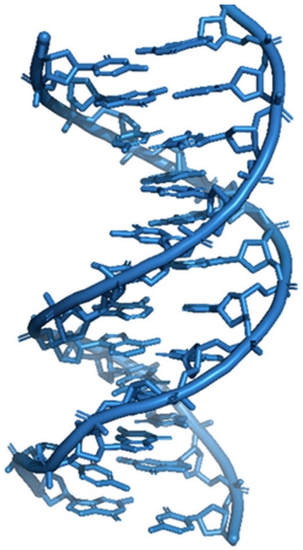
RACURA ONCOLOGY

(E,E)-bisantrene

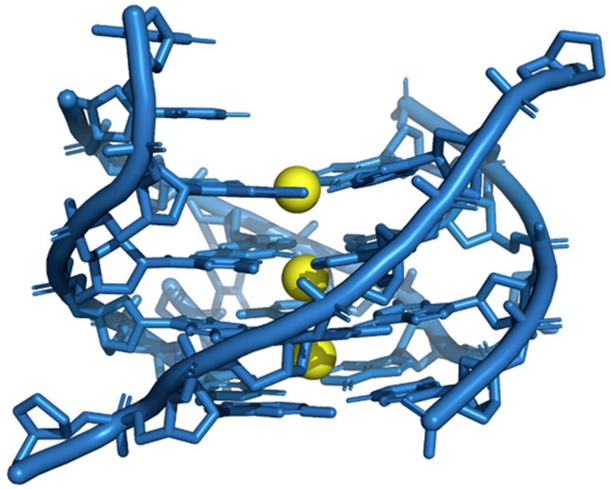
Binds and stabilises G-quadruplex DNA silencing the MYC oncogene[1]

G-quadruplexes or G4

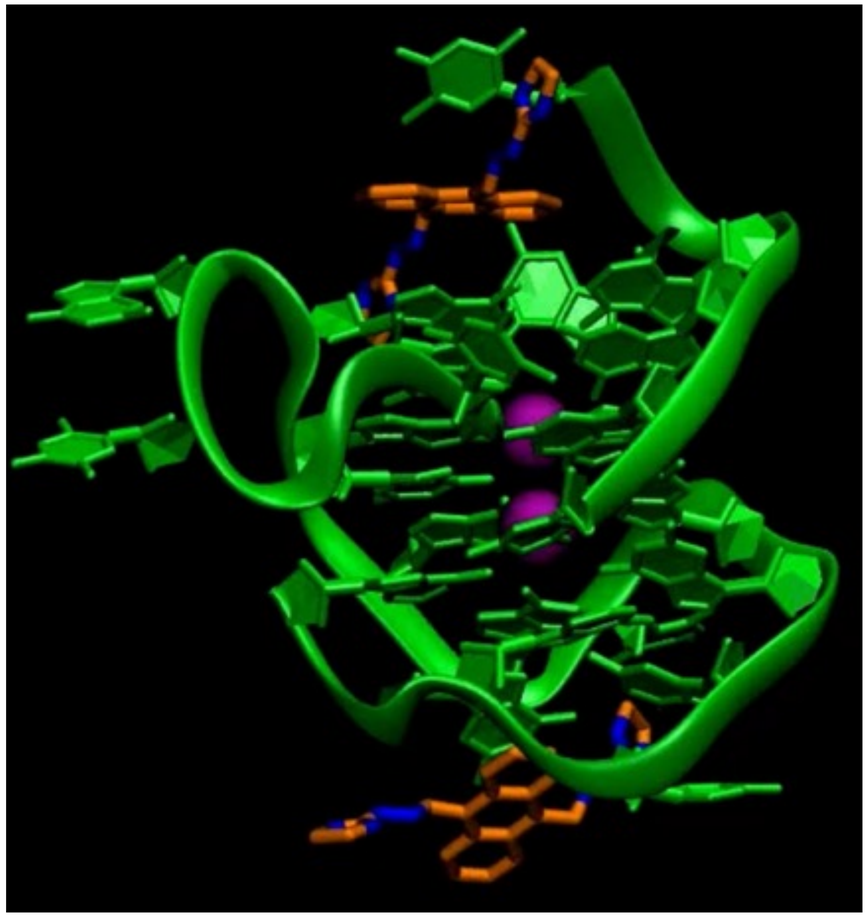
Key regulatory structures in DNA (& RNA) recognised by transcription and translation factors to regulate cell growth and division



Double stranded DNA (double helix)



G-quadruplex (G4) DNA



1. Racura Oncology (ASX Announcement 02 Oct 2025)

RACURA ONCOLOGY

Future drivers of shareholder value

Significant news flow and clinical data from three clinical trials in 2026 & 2027[1]

2026

- Filing of US IND for Phase 3 AML trial
- Presentation of MYC MOA at AACR conference
- CPACS trial dose escalation clearance
- Initiation of Phase 3 AML trial (Part A)
- First patient in HARNESS-1 lung cancer trial
- Initiation of Phase 3 CMC program
- Additional data on RC220 combination with other drug classes
- Early efficacy data from HARNESS-1 trial

