

Road Show



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6. increased government pricing pressures;
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Vision

Medical Developments International (MDI) is a leading Emergency Medicine Company.

Our aim is to:

1. Provide unique and innovative products to assist our customers in the management of acute pain, trauma and procedural pain and to be the market leader in these markets globally.
2. Provide unique and innovative products to assist our customers in the management of delivery of respiratory medications, resuscitation and oxygen therapies and to be the market leader in Medical Devices for Asthma and COPD markets globally.

The Business

MDI is delivering two world class “company making” business opportunities.

The risk profile of these opportunities is relatively low and well understood.

Penthrox: Penthrox has the potential to be the market leader in acute pain markets around the world. Penthrox is not an opiate and delivers time and cost savings. It is the pain solution for acute pain, trauma and minor surgical procedures.

Our Respiratory Medical Devices are amongst the world’s best and will generate significant growth.



Key achievements of H1FY17

Key achievements of H1FY17

Penthrox®

- ✓ First sales of Penthrox® in France and Belgium
- ✓ National reimbursement of Penthrox® in France
- ✓ Submitted Regulatory Applications to have Penthrox® approved in 22 countries
- ✓ Regulatory approval in the UAE
- ✓ Regulatory approval in Taiwan
- ✓ Distribution deal signed with Purdue Pharma in Canada
- ✓ Distribution deal signed with BL&H Co Ltd Corporation for Korea
- ✓ Received upfront payments from Korea and Canada
- ✓ Submitted two new Global Patent Applications for Penthrox® Inhalers
- ✓ Enrolled first patient in Penthrox® Post Authorisation Safety Study in Europe
- ✓ Commenced pre-clinical and clinical work for FDA approval
- ✓ Commenced planning pre-clinical and clinical work for Penthrox® indication extensions

Key achievements of H1FY17

Respiratory Medical Devices

- ✓ Global sales growth of 142%
- ✓ Signed new distribution deal in USA with McKesson
- ✓ Sales growth of 148% for USA
- ✓ First sales into 1,600 pharmacies in the USA. More to follow
- ✓ Sales growth of 192% in Australia
- ✓ Record sales for Breath-A-Tech®
- ✓ Sales growth of 159% in UK and Europe
- ✓ Sales growth of 41% in New Zealand
- ✓ Patent Application for new respiratory devices
- ✓ Launch of six new respiratory products

Key achievements of H1FY17

Corporate

- ✓ \$5.5 million cash in bank
- ✓ No debt
- ✓ Construction of new manufacturing facility on time and on budget. Due for completion in March 2017
- ✓ Continued investment in new product development
- ✓ PDCO approval of Paediatric Study protocol, first patient expected July 2017
- ✓ MVP has 9 Patent and Patent applications
- ✓ MVP has Trademarks in over 30 countries

Introducing Penthrox

Penthrox®

A world class opportunity

Penthrox®

- Market Leader for trauma pain
- Opiate sparing, fast acting inhalational analgesic
- 85% of patients reach clinical analgesia within 10 breaths¹
- Is a solution to a significant unmet clinical need
- Demonstrated safety and efficacy profile for 30+ years
- World class regulatory dossier completed and being used to generate regulatory approvals around the world (*work commenced in USA*)
- Manufactured in Australia



¹ Coffey (2014)- STOP!: A Randomised, Double-blind, Placebo-controlled Study Of The Efficacy & Safety Of Methoxyflurane For The Treatment Of Acute Pain

Penthrox

A world class opportunity

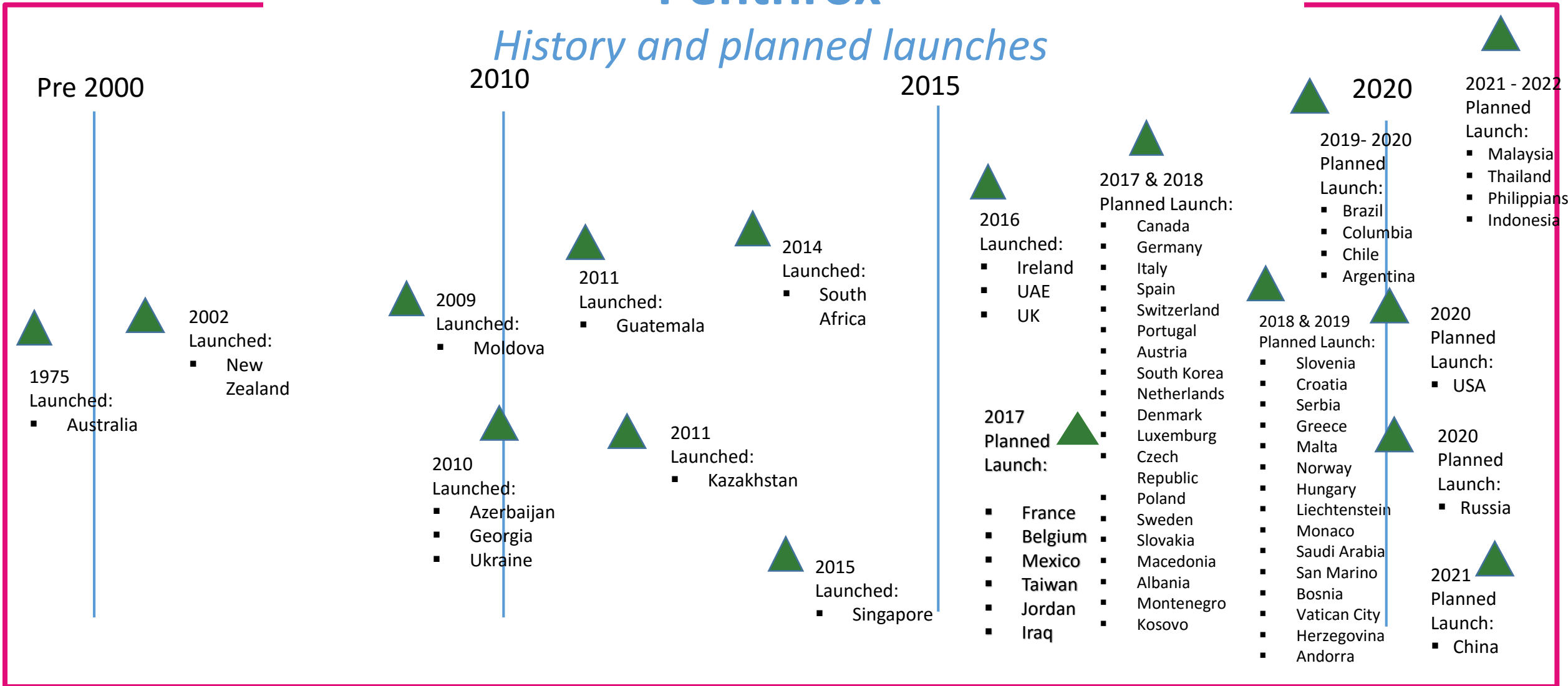
Penthrox®

- Sold in 17 countries around the world including Australia, UK, France, Ireland, South Africa, Singapore, Belgium, New Zealand, UAE, Qatar and elsewhere.
- Major distribution deals signed in Europe and elsewhere in 2015.
- \$18.5 million in upfronts and milestones received.
- Sales commenced in UK, Ireland, Singapore, France and Belgium.
- Six patent applications lodged covering new Penthrox delivery devices.
- Patent application lodged covering new Penthrox manufacturing technology.



Penthrox®

History and planned launches

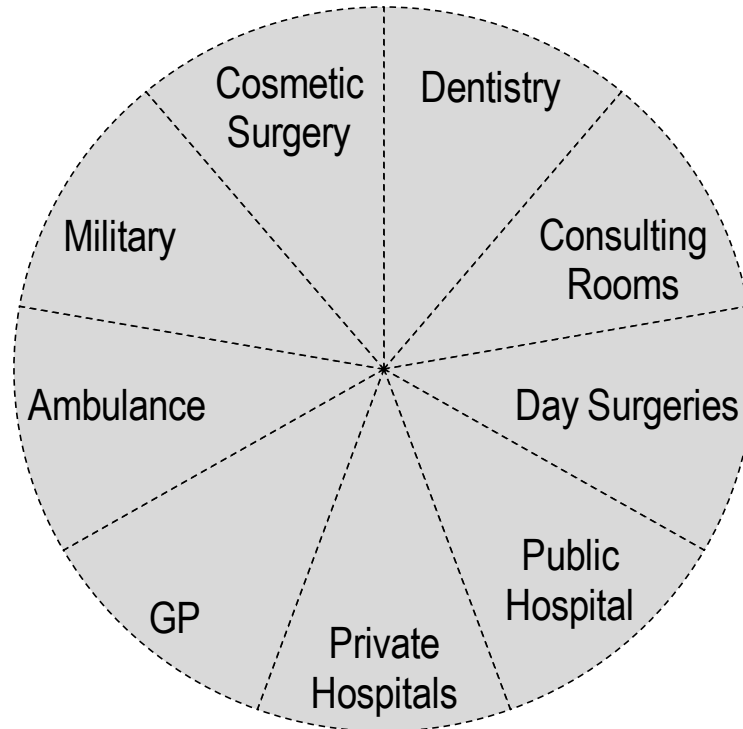


Penthrox[®]

Clinical application

Painful procedures

- Burn injuries
- Breaks, fractures and dislocations
- Abdomen pain
- Chest pain
- Other acute pain



Painful procedures

- Cutaneous excisions
- Liquid nitrogen removals of skin-cancers, warts, etc.
- Invasive angiographies
- Dental procedures
- Colonoscopy
- Imaging
- Other non-general anaesthetic painful procedures
- Cosmetic procedures

Either as an adjunct to or replacement of current forms of pain relief

Penthrox

Benefits to medical professionals

Rapid onset of action

Minimal waiting time before a painful procedure can be performed (3 minutes) and rapid pain relief when a patient is treated for acute pain, trauma, and minor surgical procedures.

