



FY 2024 Result Investor Presentation

February 2025

Imricor's vision is to bring iCMR to every cardiac centre in the world

Disclaimer

The material contained in this document is a presentation of general background information on Imricor Medical Systems, Inc. (**Imricor**) and its activities current as of the date of this presentation. It should be read in conjunction with Imricor's periodic and continuous disclosure announcements filed with the Australian Securities Exchange, available at www.asx.com.au.

The information is supplied in summary form and is therefore not necessarily complete. It is not intended that it be relied upon as advice to investors or potential investors, who should consider seeking independent professional advice depending upon their specific investment objectives, financial situation or particular needs. The material contained in this presentation may include information derived from publicly available sources that have not been independently verified. None of Imricor, its officers, directors, employees and agents, nor any other person makes any representation or warranty as to the accuracy, completeness or reliability of the information contained in this presentation and none of them accepts responsibility or liability for any errors or omissions in this presentation whatsoever.

Unless otherwise noted, financial information in this presentation has been prepared in accordance with accounting principles generally accepted in the U.S. (**US GAAP**) and are denominated in US dollars.

This presentation may contain statements that constitute "forward-looking statements". Forward-looking statements are statements about matters that are not historical facts. Forward-looking statements appear in a number of places in this presentation and include statements regarding Imricor's intent, belief or current expectations with respect to its business and operations, market conditions, results of operations and financial condition.

Imricor uses words such as 'will', 'may', 'expect', 'intend', 'seek', 'would', 'should', 'could', 'continue', 'plan', 'estimate', 'anticipate', 'believe', 'probability', 'risk', 'aim', or other similar words to identify forward-looking statements. These forward-looking statements reflect Imricor's current views with respect to future events and are subject to change, certain risks, uncertainties and assumptions which are, in many instances, beyond its control, and have been made based upon management's expectations and beliefs concerning future

developments and their potential effect upon Imricor. There can be no assurance that future developments will be in accordance with Imricor's expectations or that the effect of future developments on Imricor will be those anticipated. Actual results could differ materially from those which we expect, depending on the outcome of various factors. Investors and others are cautioned not to place undue reliance on forward-looking statements.

Imricor is under no obligation to update any forward-looking statements contained in this presentation, whether as a result of new information, future events or otherwise, after the date of this presentation.

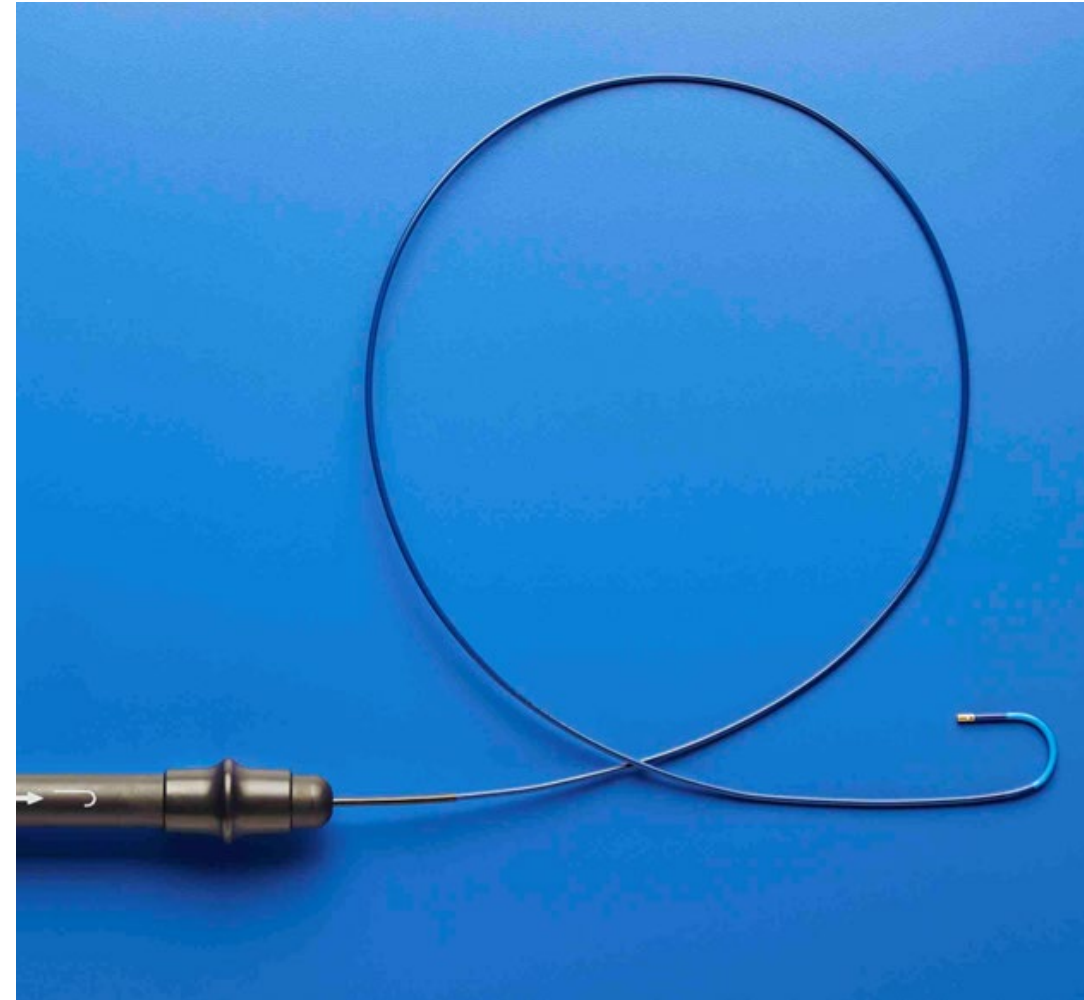
Imricor's CHES Depositary Interests (**CDIs**) are traded on ASX in reliance on the safe harbour provisions of Regulation S under the US Securities Act of 1933, as amended, and in accordance with the procedures established pursuant to the provisions of a no-action letter dated 7 January 2000 given to ASX by the staff at the US Securities and Exchange Commission. The relief was given subject to certain procedures and conditions described in the no-action letter. One of the conditions is that the issuer provides notification of the Regulation S status of its securities in communications such as this presentation.

The distribution of this document outside of Australia may be restricted by law and any such restrictions should be observed. This presentation does not constitute an offer to sell, or the solicitation of an offer to buy, any securities in the United States or in any other jurisdiction.



Contents

Imricor background (slides 4-19)	04
Key highlights – (management presentation begins on slide 20)	20
FY24 financial results	21
Looking ahead to 2025	25
Q&A	30



Cardiac Arrhythmias – A growing problem globally



Disturbances in the electrical impulses that maintain a regular heart rhythm causes **arrhythmias**, that present as:

- atrial flutter (AFL)
- atrial fibrillation (Afib)
- ventricular tachycardia (VT)



Arrhythmias are a leading cause of stroke and increase the risk of a cardiac event - affect ~2% of the US population, ventricular arrhythmias are estimated to cause 75%-80% of cases of sudden cardiac death¹



Incidence in the U.S has doubled from 1990 to 2019² and is expected to double again to 4% of the population by 2030³

¹ Nature October 2022

² American Heart Association Aug 2023

³ American Heart Association Nov 2023

Treatment options

1

Ablation

- Catheter ablations have become first-line therapy for curing arrhythmias
- Ablations can permanently restore the heart to normal rhythm
- Minimally invasive surgery where a catheter is guided into the heart and energy is applied to destroy the heart cells responsible for the arrhythmia

2

Drugs

- Anti-arrhythmia medication can be used to help manage the condition, but they do not cure the arrhythmia. Side effect include thyroid issues, liver damage, lung toxicity, depression, risk of new arrhythmia

3

Implantable device

- Pacemakers and implantable cardioverter-defibrillators.
- Can cost >\$42,000¹ and carry risks of complications, battery replacement, follow ups and potential medication like blood thinners to limit risk of blood clots and stroke



