



Investor Presentation January 2015



ASX: MEB

Medibio Limited - Snapshot

2

Our Aim: - To introduce the first FDA approved evidence-based test for depression/anxiety
- To present an objective test for evaluating the effectiveness of treatment for mental illness

Research Partners: - Johns Hopkins and the Black Dog Institute - world leaders in mental health research



Market: - Depression diagnostic alone is a US\$16bn revenue opportunity

Timeline: - First revenue via corporate and consumer stress-test products mid 2015
- Johns Hopkins validation study completed in 12 months
- Targeting FDA Approval within 12 months from completion of study

Valuation: - Capitalisation \$25m⁽¹⁾ with \$3m in cash post completion (Appendix 1)

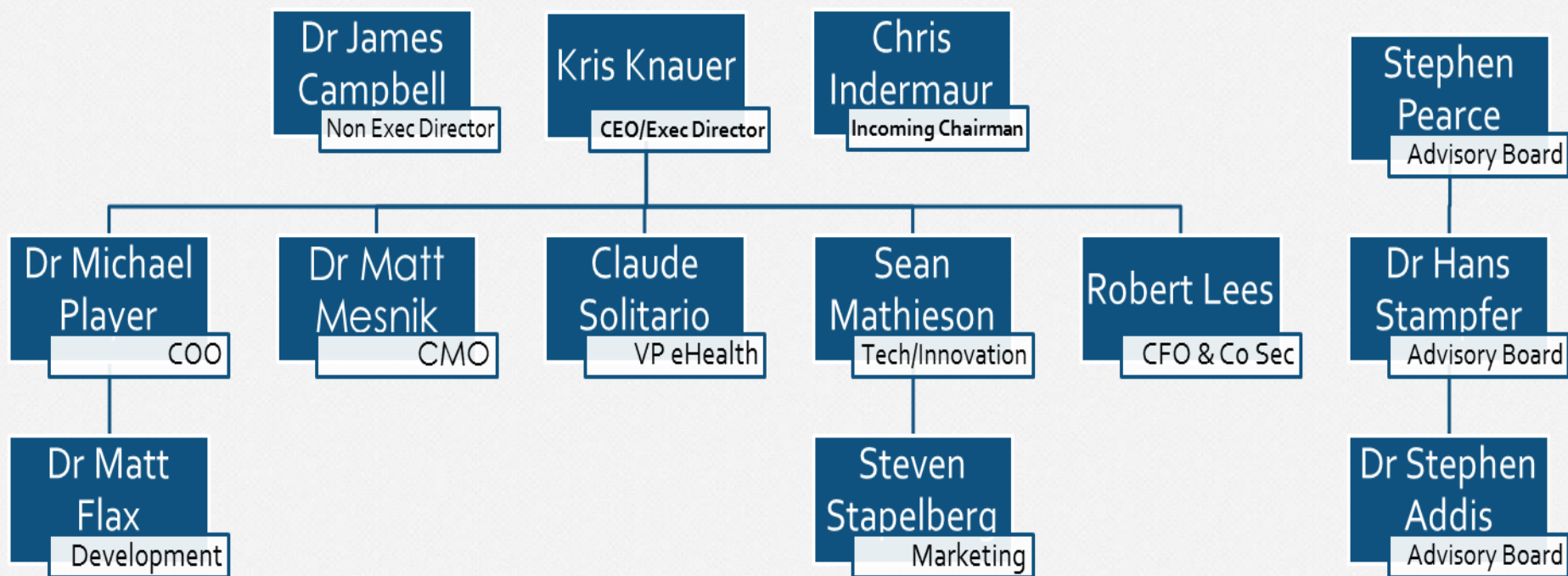
(1) upon completion of acquisition of 100% of Invatec as outlined in ASX Release dated 8 September 2014

Key Company Milestones

Timing	Milestone	Status
Q4 2014	Australian validation site confirmed (BDI)	✓
Q4 2014	U.S. validation site confirmed (Johns Hopkins)	✓
Q4 2014	Appointment of U.S. CRO (NAMSA)	✓
Q1 2015	Delivery of Commercialisation Study (AMETUS)	
Q1 2015	Initiate discussions with FDA	
Q1 2015	Initiate U.S. and Australian validation studies	
Q1 2015	Confirm strategic partner for portable device	
Q2 2015	Complete development of product	
Q2 2015	Commercial launch of product	
Q3 2015	Commercial partnership with U.S. strategic partner	
Q4 2015	Results from U.S. and Australian validation studies	
Q4 2015	Submission to FDA	