Inhaled self-administration

Medical professionals can perform a procedure/attend to an injury whilst the patient is self-administering with minimal supervision needed.

Improve patient compliance

Fastest time to analgesia and effective at calming patients before procedures; makes patients more compliant and cooperative during treatments/procedures. No known drug to drug interaction. Patients can drive themselves home and go back to work after 30 minutes.

Portable, easy to use

Easy to store in a range of clinical settings (hospital ER, ambulance, GP/specialist consulting rooms, hospital departments, military unit, etc).

Opiate sparing

Addiction and the use of narcotics is increasingly problematic. Penthrox is non narcotic and non addictive, making it the better solution for medical professionals.

Penthrox

Benefits over Opiates

The benefits of using Penthrox® over Morphine include:

- Penthrox does not effect vital signs; no clinical depression of respiration or circulation.
- Penthrox can be used on children, Morphine often cannot.
- Penthrox is not a narcotic, nor is it an opioid or drug of addiction.
- Penthrox has less severe side effects.
- Penthrox is non invasive – no needles.
- Penthrox has a quicker onset to pain relief, improves time to analgesia.
- Penthrox can be used by a wider community of health professionals including first aiders and volunteers.
- Morphine has considerable, expensive and complex administration and monitoring protocols during its use and for a significant time during recovery.
- After using Penthrox there is no long observation period needed before patients can go home (possibly drive themselves home after 30 minutes).
- Penthrox does not require specific storage and use protocols (is not a restricted medicine).
- Penthrox can be disposed of easily and safely.

Penthrox

Benefits over Nitrous Oxide

The benefits of using Penthrox[®] over Nitrous Oxide include:

- Penthrox does not effect vital signs; no clinical depression of respiration or circulation.
- Penthrox is self-administered and easy to use.
- Penthrox is compact and can be used in any location or situation.
- Penthrox does not carry any risk of overdose.
- Single use device ensures no cleaning or cross contamination.
- Medical professionals can perform a procedure / attend to an injury almost immediately whilst the patient is self-administering with minimal supervision.
- Penthrox offset ranges from 3-5 minutes up to 20 minutes.
- Penthrox is easy and stable to store.
- After using Penthrox there is no long observation period needed before patients can go home (possibly drive themselves).

Penthrox

Non-narcotic and clinically proven efficacy

VAS scores compared, IV morphine vs IN fentanyl vs Penthrox

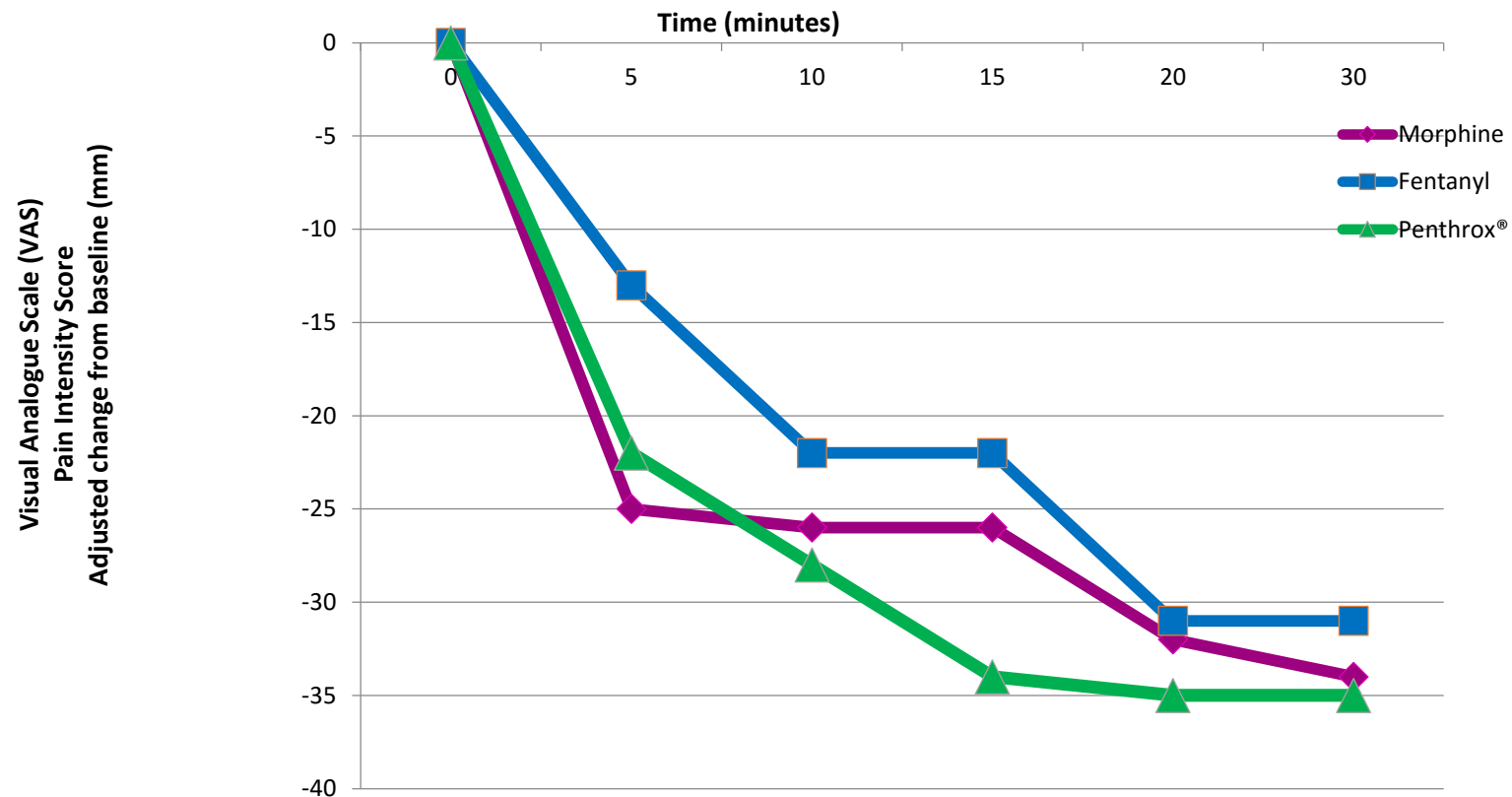
Summary of mean VAS Pain Scores						
Time	0	5 minutes	10 minutes	15 minutes	20 minutes	30 minutes
Morphine	67	42	41	-	35	33
Fentanyl	68	55	46	-	37	37
Penthrox®	65	43	37	31	30	-
Summary of mean reduction in VAS Pain Scores						
Time	0	5 minutes	10 minutes	15 minutes	20 minutes	30 minutes
Morphine	0	25	26	-	32	34
Fentanyl	0	13	22	-	31	31
Penthrox®	0	22	28	34	35	-

The criteria for the cross study comparison were a similar study design and endpoint as the Penthrox® study, MEOF-001. Borland et al (2007) has a similar study design and endpoints as those of MEOF-001 (Table 2). Borland et al (2007) compared two active drugs, IV morphine against IN fentanyl. The VAS scores observed for the three drugs at Baseline, 5, 10, 20 and 30 minutes are compared in Table 1. The results demonstrate that Penthrox® is as effective as the alternate opioid analgesic agents that are currently used in A&E but has a significantly better safety profile. Treatment with Penthrox® does not result in respiratory depression as demonstrated in clinical trials of the development programme – MEOF-001, 06/61, MEOF-003. The retrospective observational study Vital Signs Report (see Vital Signs Report) showed no deleterious effects on pulse rate, systolic BP, or respiratory rate. Methoxyflurane has negligible effects on the cardiovascular system and can be safely administered to patients in shock. In fact, a stabilising action of methoxyflurane on cardiorespiratory function has been reported ([Virenque et al. 1975](#))

Penthrox[®]

Provides rapid pain relief

Average pain reduction from point of administration¹⁻²



¹ COFFEY, Frank, et al., 2014. STOP!: A Randomised, Double-Blind, Placebo-Controlled Study Of The Efficacy And Safety Of Methoxyflurane For The Treatment Of Acute Pain; Emergency Medicine Journal.

² BOLAND, Meredith, et al., 2007. A Randomized Controlled Trial Comparing Intranasal Fentanyl to Intravenous Morphine For Managing Acute Pain In Children In The Emergency Department; Emergency Medicine Journal.