¹ National Library of Medicine 2007

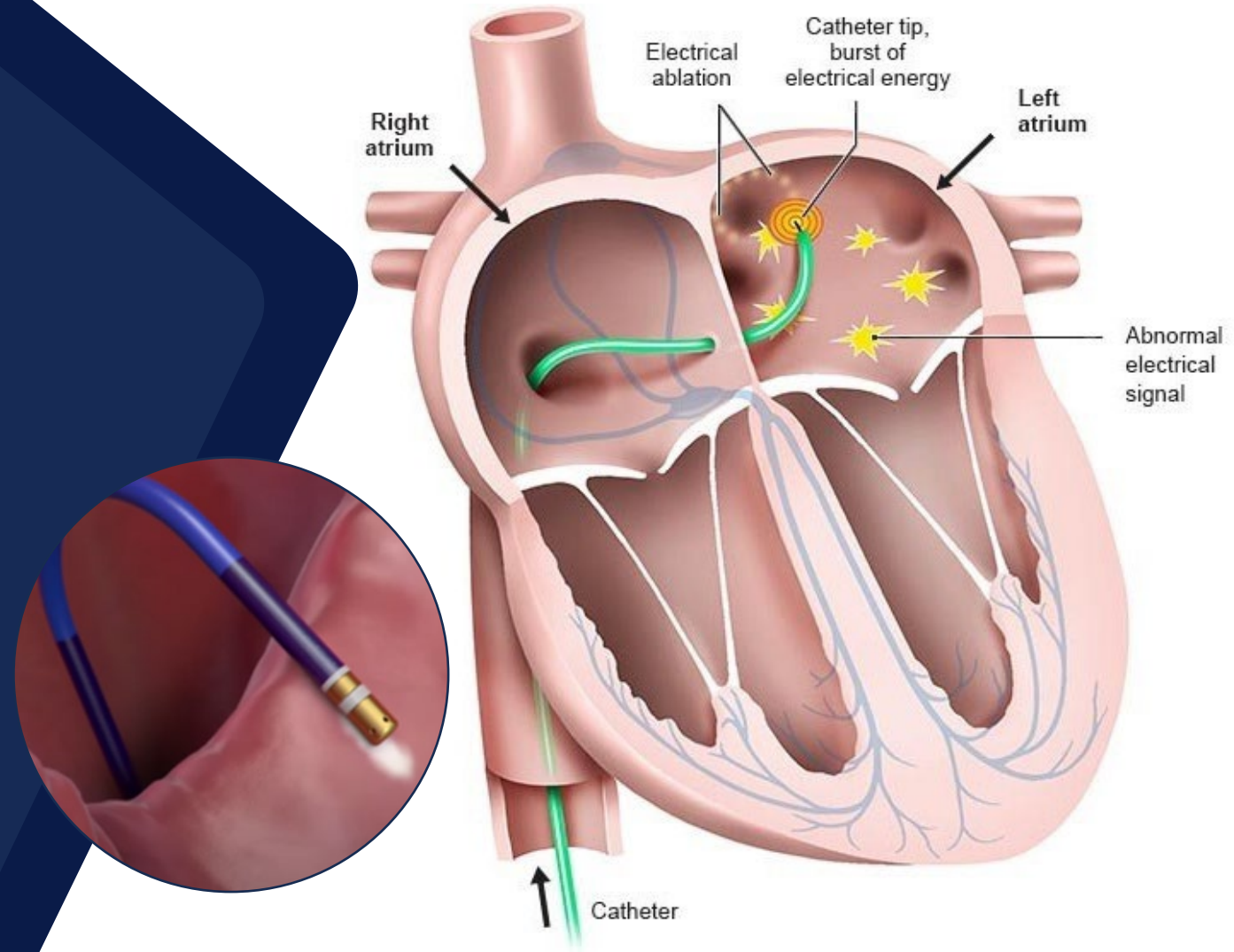


Catheter Ablation

A catheter is guided into the heart and the physician will apply energy (radiofrequency, cryo, pulse field) through the catheter with the purpose of forming scars/lesions that destroy the heart cells responsible for causing the electrical misfiring.

If the right amount of energy is applied in the right areas the arrhythmia can be terminated, and the heart is restored to normal sinus rhythm.

Not being able to visualize the soft tissue of the heart nor the lesions formed has been a key barrier to higher first-time success rates and faster procedures.



X-Ray as an imaging modality

X-rays are particularly good for visualizing bones and detecting fractures, dislocations, and bone density issues

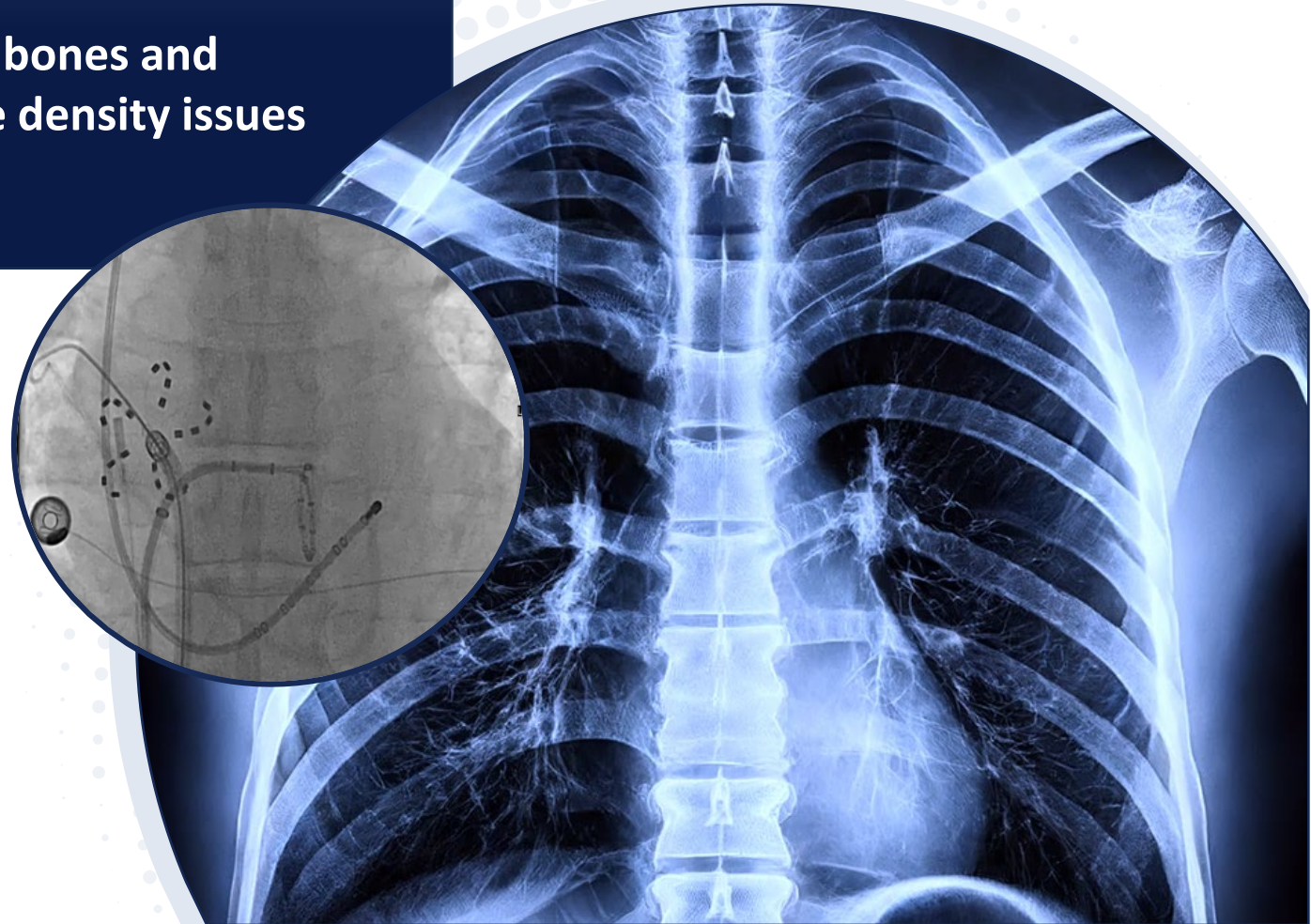
LIMITATIONS

Soft Tissue Visualization

X-rays are not as effective at visualizing soft tissues like muscles, ligaments, and organs.

Radiation Exposure

X-rays expose patients to ionizing radiation, which can be harmful in high doses or with repeated exposure.



X-Ray guided cardiac ablation in conventional EP Lab

In the past, doctors had to rely on X-Ray guidance as the only imaging modality available

CHALLENGES OF X-RAY

Cannot visualize soft tissue of the heart

Daily ionizing radiation exposure. Heavy lead gowns required to be worn.