Organizational Chart

4



Mental Health Landscape

5

350 Million Worldwide Diagnosed With Depression
1 Suicide Every 40 Seconds

27%
of Adult
Population

**1 Million Suicides
Every Year**

26%
of Adult
Population

1 in 10 on Antidepressants
Up 400%
US \$10Bn Spent annually

20%
of Adult
Population

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

- 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
- CHR adds an objective dimension to the diagnosis of depression and 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



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

- The 'gold standard' clinical diagnosis is based on criteria defined in one of two diagnostic manuals used in Psychiatry, namely, ICD-10 and DSM-5
- However according to the National Institute of Mental Health in the U.S.A.

"We will no longer endorse DSM5, as it has fundamental flaws and we are actively seeking a diagnostic system that is evidence based"

"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

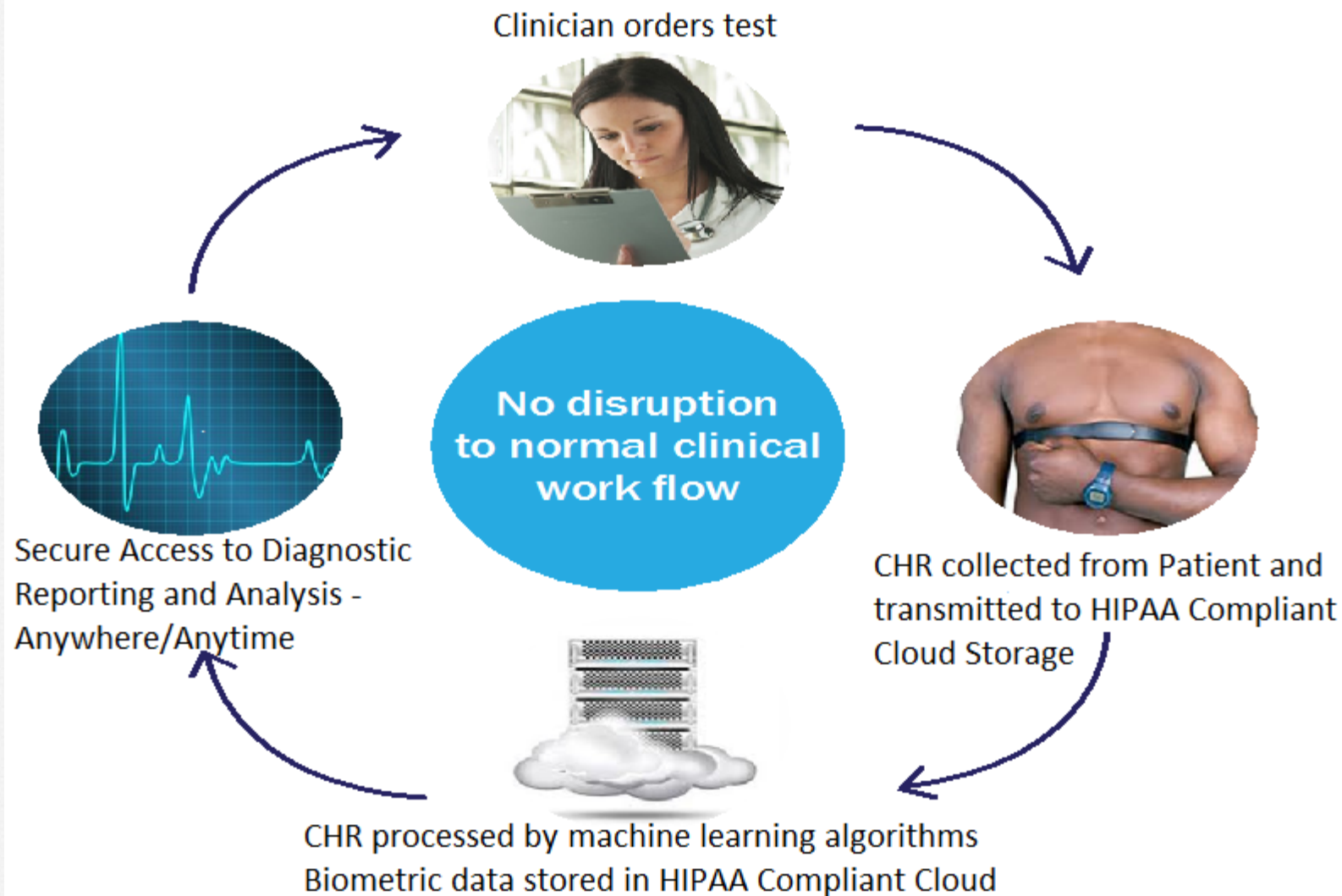


The Hypothesis Behind the Technology

- 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



- 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
- Distinct 'markers' in heart rate data for depression and certain other mental illnesses have been identified
- Normal people (not attending GP/mental health professional) often show minor changes in CHR
- CHR is 'state-dependent' a change in clinical status is associated with a change in CHR
- Serial monitoring of patients under treatment has shown that:
 - effective treatment is associated with normalisation of CHR
 - ineffective treatment does not show normalisation



- 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 3/4Q 2015

- Johns 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

- Presents clinical instruction at JHU School of Medicine & Bloomberg School of Public Health
- Dr Punjabi has published more than 100 research papers

- Study Objective?
 - To demonstrate that Medibio's Circadian Heart Rate Technology can distinguish between melancholic and non-melancholic depression.
- What is the Black Dog Institute (BDI)?
 - Australia's preeminent mental health research organisation.
 - Over 150 research and clinical staff
 - Independent not-for-profit organisation
 - Focus on the rapid translation of mental health research into improved clinical practice
- Who is the Principal Researcher?
 - Professor Gordon Parker
 - The 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



Background to the Study – A Major Breakthrough

14

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)



Target Markets

15

Medical



- ✓ Primary Care Physicians
- ✓ Psychiatrists
- ✓ Psychologists
- ✓ Therapists
- ✓ Counsellors



Corporate



- ✓ High Risk Occupations
- ✓ Insurance Companies
- ✓ Corporate Screening
- ✓ Professions
- ✓ Elite Sports



Consumer



- ✓ Direct to Consumer
- ✓ Ideal for wearables



Pay per report/Licensing arrangements

Consumer App/Corporate Product
(Chronic Stress)