Penthrox®

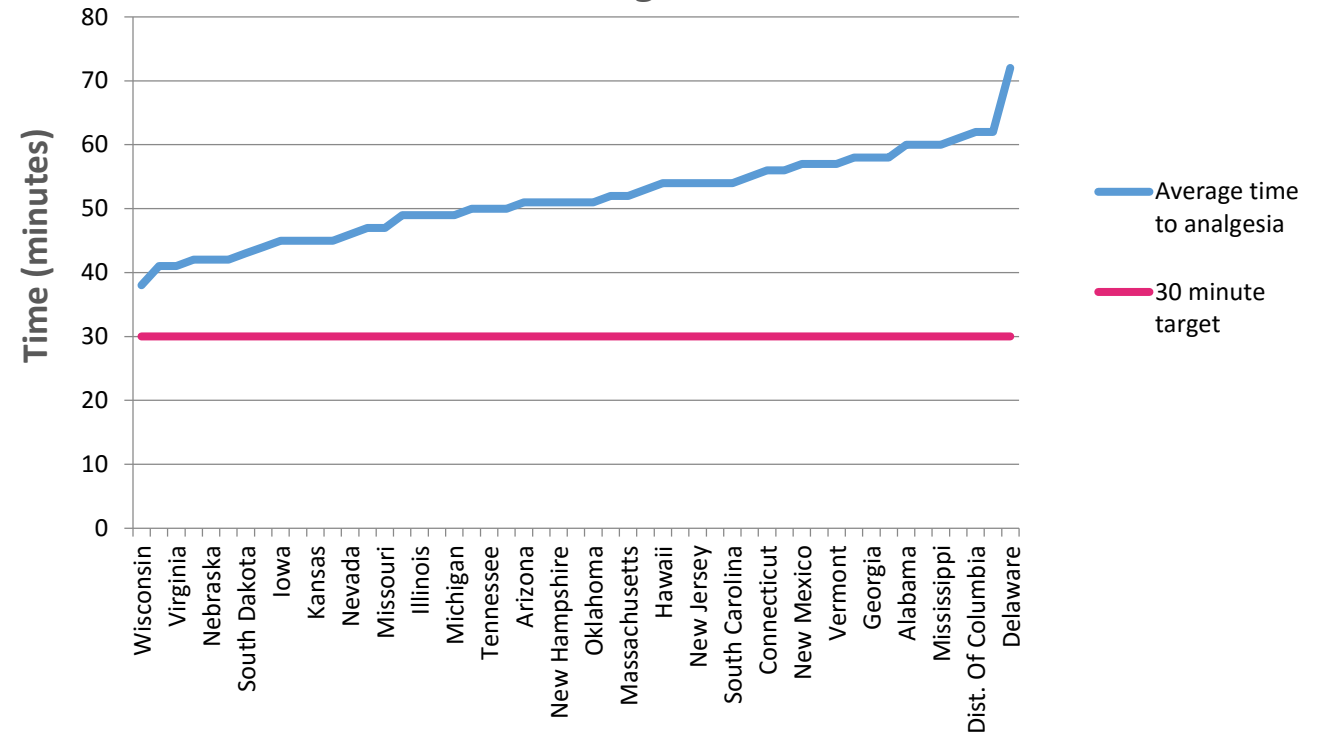
Can reduce patient waiting times to analgesia



Penthrox® assists by being:

- ✓ Self administered
- ✓ Easy to use
- ✓ Not a restricted drug (in Australia)
- ✓ Providing rapid non-opioid pain relief
- ✓ Able to drive home after treatment¹
- ✓ Less observation time
- ✓ Earlier discharge

USA wait times to analgesia²

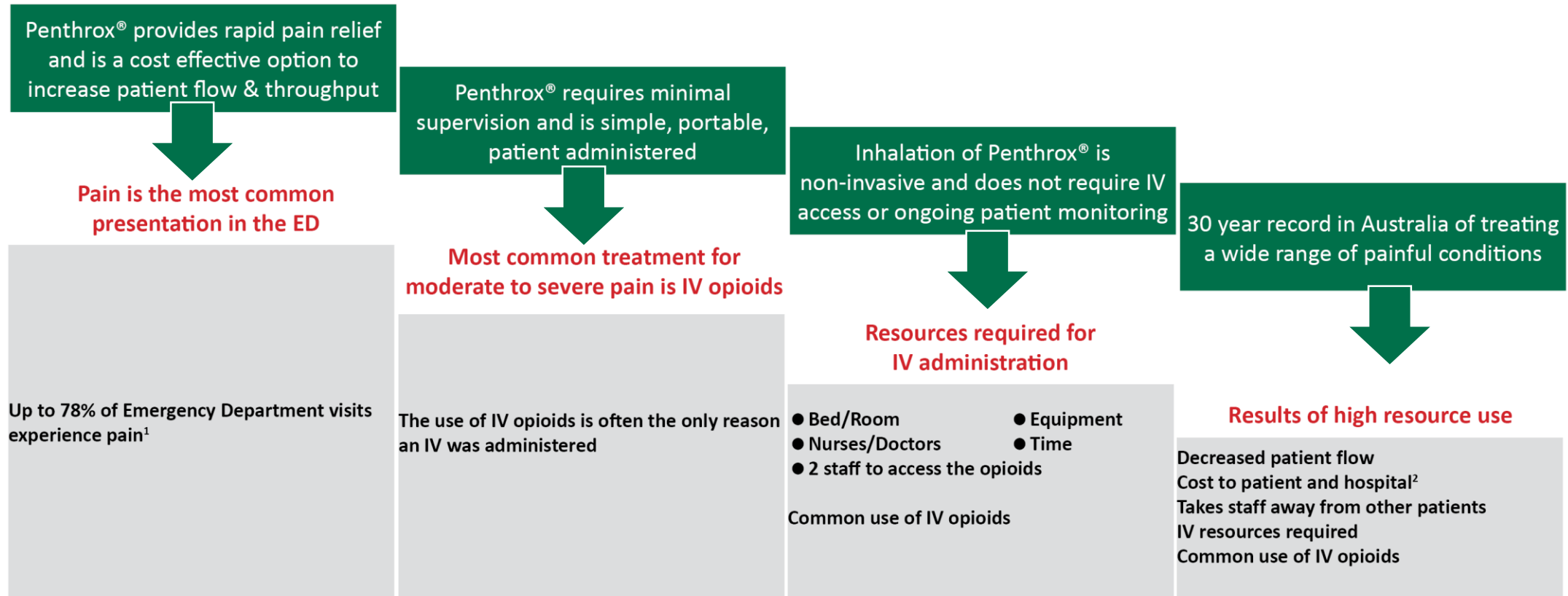


¹ NGUYEN, Nam, 2016. Psychomotor And Cognitive Effects Of 15-Minute Inhalation Of Methoxyflurane In Healthy Volunteers: Implication For Post-Colonoscopy Care; <https://www.ncbi.nlm.nih.gov/pmc/articles/PMC5110336/>

² GROEGER, Lena, et al., 2017. ER Wait Watcher- State-by-state Waiting Times; ProPublica. <https://projects.propublica.org/emergency/>

Penthrox®

Can reduce resources used in pain management



¹TODD, Knox, 2010. Chronic Or Recurrent Pain In The Emergency Department: National Telephone Survey Of Patient Experience; Western Journal of Emergency Medicine. <https://www.ncbi.nlm.nih.gov/pmc/articles/PMC3027428/>

² PALMER, Pamela et al., 2016. Cost Of Delivering Intravenous Opioid Analgesia In Emergency Departments In The United States; AceIRx

Penthrox®

Can reduce overcrowding in EDs

PENTHROX® IN THE ED

Penthrox® has the ability to improve an ED's medical care as it can:

Leads to:

- Treatment of patients outside designated zones
- Decreased patient satisfaction
- Longer delays in evaluation and treatment
- Increased cost to the hospital
- Increased ambulance diversion time
- A lower quality of medical care and compromising patient safety

- Reduce the time to analgesia
- Increase patient satisfaction levels
- Reduce the costs to hospitals
- Administered anywhere without the additional risk to patients
- Reduce observation time and accelerate time to discharge

OVERCROWDING IN THE ED

Overcrowding impact is recognized by the American College of Emergency Physicians (ACEP)

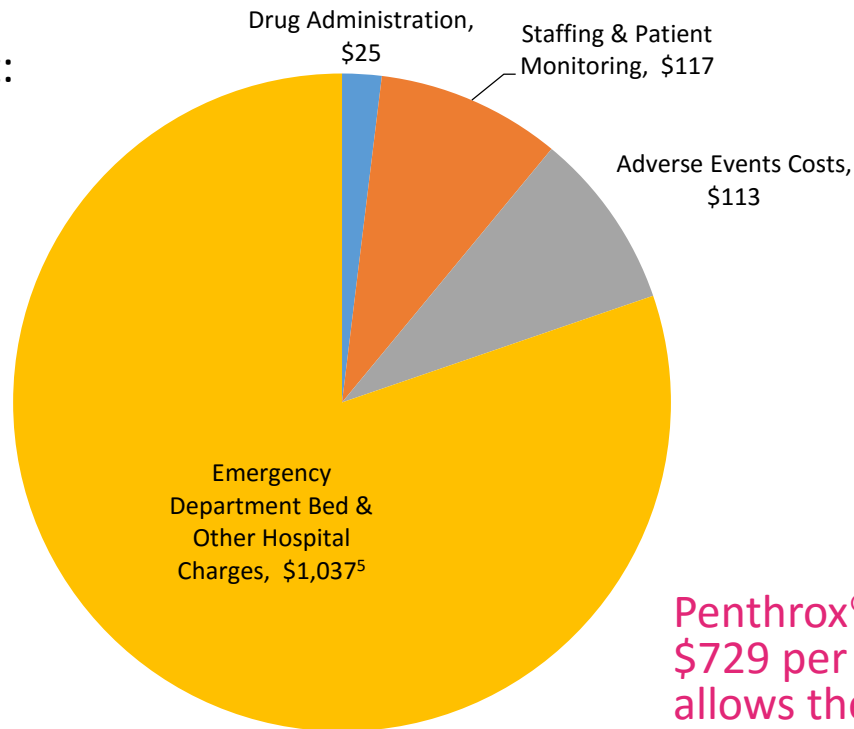
American College of Emergency Physicians (ACEP), 2016. Clinical & Practice Guidelines- Crowding; ACEP. <https://www.acep.org/clinical---practice-management/crowding/>

Penthrox®

Can reduce the cost of analgesia

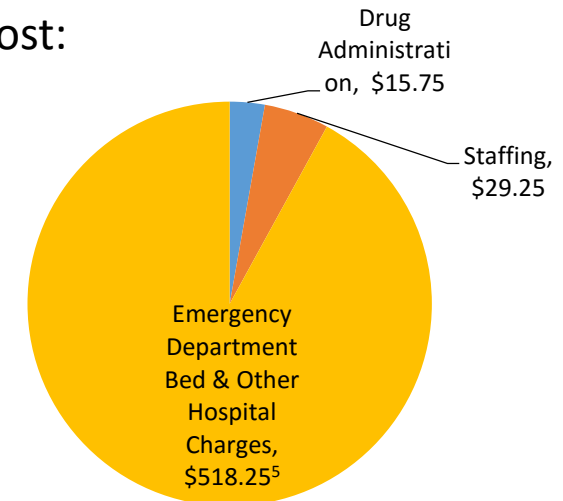
Average costs of an IV Opioid treatment

Total Cost:
\$1,298



Average costs of a Penthrox® treatment*

Total Cost:
\$563*



Penthrox® could help to reduce the cost of analgesia by approximately \$729 per patient, as it is non-invasive, requires less observation time and allows the patient to receive medical attention and be discharged earlier.