Requires time consuming electrical mapping of the heart

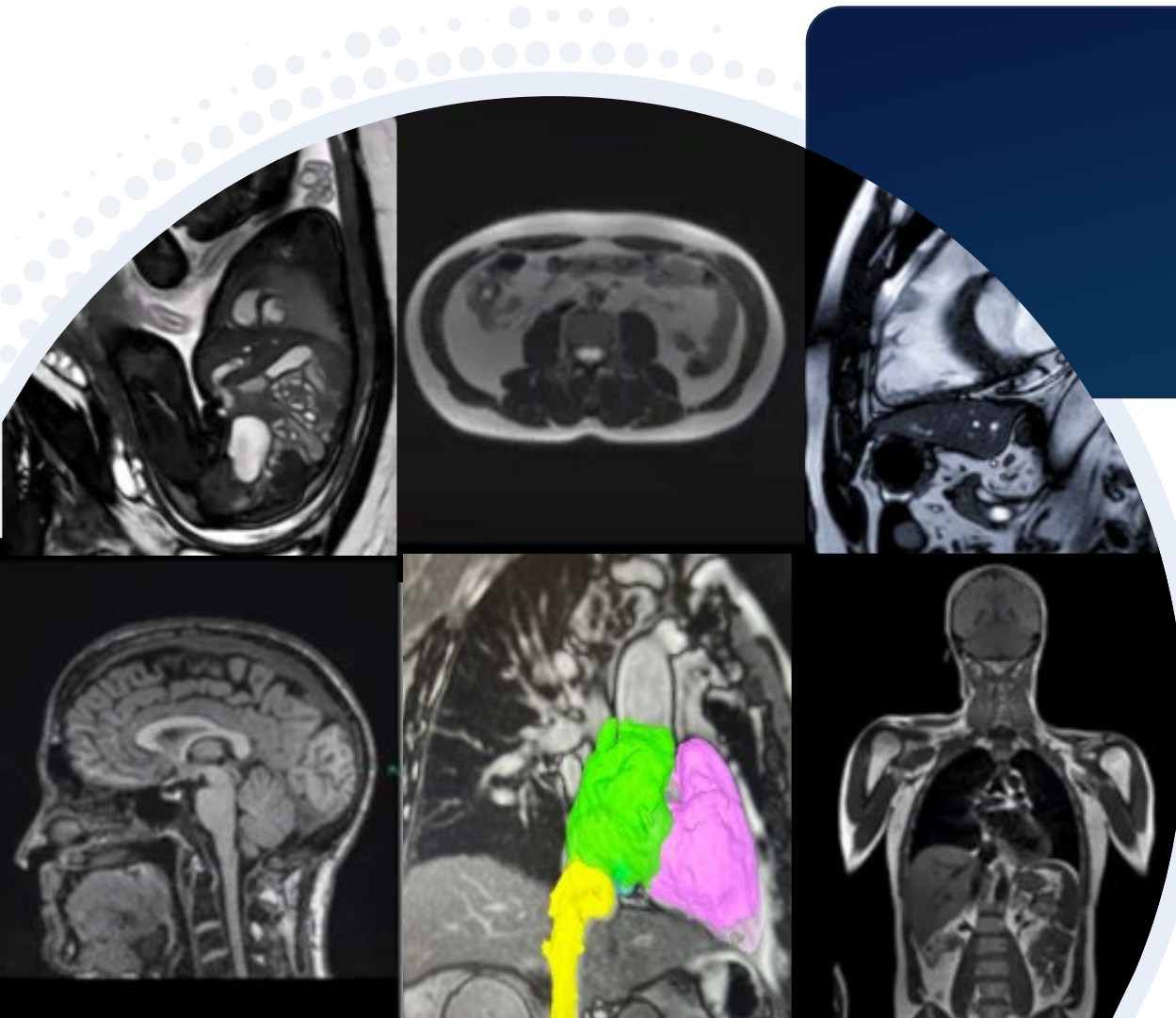


Cannot confirm lesions created are durable

Drives additional tool usage like ICE catheters to cross septum and mapping catheters which increases procedure time and costs for the hospital

Low first-time success rate **38%-95%** depending on the type of arrhythmia

MRI as an imaging modality



MRI is highly sensitive in detecting a variety of conditions, including tumours, brain disorders, spinal cord injuries, joint abnormalities, and vascular diseases.

Detail

MRI provides excellent contrast between different types of soft tissues, making it ideal for imaging the brain, heart, spinal cord, nerves, muscles, and ligaments.

No Radiation

MRI does not use ionizing radiation, so it is safer for repeated use and for certain populations, such as pregnant women and young children.

The Promise of MRI for Cardiac Interventions

Researchers from Johns Hopkins in the 1990's and 2000's demonstrated the **benefits of performing ablations under MRI instead of X-Ray guidance.**

The promise was for **faster procedures, lower costs, higher first-time success rates** all in an environment free of ionizing radiation.

- Many have tried, and failed, to solve the engineering problem to unlock the superior imaging capabilities of MRI for electro physicians

Imricor's technology was developed in response to a well-documented need for better visualisation in cardiac surgical procedures

- Market application is already well defined
- Only company globally to have made devices that are safe and effective inside the strong magnetic field created by an MRI scanner



Imricor has pioneered this new approach over 18 years

BENEFITS OF MRI

Superior soft tissue visualization in 3D

Faster procedures, no need to map out the heart with expensive mapping catheter

Lesion verification to allow higher first-time success rates

Lower cost, no need for ICE catheter to guide septal crossing

Lower overall cost burden on health system and insurance companies

Diagnostic revenue when not in use for interventions

Zero radiation for patient and doctor



Imricor Enable Modern iCMR Labs



- Imricor captures 100% of the consumable revenue for each procedure

iCMR lab
(MRI scanner and lab room)

MRI Partners

Siemens
Philips
GE

Capital equipment
(Advantage-MR, 3rd party equip)
Imricor

Software
(NorthStar)
Imricor

Consumables
(catheters, etc.)
Imricor



Modern iCMR Lab Vendors

MRI COMPATIBLE EQUIPMENT NEEDED	DEVELOPER	IMRICOR REVENUE TYPE
Ablation catheter	Imricor	Consumable
Diagnostic catheter	Imricor	Consumable
Transseptal puncture kit	Imricor	Consumable
Dispersive electrode	Imricor	Consumable
Various sterile cables	Imricor	Consumable
NorthStar 3D Mapping System	Imricor	Purchase + Annual licenses
Ablation generator	Imricor	Capital + annual service
MR Advantage EP Recorder/Stimulator	Imricor	Capital + annual service
MR Wireless Headsets	OptoAcoustics	Capital + annual service
12-lead ECG	MiRTLE Medical	Capital + annual service
In-room Displays	Nordic NeuroLab	Capital + annual service
Defibrillator	MIPM	
Patient Monitor	Philips	
MRI Scanner	Siemens, Philips, GE	

Imricor captures 100% of the consumable revenue for each procedure





**“What may have taken several hours in
the x-ray lab took less than an hour to
perform using NorthStar in the iCMR”**

DR. MARCO GÖTTE

Amsterdam University
Medical Center



Market Opportunity



iCMR Lab Economics: Hospital

Labs

X-ray and iCMR labs **cost about the same** to build: \$3 million¹

Procedures

Procedure costs	X-ray Lab	iCMR Lab	Annual benefit for iCMR ³
AFL device costs	\$4,443	\$4,000	\$44,430 / yr
VT device costs	\$9,618	\$6,500	\$311,800 / yr
Afib device costs ⁴	\$9,618	\$6,500	\$935,400 / yr
Total Savings:			\$1.3 million / yr

Plus

iCMR labs generate extra revenue for hospital with diagnostic imaging

¹ Average of four publicly disclosed recent EP lab projects in the US
<https://www.casling.com/blog/how-much-does-an-mri-scanner-cost> plus \$1 million for Imricor and 3rd party EP equipment

³ Assumes 100 AFL, 100 VT and 300 Afib procedures per year

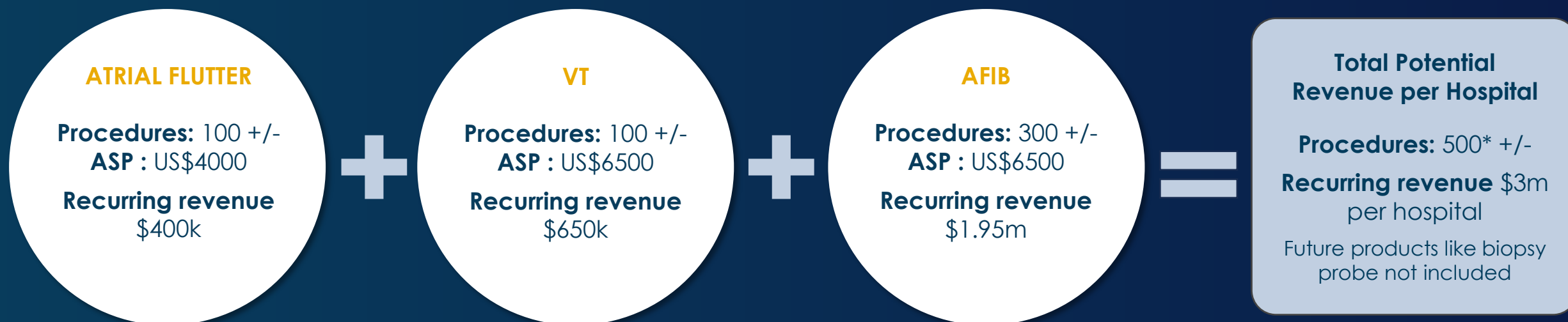
⁴ Assumes same device set used for VT ablations



iCMR Lab Economics:

Imricor

US Top 50 Hospitals by volume	AFL	VT	Afib	Total
Average procedures pa	434	173	1010	1617
Imricor ASP US\$ per procedure	\$4000	\$6500	\$6500	
Revenue opportunity per hospital US\$	\$1.7m	\$1.1m	\$6.6m	\$9.43m



*Assumes 2 procedures per day, 5 days a week. Larger hospitals do more than the 500 assumed

A strong and growing market in cardiac ablation

A large global addressable market with high growth potential supported by favourable growth drivers

DRIVERS OF GLOBAL CATHETER ABLATION MARKET



Increased incidence of cardiac disease

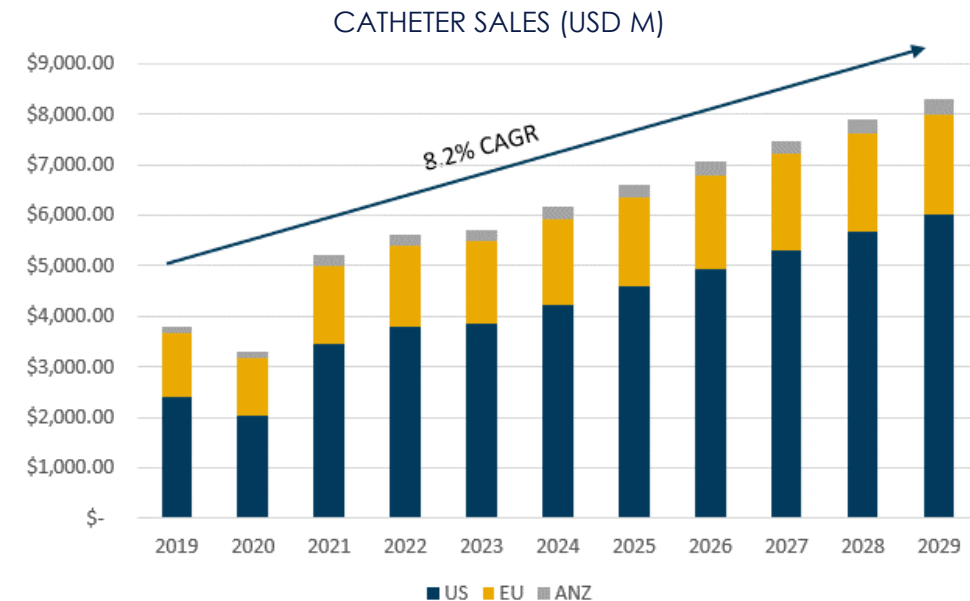


Shift towards minimally invasive procedures



Cost effectiveness of catheter ablation as treatment option

CARDIAC ABLATION DISPOSABLES MARKET: US, EU, ANZ



Sources:

Millennium Research Group Electrophysiology Mapping and Ablation Devices Europe 2021 July 2020

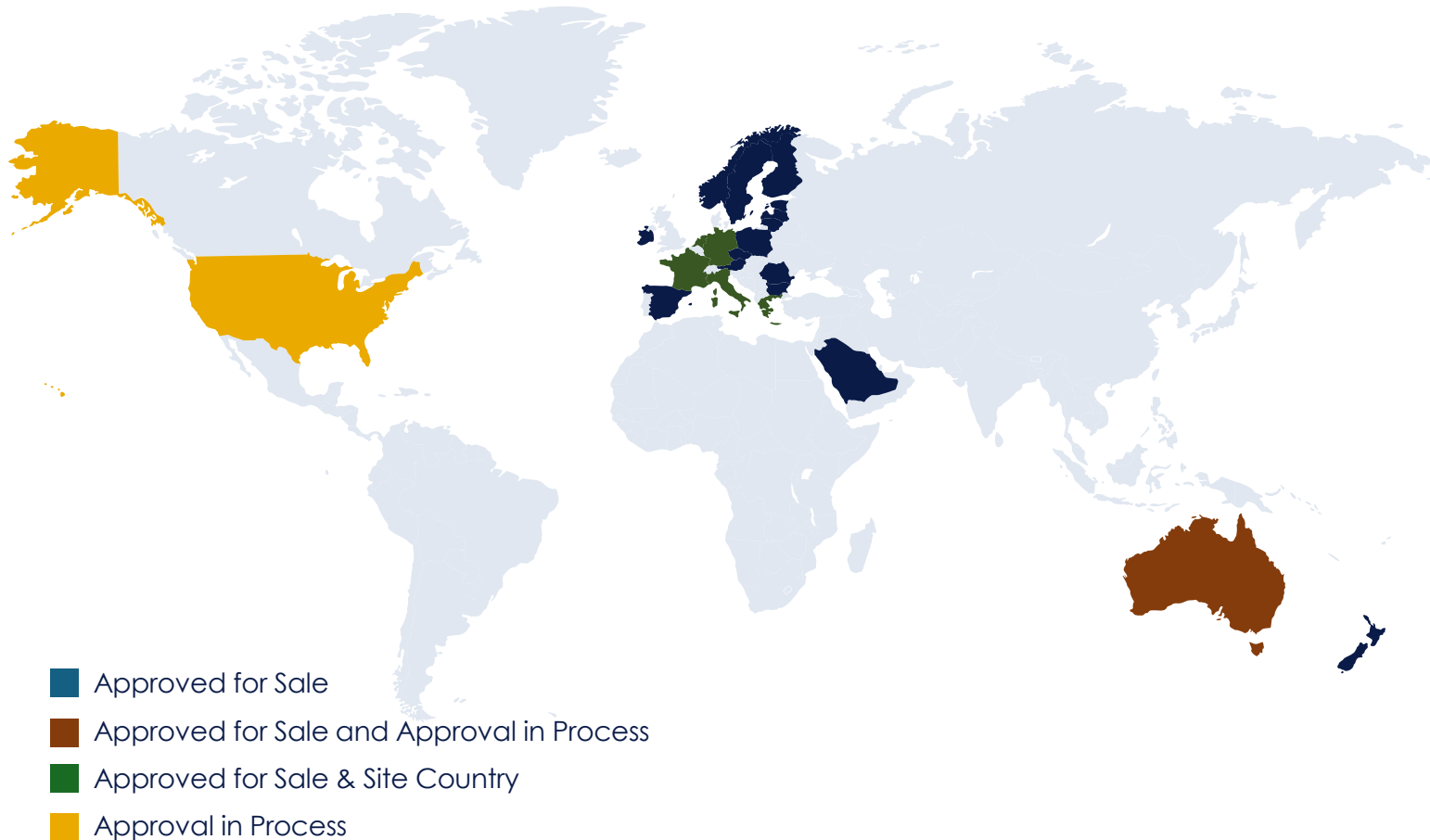
Millennium Research Group Electrophysiology Mapping and Ablation Devices US 2021 June 2020

Decision Research Group, Targeted Research



Wide Geographical Spread

**Imricor are approved for sale in over 30 countries,
with 8 countries containing customer sites today**



- Imricor's products are currently approved in 31 countries, with 8 countries containing customer sites
- Estimated over 1,000,000 ablation procedures across the US, EU and Aus in 2023, with growth in these markets estimated at 5.9% CAGR to 2029
- Average estimated consumable revenue of USD \$3,500 - \$6,500 per procedure depending on indication
- Expected US, ANZ, Nordics, and additional Middle East countries will be activated within the next 6-24 months

Key Highlights



**Steve
Wedan**

Founder and CEO

"2024 was a year of significant progress across Imricor, and a turning point for all of us in so many ways. Looking forward, there is no time to pause and appreciate the magnitude of what we have accomplished, because our work is not done.

"We have started 2025 with excellent momentum. A strong balance sheet has allowed us to make measured investments towards several functions, and these are already having a material impact across the business.

"We are advancing iCMR applications, driving towards US commercialisation, expanding in the Middle East, and once again growing our European pipeline to pre-pandemic levels.

