PROXY FORM

THIS DOCUMENT IS IMPORTANT. IF YOU ARE IN DOUBT AS TO HOW TO DEAL WITH IT, PLEASE CONTACT YOUR STOCK BROKER OR LICENSED PROFESSIONAL ADVISOR.

PEARL HEALTHCARE LIMITED

REGISTERED OFFICE: SUITE 7 13 - 25 CHURCH STREET HAWTHORN VIC 3122

5084600913 Reference Number:

ABN: 58 009 259 189

SHARE REGISTRY:
Security Transfer Registrars Pty Ltd
All Correspondence to:
PO BOX 535,
APPLECROSS WA 6953 AUSTRALIA
770 Canning Highway,
APPLECROSS WA 6153 AUSTRALIA

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		SEC	TIOI	N A: /	Appoin	tmen	t o	f Pro	оху														
/We, the above named, being r	egistered holders of the Comp	pany and	l enti	itled to	attend	and vo	te	here	by app	oir	nt:												
	OR																						
The meeting Chairperson (mark with an "X") The name of the person you are appointing (if this person is someone other than the Chairperson of the name of the person you are appointing								mee	eting).	1													
or failing the person named, or accordance with the following d (EDST) on Friday, 21 October 2	irections (or if no directions ha	ave been	give	en, as	the Pro	xy sees	s fi	t) at t	he An	nua	al Ge	ne	ral Me	eeting	g o	f the	Com	pany	y to be	e held	at 1		ım
	SE	ECTION	B: \	Votin	g Dire	ctions	tc	you	ır Pro	ху	1												
Please mark "X" in the box to Resolution	indicate your voting direction	ns to you	r Pro	xy.													For		Aga	ainst	Α	bsta	in*
Adoption of Remun	eration Report																						
2. Re-election of Mr. F	Peter Stirling as Director]					
3. Election of Dr. Rob	ert Smith as Director]					
4. Removal of Mr. P. I	Niederer as Director fort	hwith]					
5. Removal of Mr. I. N	leal as Director forthwith	า]					
If no directions are given my pro If you mark the Abstain box for a particular						w of han	ds c	or on a	poll and	l yo	ur vote	es w	ill not b	e cour	nted	l in co	mputino	g the	require	d majori	ity on	a poll.	
By marking this box, you acknow disregarded because of that inter	Chairperson as your proxy and ledge that the Chairperson may exerci est. If you do not mark this box, and yo f a poll is called on the resolution. The	ise your pro ou have not	xy eve	en if he ted your	has an int proxy hov	erest in to v to vote	he c , the	outcom e Chair	e of the will not	res	olution t your	an vote	d votes es on t	cast b	oy hi oluti	im/hei	other t	than a	will not	be cou	nted	in	
					: Pleas																		
This section must be signed i Individual or Securit		ructions			o enabl	-	' di	ırecti	ons to	b b	e im _i	ple	meni	ed.		Se	curity	/ Hol	lder 3				_
Sole Director and Sole C	Company Secretary				Director									Dire	ecto	or / C	Compa	anv	Secre	tarv			

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My/Our contact details in case of enquiries are:	
NAME	TELEPHONE NUMBER

NOTES

1. Name and Address

This is the name and address on the Share Register of Pearl Healthcare Limited. If this information is incorrect, please make corrections on this form. Shareholders sponsored by a broker should advise their broker of any changes. Please note that you cannot change ownership of your shares using this form.

2. Appointment of a Proxy

If you wish to appoint the Chairperson of the Meeting as your Proxy please mark "X" in the box in Section A. Please also refer to Section B of this proxy form and ensure you mark the box in that section if you wish to appoint the Chairperson as your Proxy.

If the person you wish to appoint as your Proxy is someone other than the Chairperson of the Meeting please write the name of that person in Section A. If you leave this section blank, or your named Proxy does not attend the meeting, the Chairperson of the Meeting will be your Proxy. A Proxy need not be a Shareholder of Pearl Healthcare Limited.

3. Directing your Proxy how to vote

To direct the Proxy how to vote place an "X" in the appropriate box against each item in Section B. Where more than one Proxy is to be appointed and the proxies are to vote differently, then two separate forms must be used to indicate voting intentions.

4. Appointment of a Second Proxy

You are entitled to appoint up to two (2) persons as proxies to attend the meeting and vote on a poll. If you wish to appoint a second Proxy, an additional Proxy form may be obtained by telephoning the Company's share registry +61 8 9315 2333 or you may photocopy this form.

To appoint a second Proxy you must:

- (a) On each of the Proxy forms, state the percentage of your voting rights or number of securities applicable to that form. If the appointments do not specify the percentage or number of votes that each Proxy may exercise, each Proxy may exercise half of your votes; and
- (b) Return both forms in the same envelope.

5. Signing Instructions

Individual: where the holding is in one name, the Shareholder must sign.

<u>Joint Holding:</u> where the holding is in more than one name, all of the Shareholders must sign.

<u>Power of Attorney:</u> to sign under Power of Attorney you must have already lodged this document with the Company's share registry. If you have not previously lodged this document for notation, please attach a certified photocopy of the Power of Attorney to this form when you return it.

<u>Companies:</u> where the Company has a Sole Director who is also the Sole Company Secretary, this form must be signed by that person. If the Company (pursuant to section 204A of the Corporations Act 2001) does not have a Company Secretary, a Sole Director may sign alone. Otherwise this form must be signed by a Director jointly with either another Director or Company Secretary. Please indicate the office held in the appropriate place.

If a representative of the corporation is to attend the meeting the appropriate "Certificate of Appointment of Corporate Representative" should be lodged with the Company before the meeting or at the registration desk on the day of the meeting. A form of the certificate may be obtained from the Company's share registry.

6. Lodgement of Proxy

Proxy forms (and any Power of Attorney under which it is signed) must be received by Security Transfer Registrars Pty Ltd no later than 11.00am (EDST) on Wednesday 19 October 2011, being 48 hours before the time for holding the meeting. Any Proxy form received after that time will not be valid for the scheduled meeting. Please lodge the proxy form with the Company's Share Registry, you are encouraged to submit your proxy by mail or fax 08 9315 2233. The addresses of Security Transfer are as follows:

Security Transfer Registrars Pty Ltd PO BOX 535 Applecross, Western Australia 6953

Street Address: Alexandrea House, Suite 1 770 Canning Highway Applecross, Western Australia 6153

Telephone +61 8 9315 2333

Facsimile +61 8 9315 2233

Email registrar@securitytransfer.com.au

PRIVACY STATEMENT

Personal information is collected on this form by Security Transfer Registrars Pty Ltd as the registrar for securities issuers for the purpose of maintaining registers of securityholders, facilitating distribution payments and other corporate actions and communications. Your personal details may be disclosed to related bodies corporate, to external service providers such as mail and print providers, or as otherwise required or permitted by law. If you would like details of your personal information held by Security Transfer Registrars Pty Ltd or you would like to correct information that is inaccurate please contact them on the address on this form.