1 DIDONATO, K, et al, 2016. Intravenous Administration of Morphine In The Emergency Room Inflicts A Substantial Economic Burden In The EU5. Available from: http://www.acerx.com/technology/publications/arx-04/Poster%20PSY45_06OCT2016.pdf
2 PALMER, Pamela et al., 2016. Cost Of Delivering Intravenous Opioid Analgesia In Emergency Departments In The United States; AcerRx <http://www.acerx.com/technology/publications/arx-04/ISPOR%202016%20ER%20IV%20MS%20Poster%205%209%2016.pdf>
3 FOLEY, Mathew, et al., 2008. Financial Impact of Emergency Department Crowding. <https://www.ncbi.nlm.nih.gov/pmc/articles/PMC3099606/>
4 Cleveland Clinic, 2016. Patient Price Information List; <http://my.clevelandclinic.org/ccf/media/files/Patients/cleveland-clinic-main-charges.pdf>
5 Based on company estimates of 4-6 hours observation post IV administration compared with 2 hours of observation pre discharge when using Penthrox

*Based on company estimates

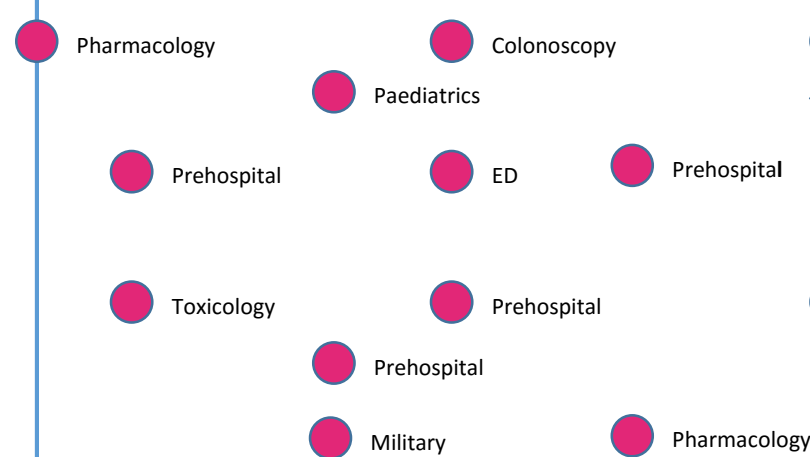
History of Pentrox

Clinical studies & publications to present

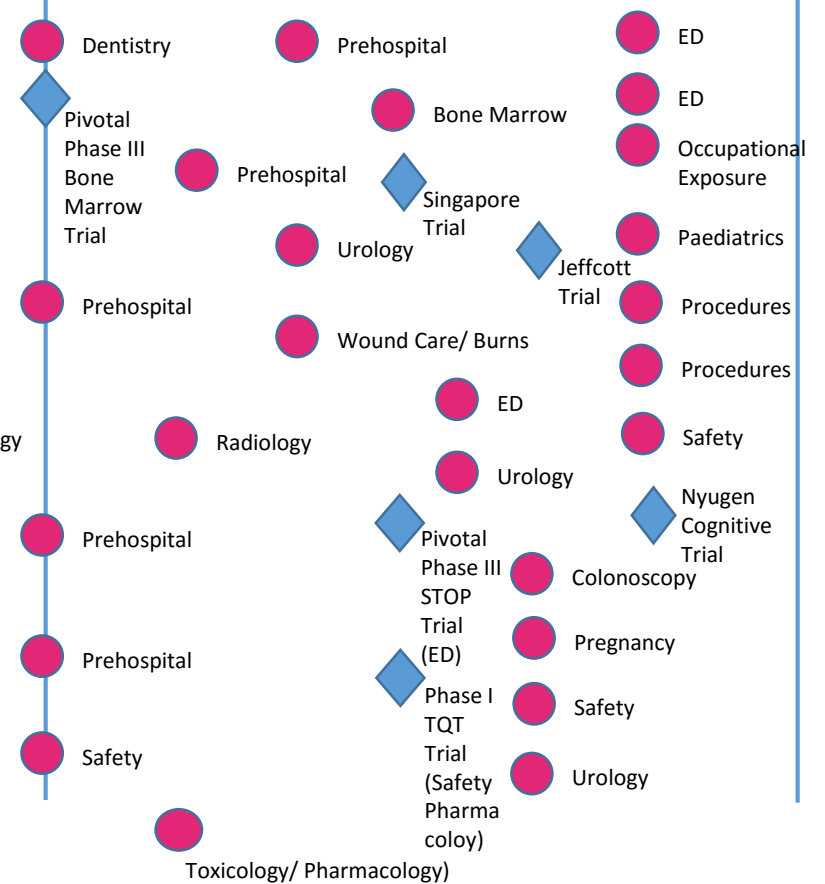
Pre-2005 Studies

● Obstetrics	● Burns
● Obstetrics	● Burns
● Dental	● Burns
● Analgesia	● Post-Op
● Obstetrics	● Obstetrics
● Obstetrics	● Obstetrics
● Obstetrics	● Obstetrics
● Obstetrics	● Obstetrics
● Obstetrics	● Dental
● Obstetrics	● Dental
● Obstetrics	● Burns
● Obstetrics	● Obstetrics
● Obstetrics	● Procedural
● Post-Op	● Obstetrics
● Obstetrics	● Analgesia
● Obstetrics	● Prehospital
● Burns	● ED
	● Prehospital
	● Analgesia

2005



2010



2017

● = Published paper
◆ = Clinical trial

History of Pentrox

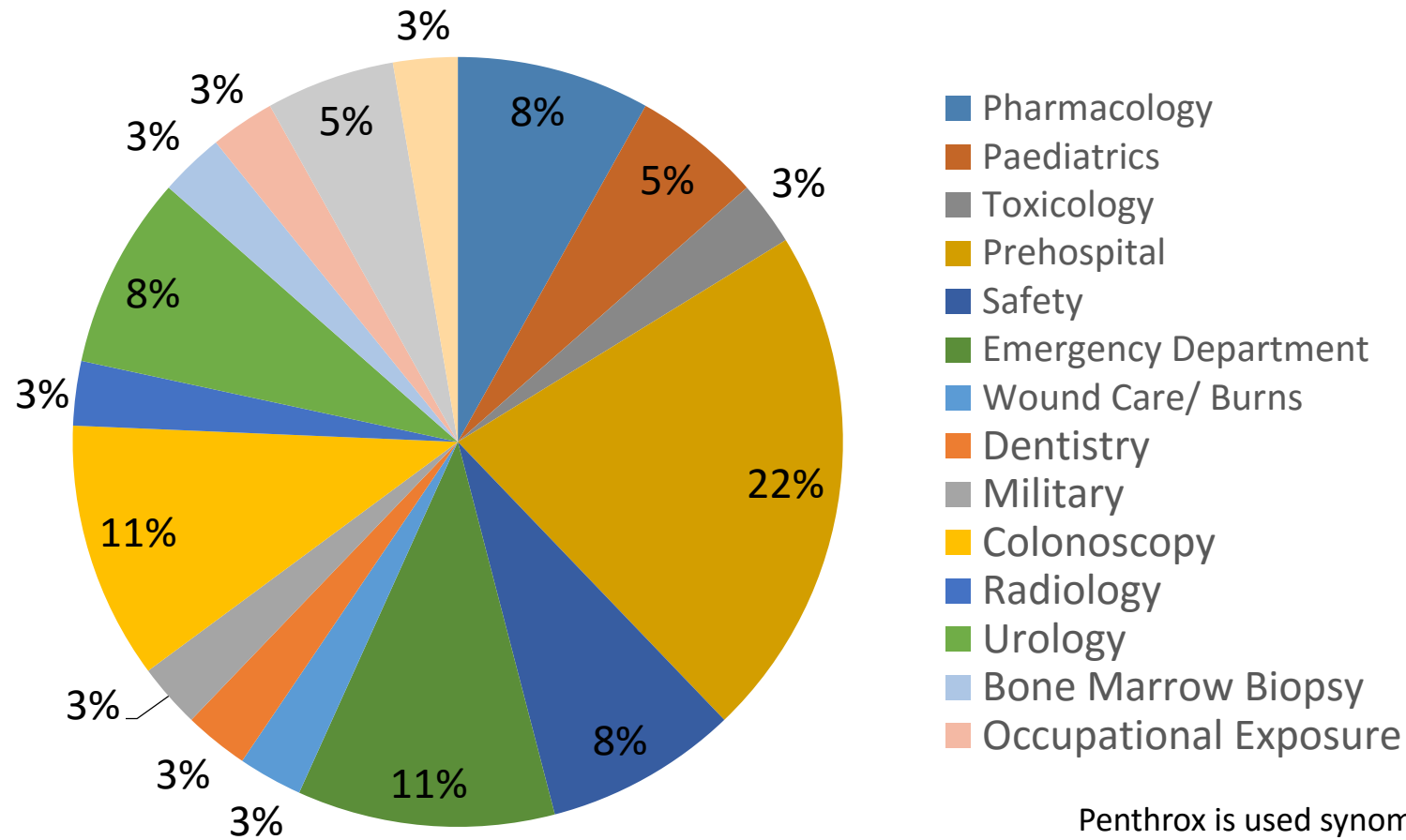
Clinical studies & publications to present