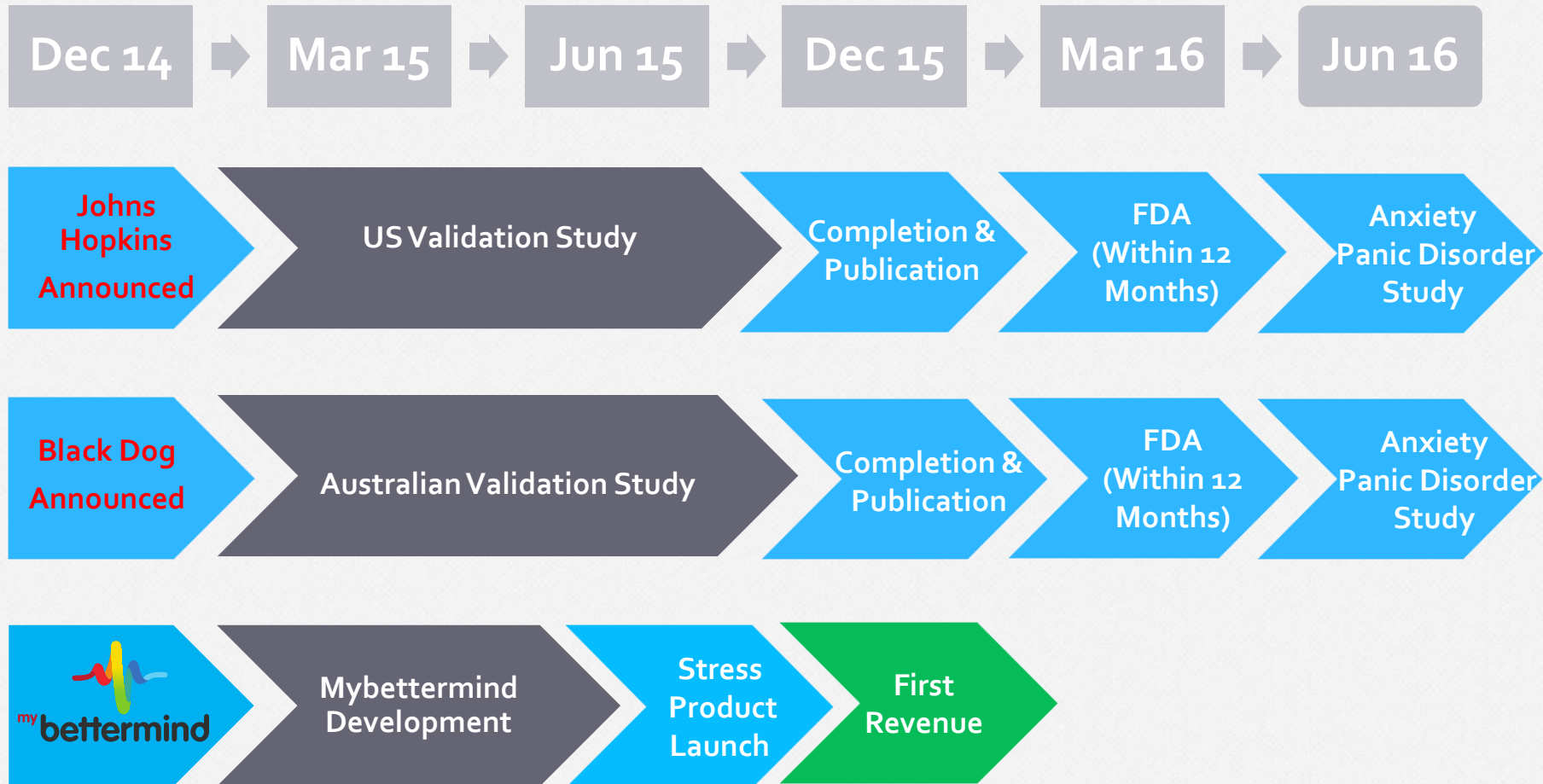


- 500 million smartphone owners using a healthcare app
- 1.7 Billion by 2018¹
- 52% interested in buying wearable devices that measure their health²
- Apple/Mayo Clinic partnership with IOS8. The Goal? iPhone/Apple Watch that makes you healthier!
- Other stress apps on the market have achieved 25 million downloads and we are confident our offering is superior
- 8,500 downloads achieves break even on the mybettermind capital costs