2027

- First human efficacy data on the cardioprotective effects of RC220
- Publication of (E,E)-bisantrene mechanism of action paper
- HARNESS-1 proof-of concept clinical data
- Initiation of HARNESS-1 FDA Project Optimus stage
- Initiation of CPACS-2 Phase 2 trial
- Initiation of Phase 3 AML expansion stage (Part B)

RACURA ONCOLOGY

1. All dates are estimates and subject to change

Key highlights of Racura Oncology

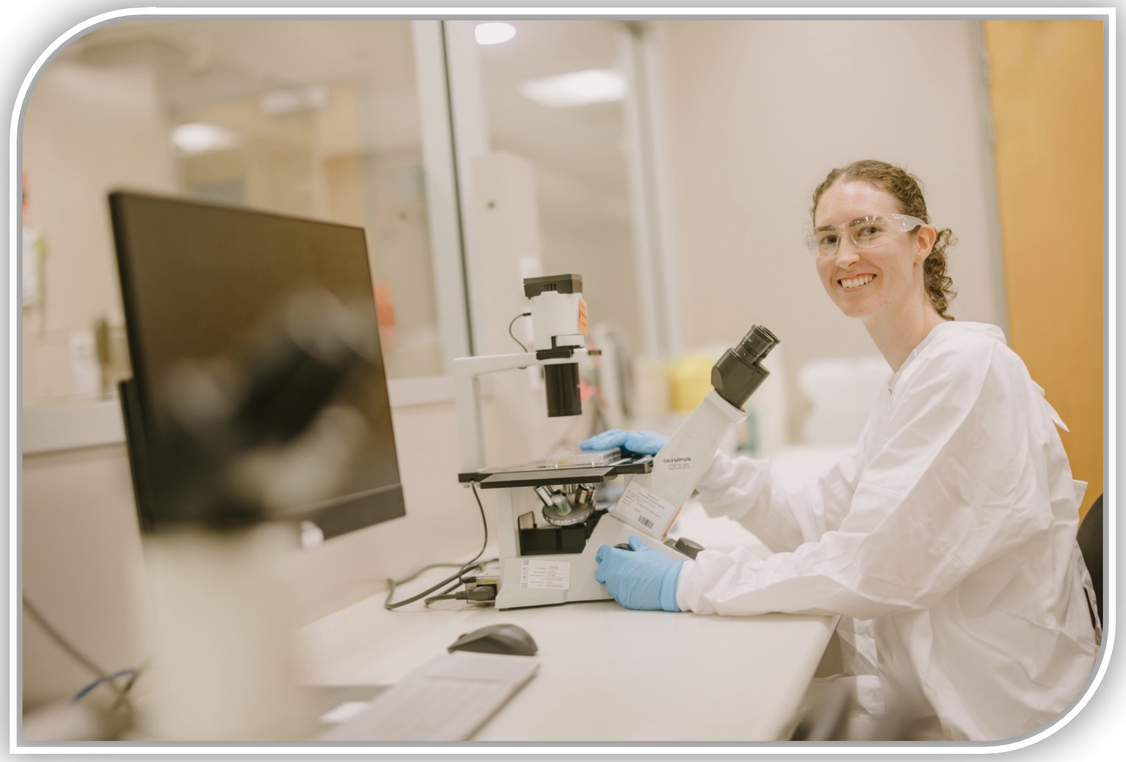
1. Three clinical programs including Phase 3 with a derisked & clinically proven anticancer drug

2. Solving real & significant health problems – permanent damage caused by chemotherapy & TKI resistance

3. Targeting major existing markets as a companion to anthracyclines (US$1.5bn), EGFR TKI (>US$10bn) & AML (>US$3.5bn)

4. (E,E)-bisantrene silences MYC expression. MYC dysregulated in >70% of cancers, but considered ‘undruggable’ – large opportunity

5. Composition of matter patent filed, opening-up 20 years of IP exclusivity for RC220 if granted



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Questions

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HealthInvest

June 2026

#HealthInvest

Presenter

KAREN BORG

CO-CEO & EXECUTIVE DIRECTOR

SomnoMed®

SomnoMed®

Investor Presentation

HealthInvest

June 2026

Treatment focused.
Technology driven.

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Who is SomnoMed?

SomnoMed develops, manufactures and sells oral appliance devices for the treatment of obstructive sleep apnoea (OSA).