235,861 *patients have been studied in
more than 75 clinical trials
over 30 years*

Pentrox is used synonymously with methoxyflurane

History of Pentrox

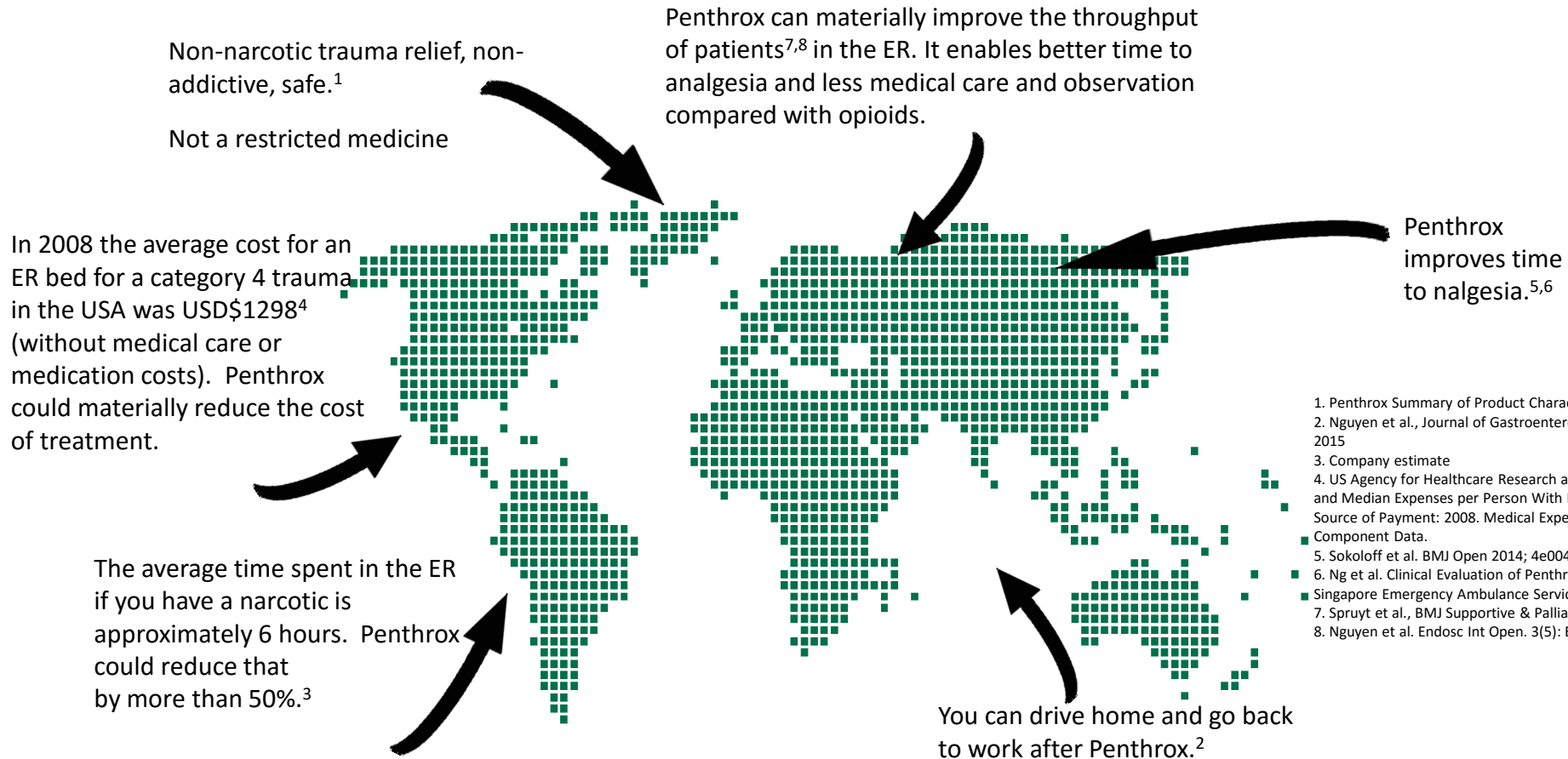
Clinical studies & publications to present
235,861 patients



Pentrox is used synonymously with methoxyflurane

Future of Penthrox

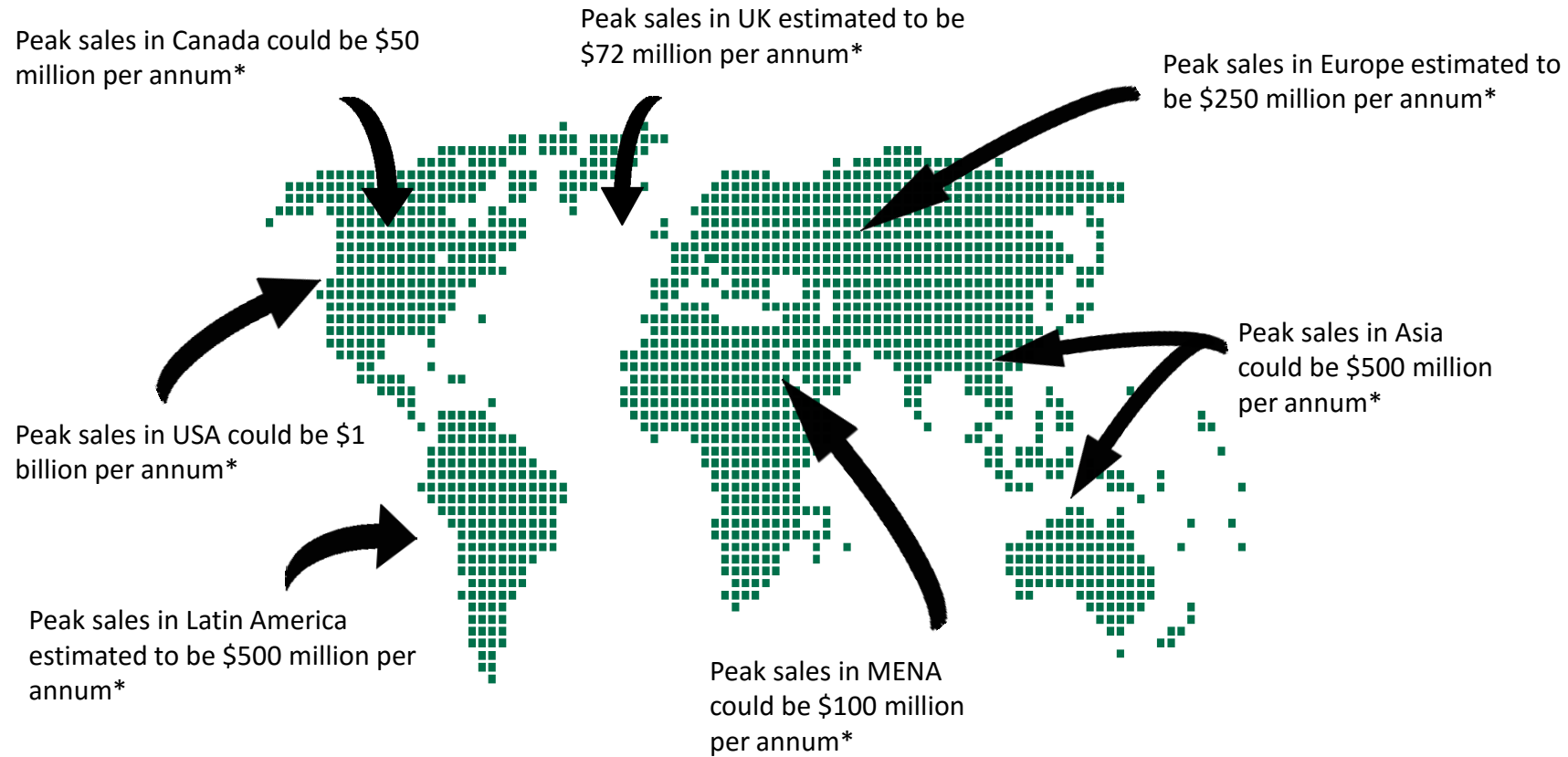
Value Proposition



1. Penthrox Summary of Product Characteristics (SPC), 2015
2. Nguyen et al., Journal of Gastroenterology and Hepatology, 30 (Suppl. 3): 55, 2015
3. Company estimate
4. US Agency for Healthcare Research and Quality. Emergency Room Services-Mean and Median Expenses per Person With Expense and Distribution of Expenses by Source of Payment: 2008. Medical Expenditure Panel Survey Household Component Data.
5. Sokoloff et al. BMJ Open 2014; 4:e004288. doi:10.1136/bmjopen-2013-004288
6. Ng et al. Clinical Evaluation of Penthrox® (Methoxyflurane) and Tramadol for the Singapore Emergency Ambulance Service. SEMS. 27 Feb 2016.
7. Spruyt et al., BMJ Supportive & Palliative Care, 4(4):342-8. 2014
8. Nguyen et al. Endosc Int Open. 3(5): E487-93. 2015.