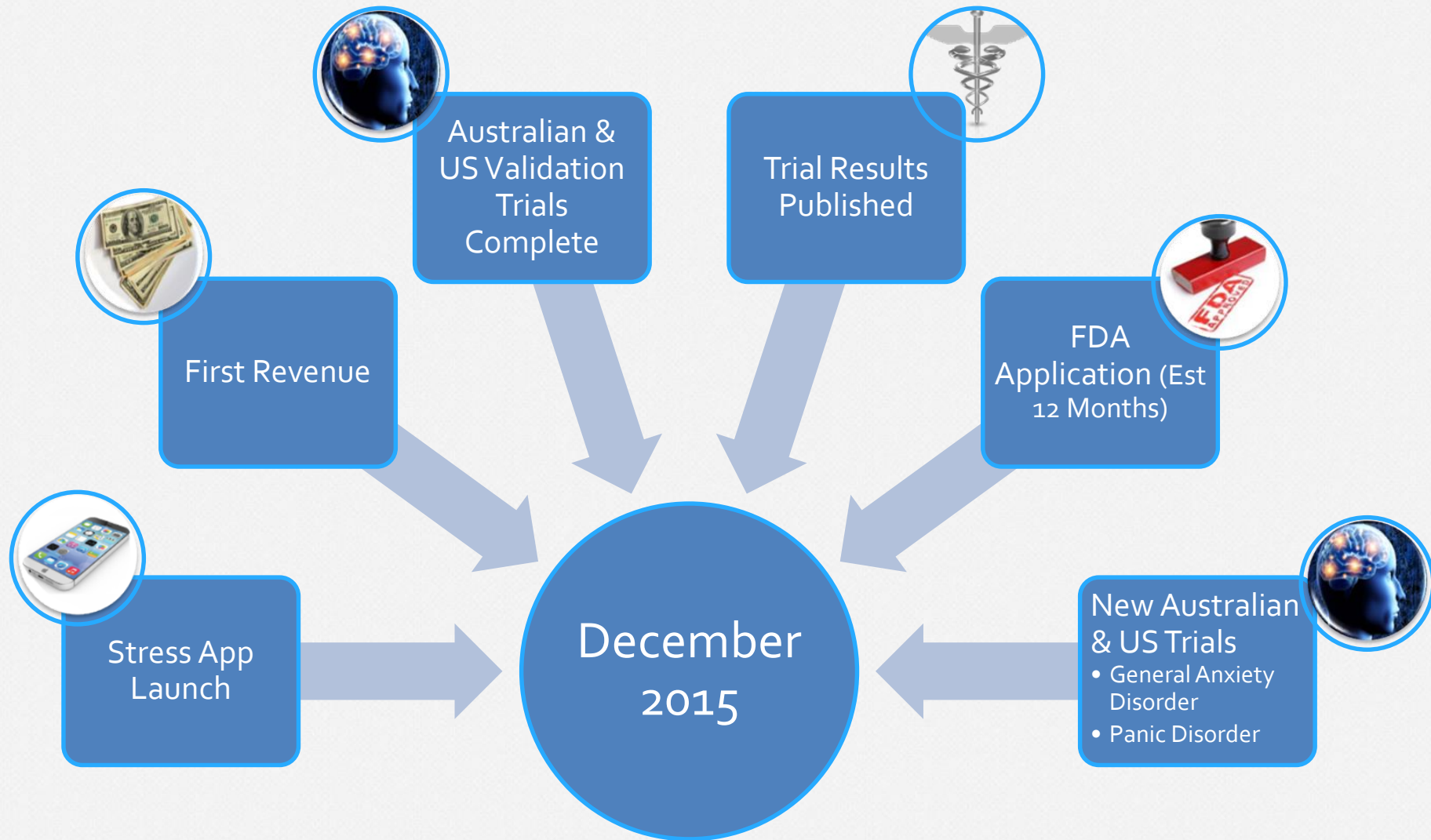
Timeline to Commercialisation

18



Medibio in 12 months - December 2015

19



✓ Ground-breaking quantitative test for mental illness

- Based on analysis of circadian heart data
- No cost effective competing technologies
- Protected by patents and know how
- No existing FDA approved quantitative test



✓ Multiple global market sectors – all large

- Depression diagnostic alone is a \$16 billion revenue opportunity

✓ Supported by over 10 years of research

✓ Validation trials to commence in both:

- U.S.A.
- Australia



✓ Early revenue opportunity—chronic stress product (pre-validation)

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Appendix 1 - Capital Structure

	Existing Capital Structure	Post Consolidation 100:1	
		Shares	Options
Existing shareholders	3,506,522,703	35,065,227	–
Existing Convertible Notes	30 series "A" x \$50,000 @ 0.1¢ 40 series "B" x \$25,000 @ 0.3¢	15,000,000 3,333,333	15,000,000
\$2.5 million Capital Raising		8,333,333	–
Invatec Vendors		25,537,500	4,000,000
TOTAL ON ISSUE AT COMPLETION		87.2 million	19.0 million
Heartlink 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

Board of Directors

- Chris Indermaur (Incoming Chairman)
- Vince Fayad (Chairman retiring)