"The milestones ahead of us in 2025 are truly groundbreaking. Within Imricor, you can feel the excitement, whilst externally, you can feel the anticipation. It is a special time, and we are genuinely eager to deliver on our mission and on the promise of MRI-guided interventional medicine."



Regulatory

- US FDA modular review process progressed to plan
- NorthStar 3D Mapping System submitted for CE Mark
- First iCMR guided ablation on US soil performed at Johns Hopkins
- Ethics approval received at Amsterdam UMC to commence VISABL-VT trial
- Saudi FDA approval received
- CE Mark received for Vision MR-Diagnostic Catheter



Commercial

- Re-started global rollout with site activations in France, Netherlands, Croatia, Switzerland
- First purchase order received from the Middle East.
- Signed license agreement with ADIS for AI integration into NorthStar
- Completed NorthStar technical objectives to operate on Philips MRI platform
- Began rebuilding global Sales team



Financial

- Revenue of US \$959k, up 56% on pcp
- Operating costs including R&D well contained down 1% to \$17.3m
- Strong balance sheet US \$15.7m cash to fund major milestones

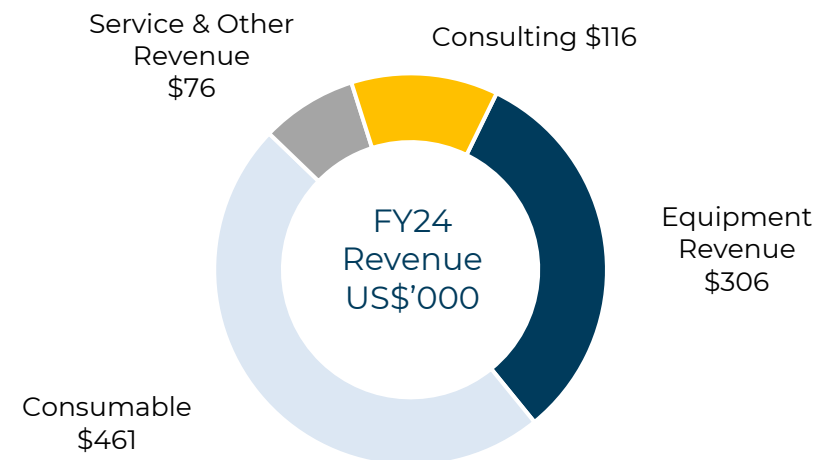




Financial Performance

Profit and loss - Costs well contained as revenue starts to grow

US\$'000	FY24	FY23
Revenue	959	616
Costs and non-R&D expenses	(8,643)	(9,145)
R&D expenses	(7,865)	(7,618)
Other income (expenses), net	307	152
EBITDA	(15,242)	(15,995)
Depreciation & Amortization	(748)	(708)
EBIT	(15,990)	(16,703)
Finance income (costs), net	238	(15)
Foreign exchange gain	198	5
Fair value change	(14,138)	(4,646)
Loss from capital commitment	-	(1,297)
Net loss before tax	(29,692)	(22,626)
Income tax benefit	-	-
Net loss after tax	(29,692)	(22,626)
Underlying net loss after tax	(15,555)	(16,683)



Commentary

- Revenue growth of 56% on pcp driven by capital sales and new site activations.
- Costs and non-R&D expenses decreased 5% primarily due to continued decreases in D&O insurance premiums (\$329) and inventory reserves (\$230).
- R&D expenses increased due to higher staffing costs (\$396) and spending on testing (\$197), which were partially offset by lower spending on regulatory compliance (\$236).
- Net loss impacted by **change in fair value** of convertible note, which **does not affect cash**
- Underlying net loss of \$15.6 million down 7% on prior year



Balance Sheet

US\$'000	Dec-24	Dec-23
Cash and cash equivalents	15,708	832
Accounts receivable	345	393
Inventory	1,502	1,681
Other current assets	794	1,034
Total current assets	18,349	3,940
PP&E, net	1,879	2,274
Inventory, long term	328	838
Operating lease right of use assets	718	891
Other long-term assets	350	365
Total long-term assets	3,275	4,368
Total assets	21,624	8,308
Accounts payable	335	2,104
Accrued expenses	1,493	791
Financing obligation	209	423
Current portion of contract liabilities	60	583
Other current liabilities	259	667
Total current liabilities	2,356	4,568
Convertible note	19,870	8,453
Option and warrant liabilities	4,667	1,945
Long-term contract liabilities	1,099	795
Other long-term liabilities	1,009	1,300
Total long-term liabilities	26,645	12,493
Total liabilities	29,001	17,061
Share capital	134,903	103,834
Accumulated losses	(142,280)	(112,587)
Total equity	(7,377)	(8,753)

Commentary

- Accounts payable decrease follows payment of nonrecurring invoices for 3rd party equipment inventory and regulatory compliance/submission fees that were outstanding in pcip.
- Contract liabilities represent deferred revenue to be recognized in future years
- Convertible note held at fair value under US GAAP; outstanding principal and interest at 31 December was \$6 million
- Option and warrant liabilities relate to securities issued as part of the financing activities in 2023 and are held at fair value under US GAAP



Cashflow

US\$'000	FY24	FY23
Net loss	(29,693)	(22,626)
Other non-cash adjustments	14,889	7,746
Change in other assets and liabilities	(770)	1,903
Operating cash flows	(15,574)	(12,977)
Investing cash flows	(75)	(83)
Proceeds from issuance of common stock (net)	31,000	5,762
Proceeds from issuance of convertible note (net)	-	2,664
Other financing activities	(666)	(212)
Financing cash flows	30,334	8,214
Net change in cash	14,685	(4,846)
Effect of foreign currency changes on cash	191	(10)
Cash at 31 December	15,708	832

Commentary

- Other non-cash adjustments were up vs. prior comparative period primarily due to an increase in the change in fair value charges.
- Cash burn related to other assets and liabilities was higher vs. the prior comparative period primarily due to the decrease in accounts payable.
- Proceeds from issuance of common stock:
 - 2024 proceeds reflect the Company's placements launched in February and July
 - 2023 proceeds reflect the Company's placements in July, August and October
- Proceeds from issuance of convertible note in the prior period relate to the \$2.7 million note issued in March 2023



Looking Ahead to 2025



How Imricor plans to change the standard of care

VISABL-VT will be the world's first real-time **iCMR** guided VT ablation.

What to expect?

A study¹ in Barcelona of 84 patients, where CMR² was utilised to guide VT procedures through pre-procedural image acquisition³, revealed the following when compared to X-ray only ablation:

	CMR guided	X-Ray guided
Average duration	1 hour 47 mins	3 hours 47 mins
First time success	82%	54%

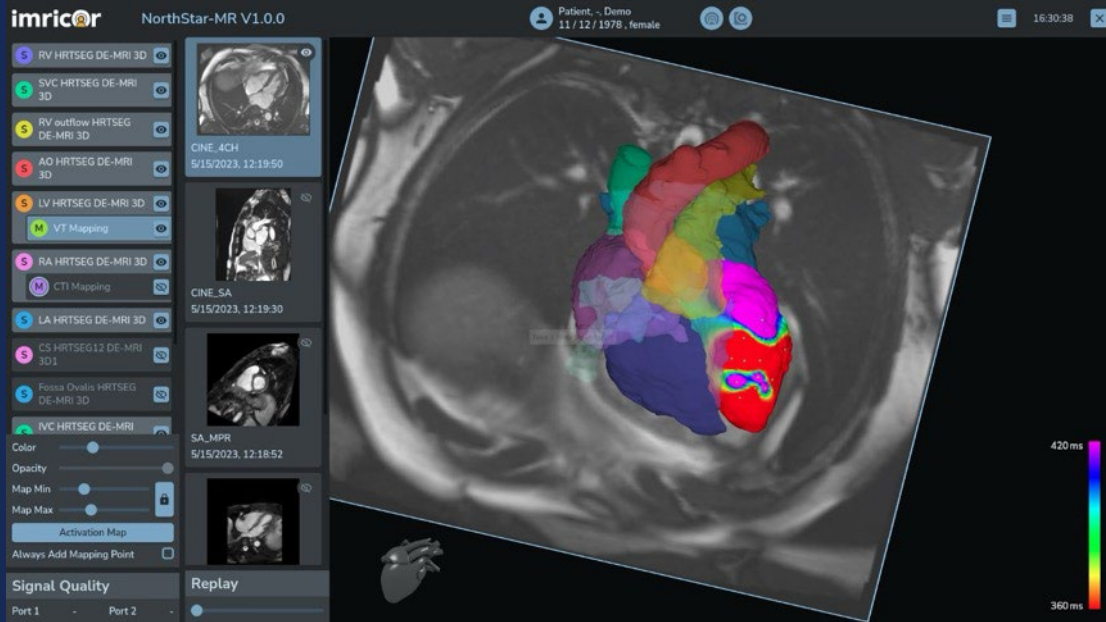
We believe this study represents a half-step toward Imricor's goal of peri-procedural **real-time iCMR** guided VT ablations.