Future of Penthrox

Potential global sales for Acute Trauma pain \$2 billion+



*Bases on company estimates including assumptions around market penetration and reimbursement levels

Future of Penthrox

Potential global sales for Breakthrough pain \$6 billion+

Peak sales in USA could be \$2 billion per annum*

Peak sales in Europe could be \$2 billion per annum*

Peak sales in Asia could be \$1.5 billion per annum*

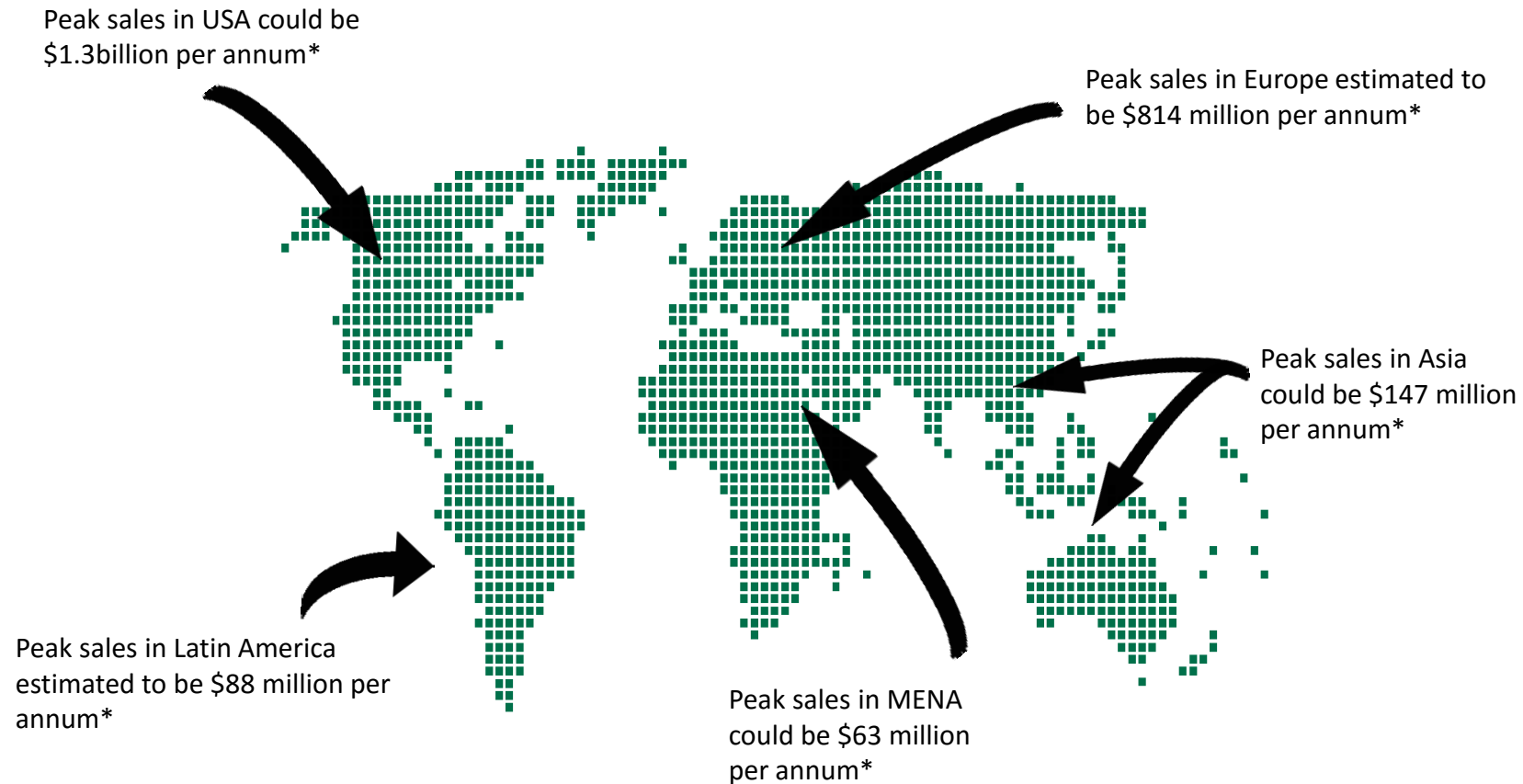
Peak sales in Latin America could be \$500 million per annum*

Peak sales in MENA could be \$300 million per annum*

*Bases on company estimates including assumptions around pricing, market penetration and reimbursement levels

Future of Penthrox

Potential global sales for Minor Surgical Procedures \$2.3 billion+



*Based on company estimates including assumptions around pricing, market penetration and reimbursement levels

Future of Penthrox

Potential global sales for Home Use \$3 billion+

Peak sales in USA could be \$900 million per annum*

Peak sales in Europe could be \$1 billion per annum*

Peak sales in Asia could be \$620 million per annum*

Peak sales in Latin America estimated to be \$230 million per annum*

Peak sales in MENA could be \$140 million per annum*

*Bases on company estimates including assumptions around pricing, market penetration and reimbursement levels

Future of Pentrox

USA

MVP submitted a detailed regulatory package to the FDA in January 2016. We received a written response from the FDA detailing its opinion on the strengths of our regulatory package and by inference the work required to get Pentrox approved for sale in the United States of America.

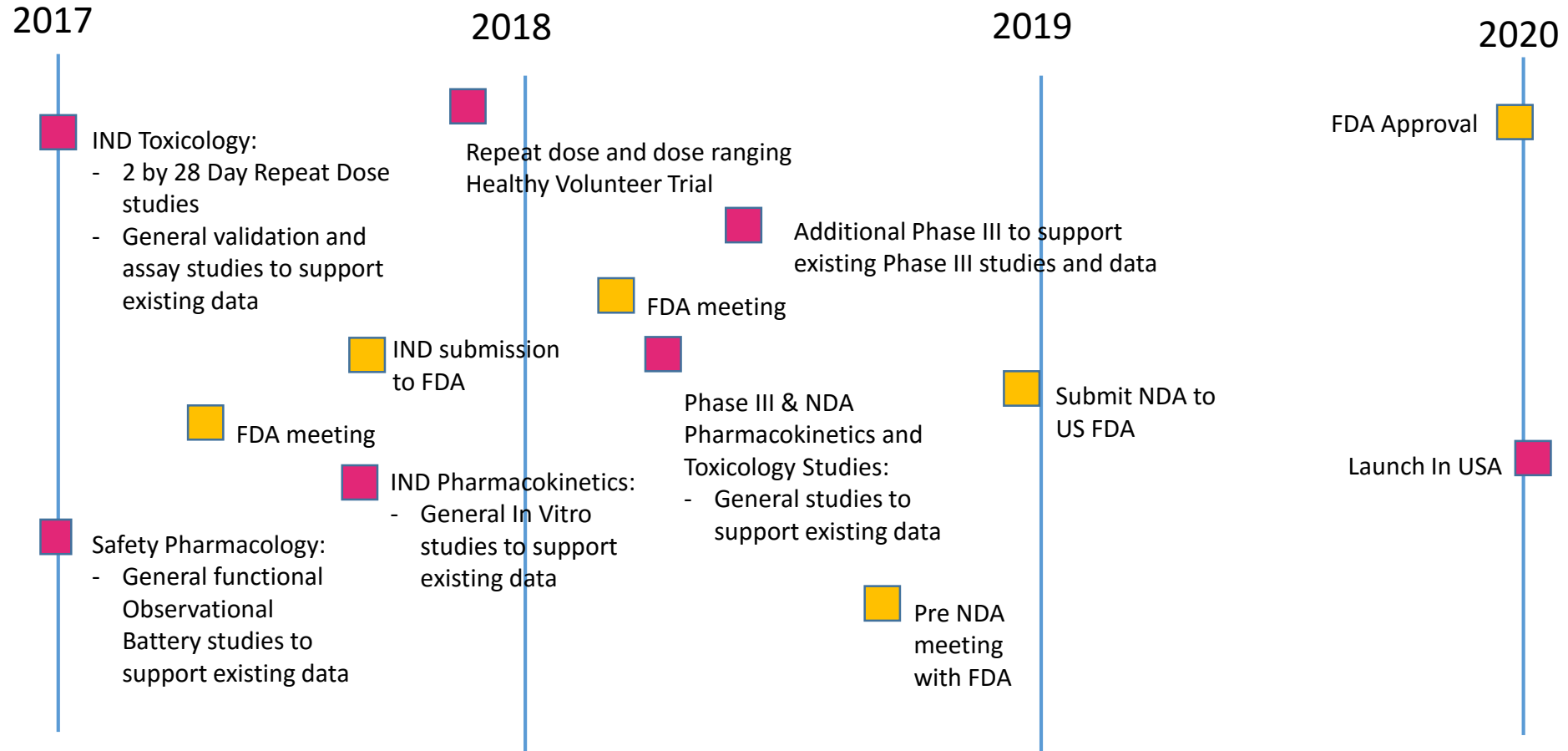
Amongst those requirements is the need to perform a Pivotal Phase III Clinical Trial (in addition to the STOP study and Bone Marrow Biopsy Phase III studies which MVP has successfully completed).

MVP has commenced the clinical work required and estimate it will take 2+ years and circa \$15 million to complete.

MVP has a track record of successfully completing clinical programs, including Phase III studies on time and budget.