~1B people
Suffer from OSA globally

>91% patients[1,2]
Reported improvements in sleep quality.
SOM drives better compliance rates compared to CPAP

>1m patients
Treated worldwide with
SomnoMed OAT devices

26 countries[3]
with sales track record and market penetration
(17 of which have a direct sales presence – SOM Markets)

1. J. Ojile et. al. The Evaluation of Effectiveness, Efficacy and Compliance of a Custom Made OSA Therapy. Clayton Sleep Institute (2023)
2. M.J.A. Braem et. al. Short-term results on a novel duo-block custom-made titratable mandibular advancement device using a flexible counter-balancing titration mechanism. Antwerp University (2019)
3. SOM has a direct sale presence in 17 countries and is available via distributors in another 9 countries

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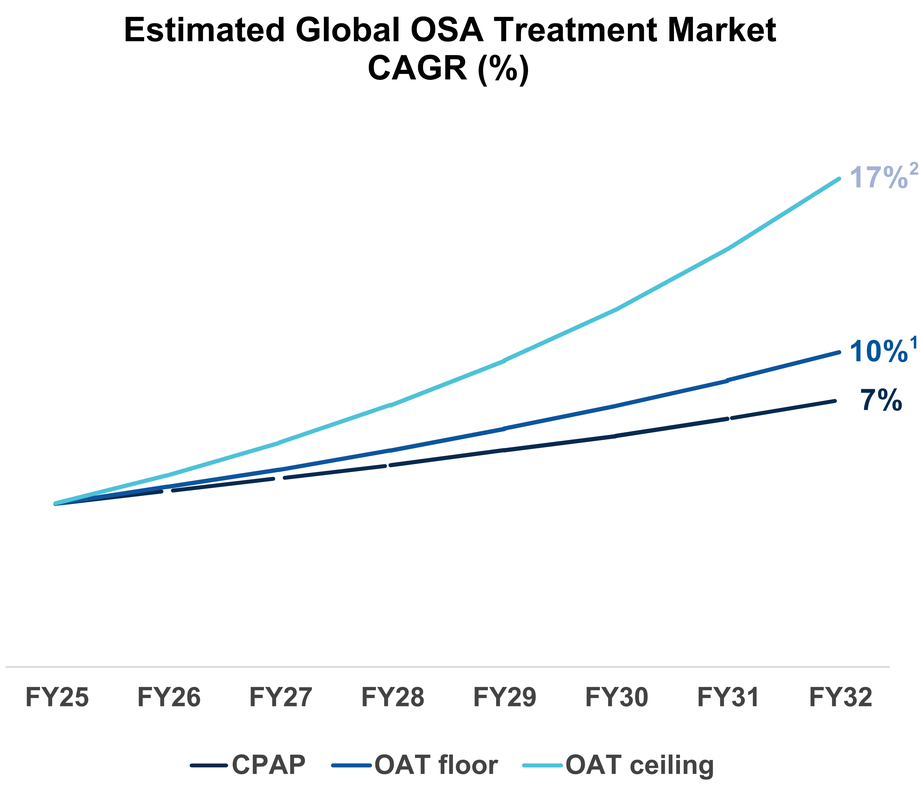
Structural tailwinds are driving growth in OSA treatment

Growth Forecast



Structural Growth Drivers

Increased awareness

Data and health economics

Medical guidelines and reimbursement

GLP-1s

1. *Research and Markets' "Sleep Apnea Oral Appliances Market" published in May, 2025 – estimates market size of US$0.5b and CAGR of 9.8% – link*
2. *Next Move Strategy Consulting's "Sleep Apnea Oral Appliances Market" – estimates market size of US$0.7b+ and CAGR of 16.9% – link*
3. *SOM believes that growth in the US market has the potential to be greater than global growth, given the size of the market and the impact of the structural growth drivers*

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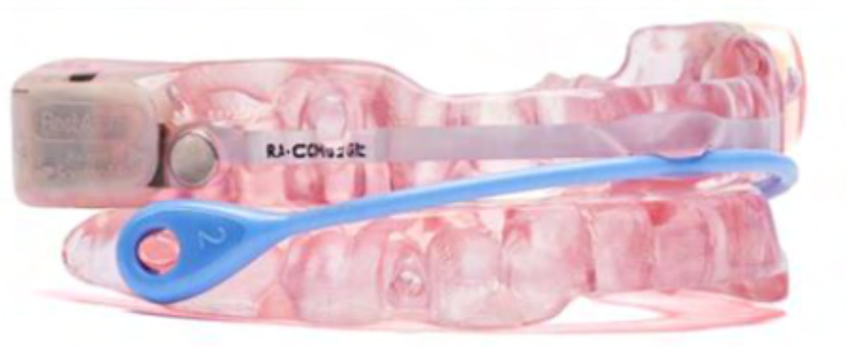
Rest Assure®

- FDA cleared Rest Assure® as the first oral device with built-in compliance monitoring.
- Clearance includes the oral device and software platform incl. patient app, physician platform, docking station and cloud systems.
- Continuing review of FDA feedback for optimal design of proposed USbased clinical trial to support a potential FDA 510(k) submission for efficacy monitoring
- Evaluating options to accelerate commercialisation of Rest Assure® under existing FDA clearance for built-in compliance monitoring



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SomnoMed is well positioned for growth in the expanding OSA market

Significant total addressable market with 900+ million individuals suffering from OSA globally.

Increasing consumer awareness, growth in GLP-1 drugs, and demand for CPAP alternatives is growing the OAT market.

SomnoMed is the market leader in oral appliances for the treatment of OSA.

Advancing the development of Rest Assure, the first technology-enabled oral device.

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Q&A

Thank You

For further information please contact:

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Q&A

THANK YOU FOR JOINING

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