1. Soto-Iglesias et al, "Cardiac Magnetic Resonance-Guided Ventricular Tachycardia Substrate Ablation," *JACC: Clinical Electrophysiology*, 2020
2. Cardiac Magnetic Resonance, signifies MRI scanner sits in cardiology department instead of radiology
3. Not real-time guidance, only use of pre-acquired MR images



NorthStar – accelerating towards approval and commercialisation

NorthStar



Key piece of the infrastructure, intended to be the central hub of every iCMR lab



Application potential well beyond cardiac ablation



Strong in-bound interest from hospitals



Solves problem for pediatric hospitals where radiation minimisation is a key priority

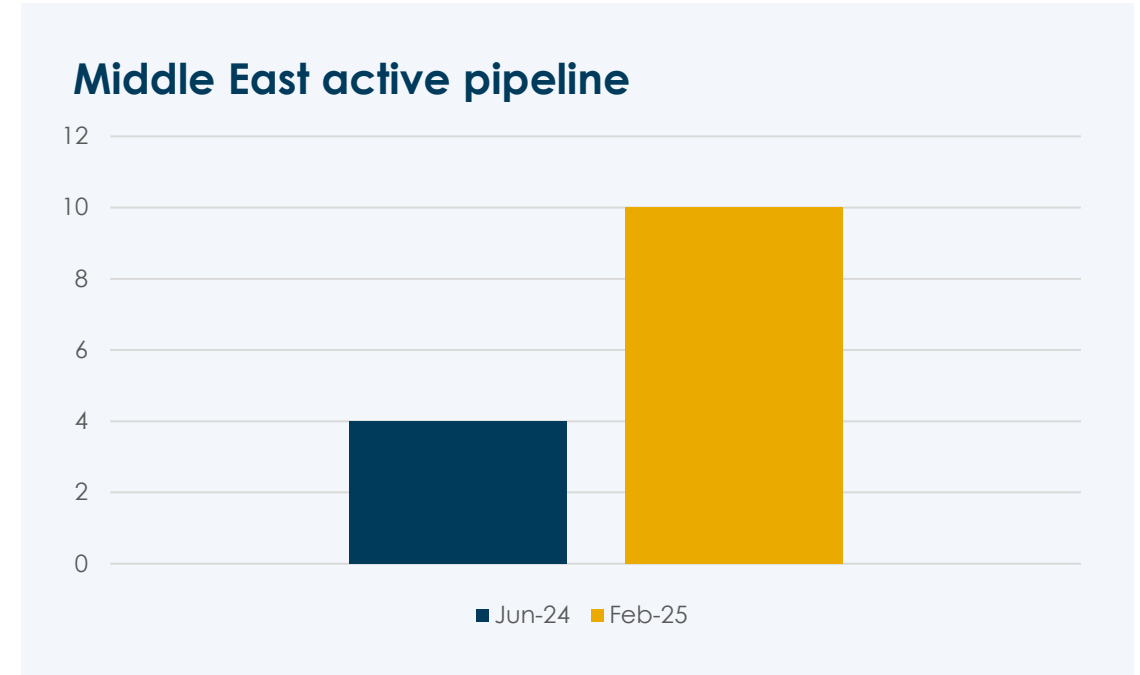
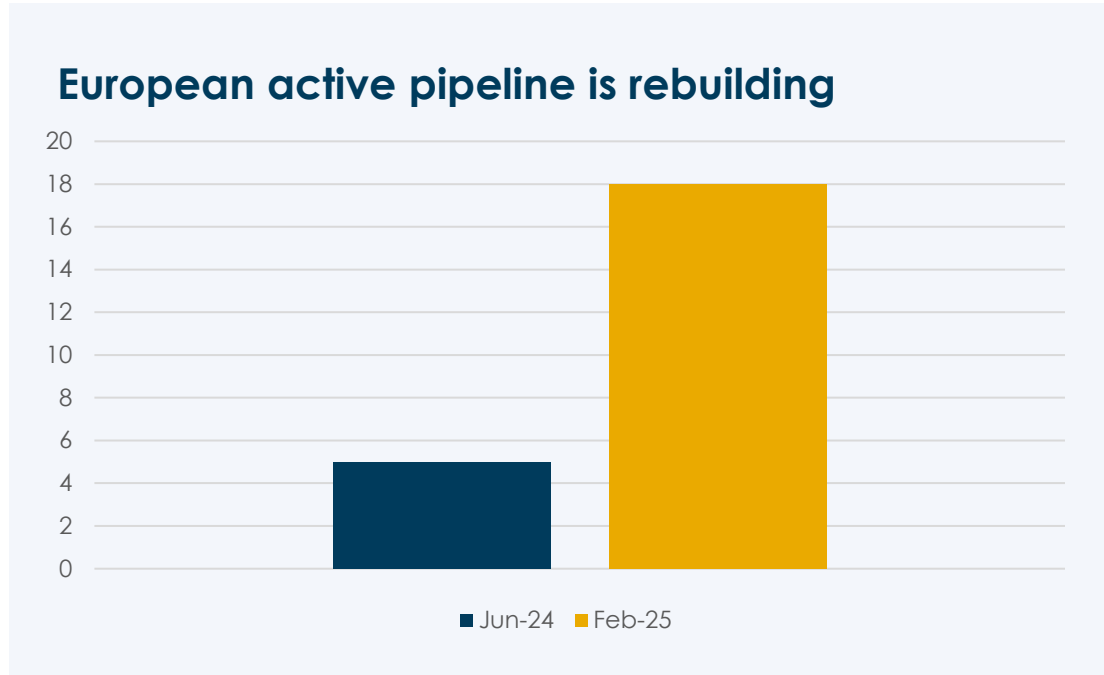


Accelerated regulatory submissions and commercialisation plans

- European Notified Body submission complete, CE mark expected mid-year
- US FDA submission Q2, 510(k) clearance expected Q3

A strong and growing pipeline globally

Investment in sales resources having an immediate positive impact



PHILIPS

Note: Philips customers in the pipeline are awaiting a major software release from Philips that will unlock connectivity with NorthStar. The release is expected in Q3 2025.



Several key value drivers during 2025/26



FDA Approval for US commercial release of platform technology

- 510(k) submissions / approvals
- VISABL-AFL clinical trial
- PMA submissions / approvals



First-in-human VT ablation guided by MRI

- VISABL-VT clinical trial



NorthStar 3D Mapping System CE mark and launch in EU



TGA submission of 2nd generation MR Vision ablation catheter



Middle East first procedures and further expansion



New site activations, growing installed base globally



Pulsed Field Ablation (PFA) research, publications, and product development



Questions?



Appendix



The problems we are solving through MRI-guided ablation procedures



VISUALISATION



PROCEDURE EFFECTIVENESS



COST



PROCEDURE TIME



SAFETY

Existing Challenges

- X-ray imaging provides poor heart visualisation
- 3D mapping and tracking tools have limitations
- Inability to determine creation of permanent lesions

- Visualisation limitations lead to reduced single procedure success rates
- Success rates vary between 38% to over 95% depending on the type of arrhythmia

- Higher overall medical costs driven by repeat procedures
- A US study showed medical costs for patients who require repeat AF ablations is 294% higher

- Conventional 3D mapping systems require additional time
- AFL ablation procedures typically take 88 minutes

- Patient and doctor exposed to radiation during x-ray guided ablations
- Occupational injuries can arise from heavy lead protective garments worn by medical professionals

Imricor's Solution

- Provides greater real-time visibility
- Both 2D and 3D imaging available
- Can identify and fill non-permanent lesions

- Greater visibility reduces the likelihood of a repeat procedure
- Imricor's clinical trial delivered a 100% chronic success rate for AFL procedures

- Lower cost relative to conventional x-ray guided procedure
- Increased effectiveness, fewer procedures and lower overall treatment cost

- Average procedure time for MRI-guided AFL ablations is 48 minutes
- Reduced procedure time, facilitates increased volume of procedures

- No radiation
- No heavy protective garments required



Partners, Hospitals we Provide into and KOL Validation

Our Partners



PROF. GERHARD HINDRICKS
German Heart Center
of the Charité

"We are **extremely excited** to offer this to our patients and to lead the way forward with this new approach."