Future Of Pentrox[®]

Pentrox[®] clinical program for USA



Future of Pentrox

Clinical development program

Additional clinical trials and studies are planned for FY17 (and beyond) which will broaden the indications for use of Pentrox® including:

We are developing a program of work to support additional indications for Pentrox worldwide. Our longer term ambition is to extend the use of Pentrox into:

- Acute Pain / Minor Surgical Procedures;
- Breakthrough Pain / Repeat Use; and ultimately; and
- Home Use.

Acute Pain & Minor Surgical Procedures

Pentrox is already approved for use in Minor Surgical Procedures in Australia and elsewhere.

MVP is working with its partners to develop a clinical program to extend the indication of use in markets around the world. We hope to achieve this extension in Europe within the next 2+ years.

We estimate the market for Minor Surgical Procedures globally could be \$3 billion.

Future of Pentrox

Clinical development program

Breakthrough Pain / Repeat Use

MVP has begun the clinical program to get Pentrox approved for sale in the USA. As part of that program, several pre-clinical trials will be concluded. These trials will also be used towards the work program required to have the indication for Pentrox extended to Repeat Use and Breakthrough Pain where Pentrox could be the ideal alternative to high potency and dangerous opioids currently used in the vast majority of cases.

We estimate the market for Breakthrough Pain could be \$6 billion.

Home Use

Ultimately, we hope the clinical programs we undertake will allow Pentrox to be approved for home use via prescription.

Our vision is that households all over the world will have a Pentrox device for use during those rare occasions when trauma grade, non-opioid analgesia is required.

Penthrox

Intellectual Property

MDI is protecting its future by generating intellectual property from its manufacturing technology and delivery devices.

MDI has filed and is managing the following patents and trademarks:

- 6 Penthrox Inhaler patents;
- 1 manufacturing patent; and
- Numerous trademark filings to mirror global growth.

MDI is also generating significant “Data Exclusivity” rights from its successful regulatory approvals around the world.

Note: “Data Exclusivity” works like a patent and protects the product in market from competition but usually for a shorter period of time.

Penthrox

Manufacturing

MDI has invested millions of dollars developing new manufacturing technology, techniques and methods.

MDI has:

1. Intellectual property.
2. Global production capacity.
3. Lowest cost to manufacture.
4. Significant competitive advantage.

Penthrox

Outlook

MVP's ambition is to globalise Penthrox and in doing so make it the main stream analgesic of choice around the world. That process has begun. Over the next 12 months we expect to:

1. Obtain approval to sell Penthrox in more than 20 countries throughout Europe and in a number of countries outside the EU;
2. Conclude additional distribution partnership for new countries;
3. Commence and progress work on gathering the clinical data needed to submit a "New Drug Application" to the Food & Drug Administration in the USA, and extend the 'indications for use' for Penthrox;
4. Commence work to develop new manufacturing process for Analgesic and Anaesthetic products and create significant intellectual property; and
5. Complete our manufacturing facility which will have special purpose Research and Development laboratories dedicated to improving the way we manufacture Penthrox.

Introducing Respiratory Devices

MDI Medical

Respiratory division

MDI has a long history of investing R&D resources to design and improve respiratory devices used to deliver Asthma and COPD medication.

In 2011 MDI launched a new range of products using MDI's Cross Valve Technology™, a patented system of drug delivery which ensures very low resistance during inhalation and exhalation, while maximising the dose of medication available.

In 2015 MDI invested in developing its own particle size distribution testing and design laboratory.

2016 MDI received FDA approval to sell its range of Anti Static Space Chamber devices in the USA and elsewhere.

MDI Medical

Respiratory division

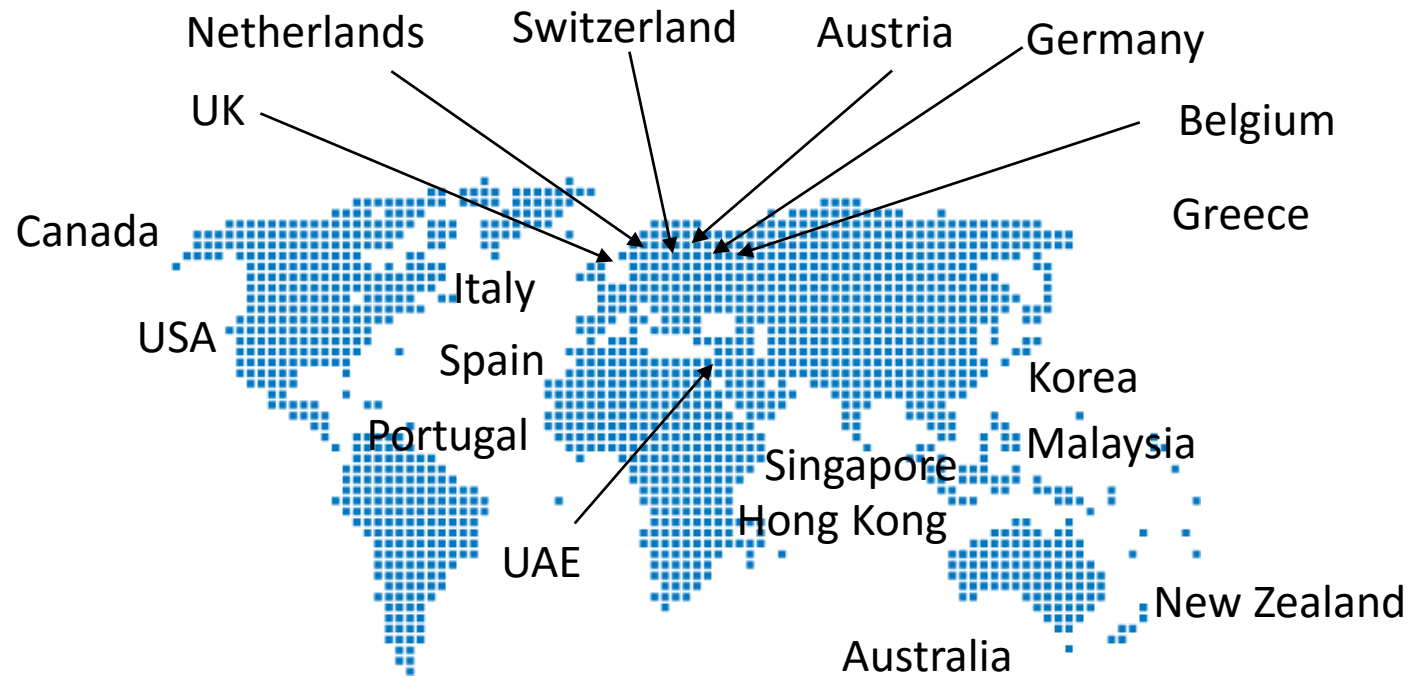
MDI offers a range of devices that can be used to help patients manage and take control of their asthma and COPD.

- Space Chamber Plus™ anti-static range
- Space Chamber Plus™ aerosol spacer
- Space Chamber™ re-usable
- Compact Spacer Chamber Plus™
- Breath-A-Tech™ spacer range
- Breath-Alert® peak flow meter
- EZ-fit face masks
- KDK oxygen regulators



Respiratory Devices

Existing distribution network



Respiratory Division

Future

MDI respiratory products:

- now sell in 20 countries
- are ranged in 1600 pharmacies across the USA
- have achieved full reimbursement in the USA
- are Australia's leading brand
- are delivering strong growth around the world

Respiratory Division

Future

MDI is investing heavily in developing new and innovative products

- Anti static spacers
- Anti static mask – (1st of its kind)
- Collapsible spacer
- Economical spacer
- Additional patentable devices and technology

Two new products are expected to be launched during 2017.

Respiratory Devices

Intellectual Property

MDI is protecting its future by generating intellectual property from its new range of respiratory devices.

MDI has filed a number of global patents.

MDI has filed international Trade Marks and Registered Designs in more than 20 countries.