- Dr James Campbell (Non Executive Director)
- Kris Knauer (CEO/Executive Director)

Management

- Dr Matt Mesnik (CMO) US Based with 20 years Medical Executive experience
- Dr Michael Player (COO) Research Psychologist at Black Dog Institute
- Claude Solitario (VP eHealth Division) Founder
- Stephen Stapelberg (Head Marketing)

Advisory Board

- Stephen Pearce (Chairman Lions Eye Institute and CFO Fortescue Metals)
- Dr Hans Stampfer (Inventor - Professor Psychiatry at UWA and Head Psychiatry Joondalup Teaching Hospital)
- Dr Stephen Addis – (Founder and Head Psychiatry Fremantle Hospital)

Appendix 3 – US Revenue Potential (Depression)

"Appears the existing CPT & ICD9 codes for cardiac rhythm monitoring devices may be leveraged"

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

1. Untreated market (initial diagnosis)

- 60 million annual ambulatory care visits with mental health diagnosis @ US\$45
- US\$2,700m revenue opportunity

2. Treated market (ongoing monitoring)

- 3.5% population @ US\$22.50 per report – quarterly monitoring
- US\$1014m revenue opportunity

"Given the capital expense of the equipment, proprietary software algorithms, and the work associated with the testing, the current payment levels should be sufficient for clinician adoption"