DR. MARCO GÖTTE
Amsterdam University
Medical Center

"With MRI-guided treatment of heart conditions, we are working towards fewer procedures per patient, hospital admissions, and less medication. Perhaps MRI-guided treatment of heart disease **will become the norm** and replace X-ray-driven treatments."



DR. LAURENT FIORINA
Cardiovascular Institute
of South Paris

"Performing procedures with Imricor's NorthStar 3D Mapping System **is a game changer for this field**, and it will have a transformative impact. I look forward to the continued partnership with Imricor."



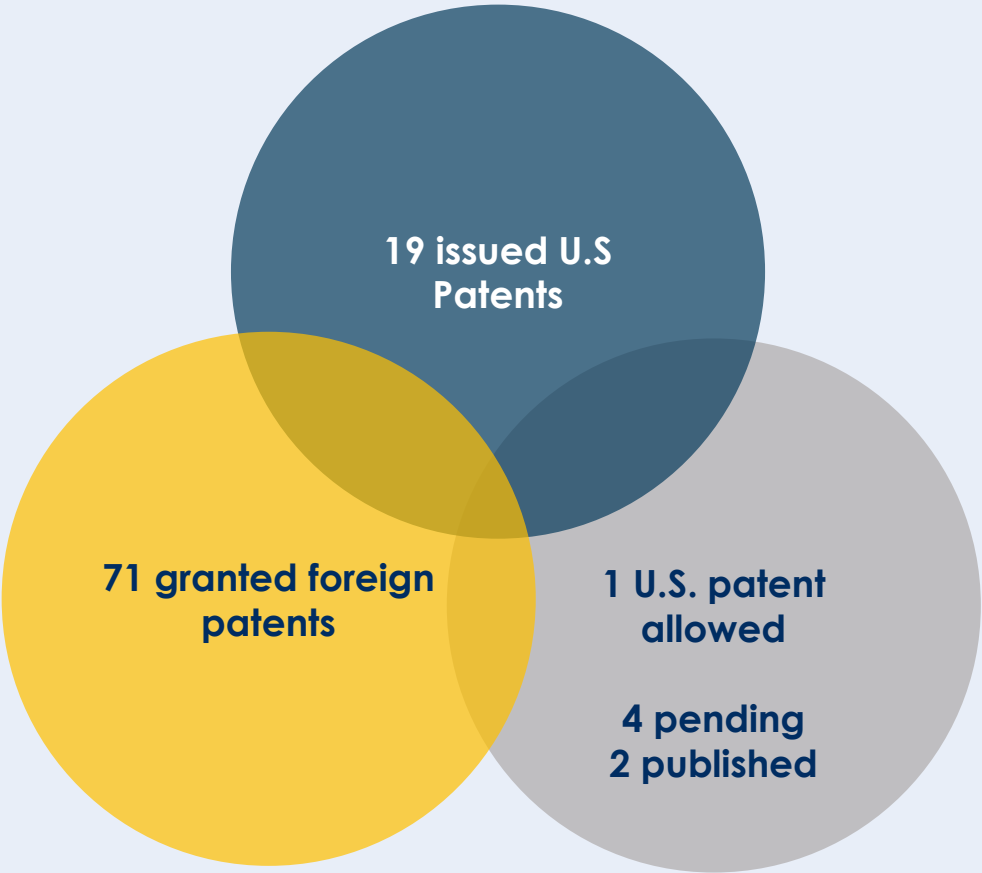
PROF. PHILIPP SOMMER
Heart and Diabetes Center
North Rhine-Westphalia,
Bad Oeynhausen

"MRI is the **most powerful imaging modality** providing information on structural, anatomical and functional changes."

Leading Hospitals



A strong intellectual property portfolio

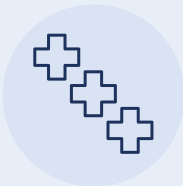


Imricor's patents protect technology that allows Imricor to manufacture medical devices that are uniquely MRI compatible.

Trade secrets, 3rd party relationships and difficult regulatory environment leave a deep moat behind Imricor.



In addition to protecting Imricor's devices and procedures, its patents provide an opportunity for the Company to license its technology to 3rd party medical device companies (particularly implant manufacturers) to help make their devices compatible with MRI



To date, Imricor has executed 3 separate agreements where it has licensed its own patents to 3rd parties for use in implantable devices under which Imricor has received over **US\$12.9m of payments (revenue)** to date



Imricor Leadership: Management



STEVE WEDAN

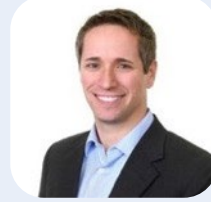
*President and Chief Executive Officer,
and Board Chair*

30 years industry experience

Designed MRI and ultrasound systems for
GE Healthcare

United States appointed expert on MR safety
and devices

Credited with establishing the 4th known hazard
interaction in the MRI



JONATHON GUT

*Vice President of Finance and Chief
Financial Officer*

15 years industry experience

Previous experience at Gail Medical and Boston
Scientific driving financial performance,
supporting business growth, and ensuring
regulatory compliance

Expertise spans various aspects of financial
management, strategic planning, and
operational efficiency within the medical
device industry



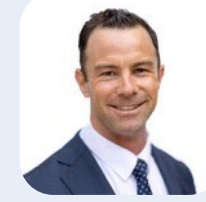
GREGG STENZEL

Chief Operating Officer

25 years industry experience

Led the Instrument Technical Operations
division at Beckman Coulter, Inc., a leading
manufacturer of In Vitro Diagnostic Systems

Seasoned operations executive with expertise in
new product development, supply chain
management, quality and regulatory systems,
and customer support.



NICK CORKILL

*Vice President
Corporate Strategy*

16 years industry experience

Experienced capital markets professional
having spent 15 years as an equity analyst and
portfolio manager at Perpetual Investments,
BlackRock Inc and Lennox Capital.

Deep analytical and financial modelling
skills across multiple sectors, disciplined
approach to capital management.



NICK TWOHY

*Vice President of Marketing
and Business Development*

20 years industry experience

Directed international market strategies for
Medtronic's Cardiac Resynchronisation
Therapies business

Led the successful US launch of the Medtronic
Revo MRI pacemaker system, enhancing
market.



GREG ENGLEHARDT

*Vice President of
Global Sales*

20 years industry experience

Led global business development initiatives,
identifying and capitalizing on new market
opportunities to drive international sales growth
at NeuroMetrix

Former combat medic in the U.S. Army



VIC FABANO

Vice President of Operations

25 years industry experience

Held executive positions in Operations, Quality,
and Product Development throughout his
tenure including VP of Operations and Quality
at Osprey Medical

Expert in supply chain scaling and operations
infrastructure to support rapid growth,
profitability, and quality for start-up to midsize
medical device firms



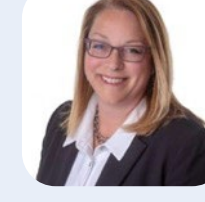
KATE LINDBORG, PHD

*Vice President of
Clinical Affairs*

13 years industry experience

Managed a portfolio of clinical trials within
Medtronic's Cardiac Rhythm and Heart Failure
and Diagnostics Clinical division to gain and
maintain market approval of novel devices

Oversaw the generation and dissemination of
clinical evidence, enhancing the scientific
credibility and market positioning of Medtronic's
products



JENNIFER WEISZ

*Vice President of Regulatory
and Quality*

20 years industry experience

Contributed to the continuous improvement of
the quality and regulatory strategy,
development, and implementation during
tenure at Medtronic's Global Clinical
Operations Quality division

Experienced in bringing medical devices to
market and ensuring their compliance with
global standards



Imricor Leadership: Board of Directors



STEVE WEDAN

President and Chief Executive Officer, and Board Chair

Designed MRI and ultrasound systems for GE Healthcare. United States appointed expert on MR safety. Mr Wedan is a member of various international standards committees in the fields of MRI safety and the compatibility of implanted and interventional products in MRI

Credited with establishing the 4th known hazard interaction in the MRI



MARK TIBBLES

Deputy Chair and Lead Independent Director

Entrepreneur, business owner, company director and active venture investor in and advisor to technology, life science and medical device companies

Owner and managing member of STEM Fuse, LLC, one of the largest providers of digital K-12 STEM curriculum in the U.S.

Managing Director of Strategic Stage Ventures, LLC.



PETER MCGREGOR

Non-executive Director

Extensive finance management background including partner positions at Goldman Sachs JBWere, and managing director in the institutional banking & markets division of Commonwealth Bank of Australia

Currently serves as a Director of Treasury Corporation of Victoria and True Infrastructure Management Pty Ltd.