Respiratory Devices

Outlook

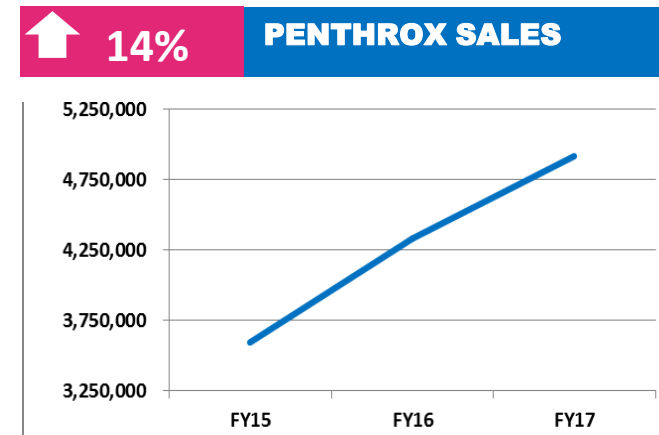
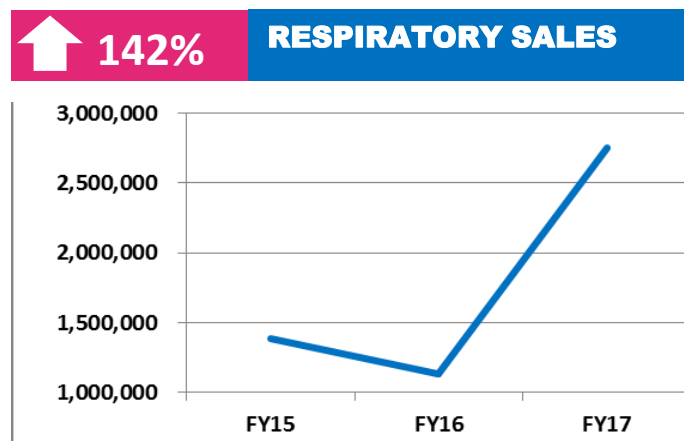
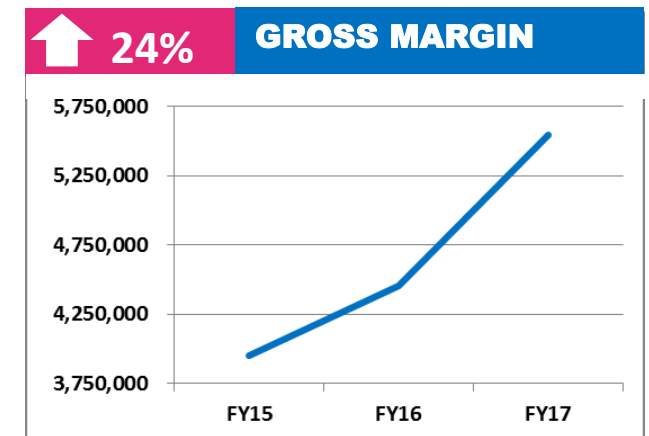
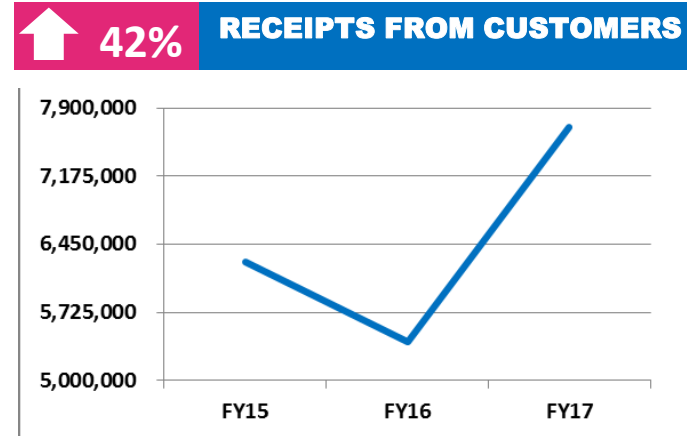
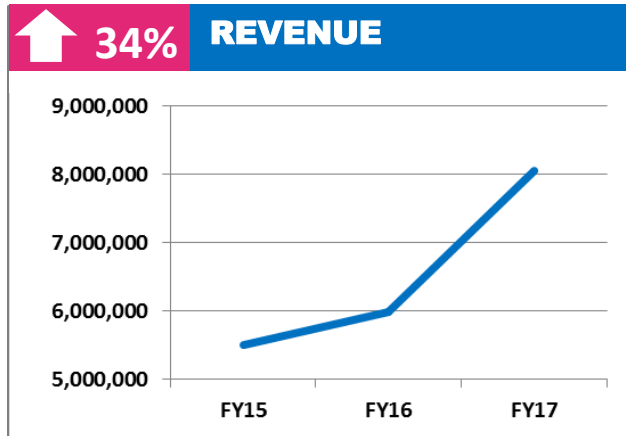
MVP's ambition is to globalise the sales of its Respiratory Devices. That process has begun. We already have partners and make sales in more than 18 countries.

Over the next 12 months we expect to:

1. Obtain additional partnership deals in the USA and deliver sales growth;
2. Obtain additional partnership deals in other countries around the world;
3. Consolidate our position as the largest supplier of Respiratory Devices in Australia;
4. Introduce new products; and
5. Continue to drive down costs and increase the range and quality of our products.

Introducing MVP Corporate

Financial Summary of H1FY17



Financial Summary of H1FY17

- ✓ 34% growth in revenue to a record \$8.05m
- ✓ 74% growth in Net Profit after Tax to \$410,000
- ✓ 24% growth in Gross Margin
- ✓ 51% growth in EBITDA
- ✓ 82% growth in Profit before Tax
- ✓ 14% growth in Penthrox[®] revenue
- ✓ 108% growth in International Penthrox[®] revenue

Financial Summary of H1FY17

- ✓ 142% growth in Global Respiratory Device sales
- ✓ 192% growth in Australian Respiratory Device sales
- ✓ 159% growth in European Respiratory Device sales
- ✓ 148% growth in USA Respiratory Device sales
- ✓ 42% increase in Cash Receipts from customers

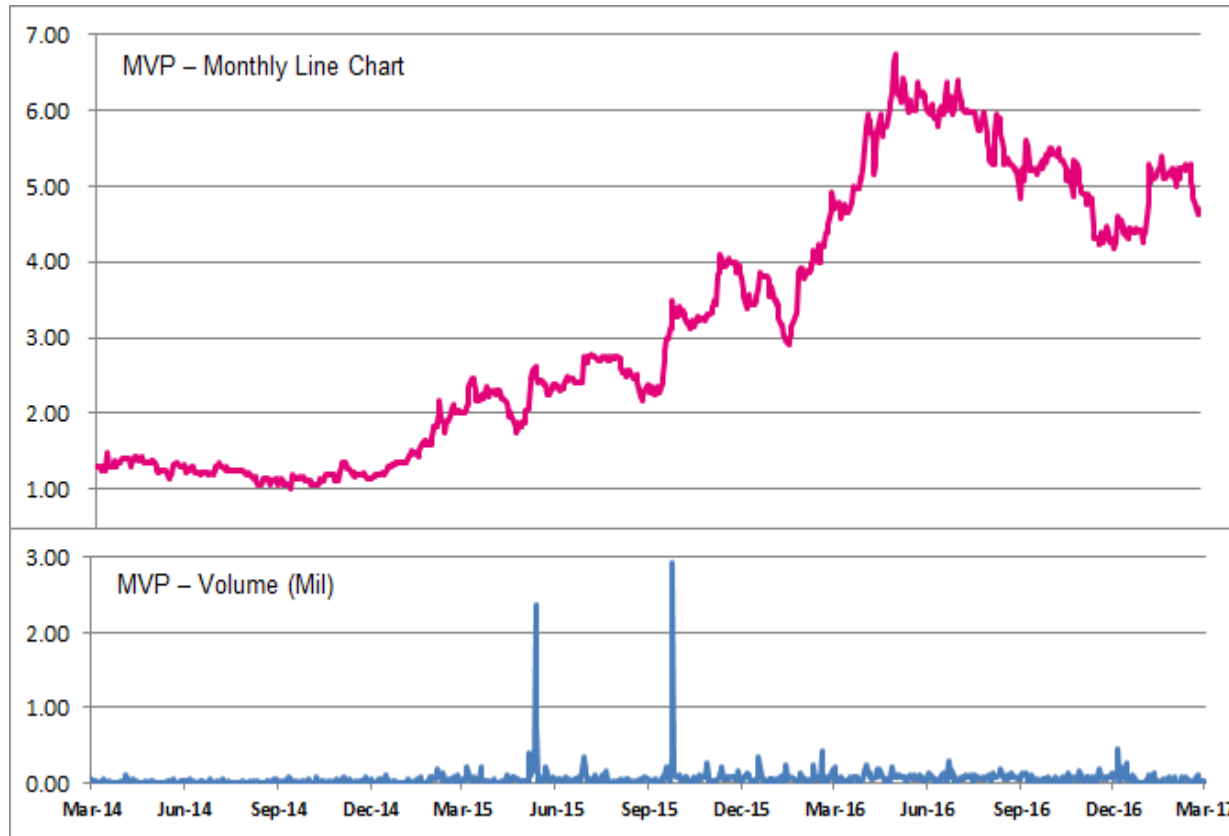
Financial Summary

MDI has been profitable every year since listing on the ASX in 2003 and used those profits for registration and additional clinical studies and:

- has generated a positive cash flow every year;
- pays tax and has paid fully franked dividends;
- has received almost \$18.5 million in upfronts and milestones in the last 15 months; and
- expects a further \$7 million in milestone payments to be received over the next 18 months.

MDI Investor Dashboard (ASX: MVP)

Historical Stock Chart (3yr)



Current Stock Price

5.00 ▲ 0.280 (5.93%)
2 Mar, 12:00pm

Day High 5.080

Day Low 4.810

Open 4.810

Prev. Close 4.720

Avg. Volume 63,642

52 Wk. High 6.850 (3 May 2016)

52 Wk. Low 4.120 (6 Dec 2016)

Mkt. Cap 294.34 (Mil)

MDI Corporate Overview

David Williams



Non-Executive Chairman

The Managing Director of Kidder Williams Ltd, with 32 years experience in investment banking.

Dr Harry Oxer



Non-Executive Director

A Medical Consultant to MVP and St John Ambulance in Western Australia.

Leon Hoare



Non-Executive Director

Recent Managing Director of Smith & Nephew in Australia and New Zealand.

Max Johnston



Non-Executive Director

Recent MD of J&J Asia Pacific. A Non-Executive Director of Enero Group Ltd, Polynovo Limited and Chairman of Probiotec Limited.

Allan McCallum



Non-Executive Director

Over 15 years public companies experience including an ASX 50 company.

Phillip Powell



Non-Executive Director

A Chartered Accountant and has an extensive finance background.

John Sharman



Chief Executive Officer

Mark Edwards



Group Financial Controller & Company Secretary

Glenn Gilbert



Associate Director, Commercial

Scott Courtney



Director of Operations & Research

Maggie Oh



Director of Scientific Affairs

Keith Jeffs



General Manager, Sales & Marketing

Jake Golding



Quality Assurance & Validation Manager

MDI Global Strategy

**New and revised
materials and process**

(lowest cost producer and
significant IP)

Product innovation

(worlds best manufacturing
processes and delivery
devices resulting in significant IP)

**Regulatory
Approval and
new markets**

**New
Business
Partners**

Clinical trials

(Commercial clinical studies
to support marketing and
product development)



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