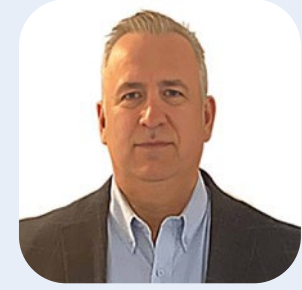


ANITA MESSAL

Non-executive Director

Comprehensive background in health care and benefits industry, including the successful integration of merged and acquired entities across all areas of the business at AccentCare

Vast background in working with both Fortune 100 and startup companies in public, private and non-profit sectors in both domestic and international markets



Jeffrey Leighton

Non-executive Director

Dr Leighton is a cognitive neuroscientist with extensive experience in both academic and corporate settings. He holds a PhD in Cognitive Psychology from Grand Canyon University and has a robust research, teaching, and leadership background.

Beyond his academic achievements, Dr Leighton has demonstrated strong business acumen as CFO at NDS Wellness. Dr Leighton has held key corporate governance and advisory roles.



Key Terms

Vision-MR Ablation Catheter

- Medical device developed by Imricor, designed for use within an MRI
- World first, no competitors, all others only compatible with X-ray

Cardiac Arrhythmias

- Irregular heartbeat, affects approximately 2% of US population
- Expected to double to 4% of US population by 2030
- Ventricular arrhythmias are responsible for 75% - 85% of sudden cardiac deaths, and are a leading cause of strokes

Ablation

- Minimally invasive surgical procedure to restore heart to normal heartbeat

Catheter Ablation

- Physician will guide catheter into heart
- Physician will then apply energy (radiofrequency, cryo, pulsed field) with the purpose of forming scars/lesions that destroy the heart cells responsible for causing the electrical misfiring

X-ray vs MRI

- X-rays are good for bones and bone density, not as effective at visualizing soft tissues like muscles, ligaments, and organs
- MRI provides excellent contrast between different types of soft tissues, making it ideal for imaging the heart
- CMR is the field of MRI used by cardiologists ("Cardiac MR")
- CMR field has grown over 500% since 1998

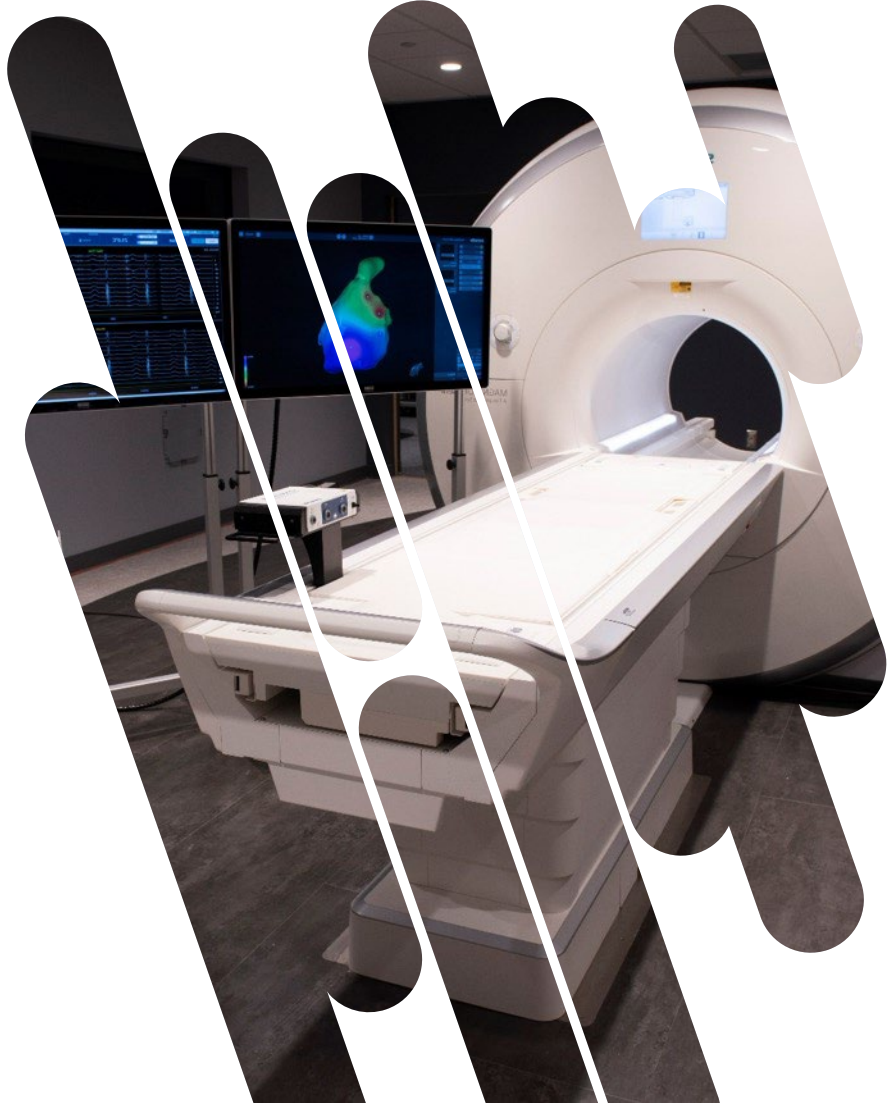
iCMR Lab:

Interventional Cardiac Magnetic Resonance

- A speciality interventional lab fitted with MRI used by cardiologists (interventional + CMR = iCMR)
- Earning potential of over US\$1 million p.a. more than a standard X-ray lab for a hospital



FDA Global Pivotal Trial – June/July 2024



VISABL-AFL Trial – FDA Approval pathway

Trial details

- Treatment of type 1 atrial flutter
- Patients : 91 with possibility to end at 76 if primary endpoints are met (e.g. 80% acute success)
- Participating hospitals : 4
- Expected FDA approval : 2H 2025
- **Comment:** Regulatory review process already underway, review of clinical trial data is last step
- **Status** – Enrolment underway at ICPS, Johns Hopkins and the CHUV with Amsterdam UMC enrolling soon

European CE Mark trial experience

- Trial details
- Treatment of type 1 atrial flutter
- Participating hospitals : 1
- Patients : 35
- Trial outcome : **100% success at 3 months**

MRI guided VT ablation - the most significant event in Imricor's history

VISABL-VT Trial – CE Mark Approval Pathway for 2nd Indication

Trial details

- Treatment of Ventricular Tachycardia
- Patients : 64
- Participating hospitals : 2
- **Comment:** Trial data expected to stimulate new site adoption in preparation
- **Status:** First procedure planned at Amsterdam UMC in coming weeks



Imricor's Pipeline of Leading Tools for iCMR Labs

Current Products

Our iCMR family of products are designed with patented technology to meet the needs of physicians and CVD patients around the world



VISION-MR™ ABLATION CATHETER

Designed to look, feel, and function like a traditional ablation catheter



VISION-MR™ DIAGNOSTIC CATHETER

Design based on the Vison-MR Ablation Catheter with the ablation features removed



ADVANTAGE-MR™ EP RECORDER / STIMULATOR

Both a conventional EP recording system and a cardiac stimulator within the iCMR environment

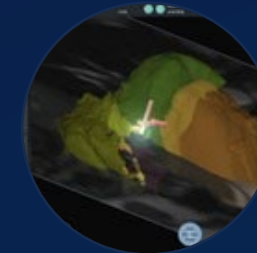


VISION-MR™ DISPERSIVE ELECTRODE

Designed to minimize eddy currents induced on the device's conductive pads during MR scanning

Future Products

Products are developed and going through approvals to expand indications into VT and Afib



NORTHSTAR™ MAPPING SYSTEM

Receives 3D MR images in real time. Tracks Imricor catheters, facilitates electroanatomic mapping and registers therapy points



VISION-MR™ ABLATION CATHETER – GEN 2

Provides improved torque transfer, return to straight, and maneuverability. 2 curve sizes (32mm & 48mm)



NAVTRAC-MR™ TRANSEPTAL KIT

Consists of MR kit, fluoro kit and needle



Contact Information

Investors & Australian Media:

Simon Hinsley

NWR Communications

simon@nwrcommunications.com.au

+61 401 809 653

Investors:

Steve Wedan

Executive Chair, President & CEO

Email: steve.wedan@imricor.com

Nick Corkill

Vice President, Corporate Strategy

Email: nick.corkill@imricor.com

Rest of World Media:

Nick Twohy

Vice President, Marketing & Business Development

Email: nick.twohy@imricor.com

FOLLOW US



imricor