Hemostemix Inc.

TSXV:HEM OTCQB:HMTXF FSE:2VF0

Forward Looking Statements

This presentation contains forward looking statements that reflect management's expectations regarding the future growth and results of operational performance including but not limited to the scientific, financial, competitive and business prospects of the Precision Healthcare Limited Partnershjp ("Limited Partnership" or "LP"), including "forward-looking statements" and "forward-looking information" within the meaning of applicable securities legislation. Forward-looking information is generally, but not always identified by words such as "may", "would", "could", "will", "likely", "expect", "anticipate", "believe", "intend", "plan", "forecast", "project", "estimate", "potential", "might", "seek", "budget", "outlook", and other similar expressions. In addition, forward looking statements include, but are not limited to, the LP's assessment of and targets for the stem-cell industry, including the potential opportunities and challenges in the current stem cell industry; matters pertaining to Limited Partnership, including its strategy and anticipated and potential transactions and the characteristics thereof; future acquisition opportunities, partnerships, licensing opportunities and joint ventures and its pro forma impact to capitalization following the completion of any of the LP's business opportunities; matters pertaining to the LP's future research and development initiatives including future clinical trials, management's estimated timelines regarding the LP's clinical trials, regulatory approvals for ACP-01 and NCP-01, and many other projected timelines including regulatory approvals of the LP's submission(s); financial modeling matters, including metrics pertaining to anticipated financial and operational performance of operations; and, any matters pertaining to the potential for commercialization of its technology, sources and extent of necessary funding, manufacturing scalability and future business outcomes.

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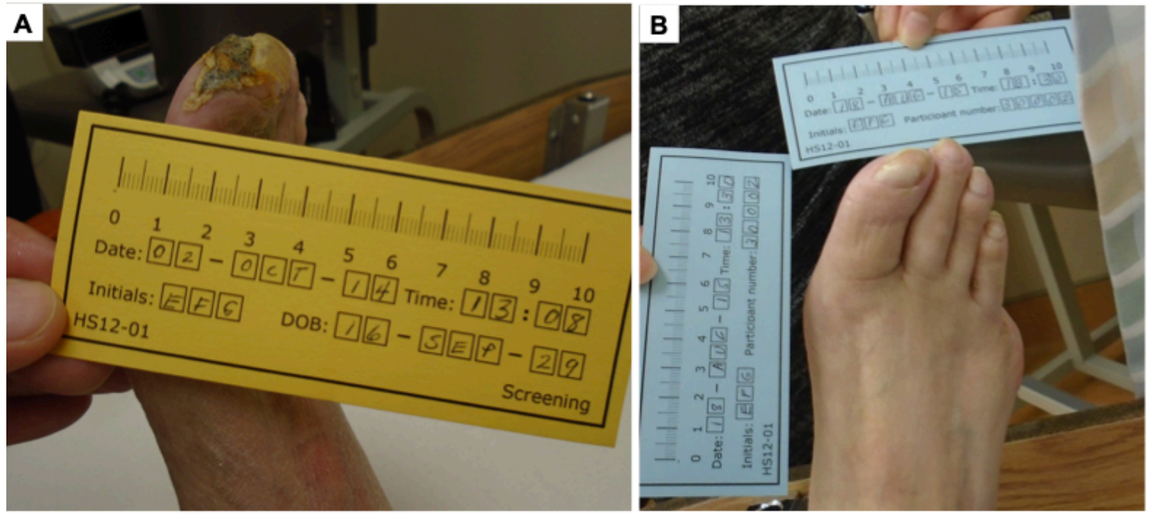
Results



- **Fig. 2:** Patient with ischemic ulceration to the right toe. The patient had intact circulation to the midcalf with no direct flow to the foot and occlusion of both the dorsalis pedis and posterior tibial arteries. They were deemed to have no revascularization options. **A)** Demonstrates dry wound involving the distal tip of D1 immediately prior to enrollment. **B)** The wound had successfully healed 4 weeks after treatment with no evidence of recurrence.

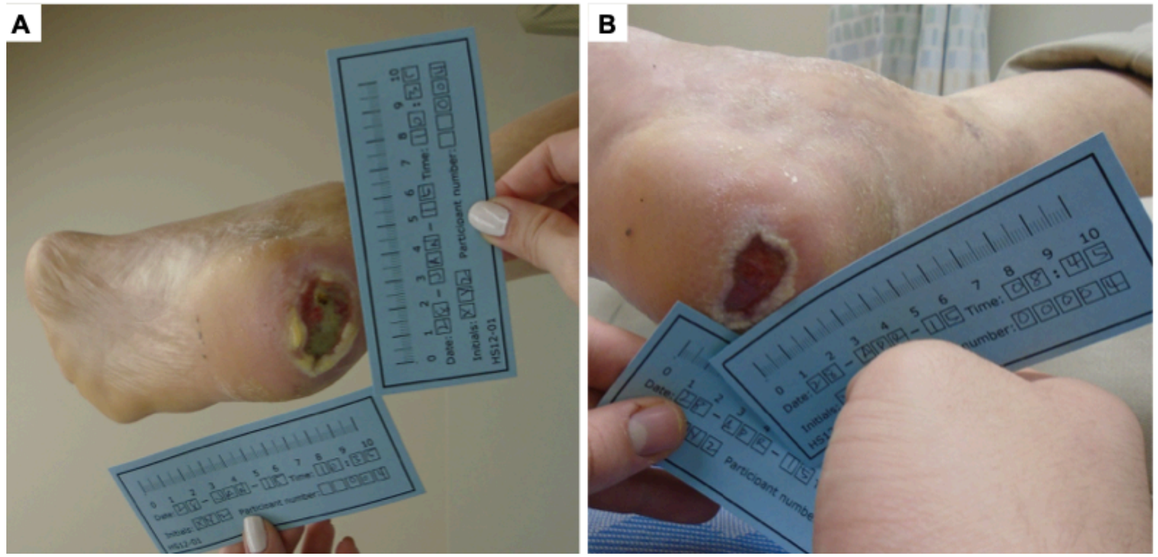


Fig. 3: Patient with large, nonhealing decubitus ulceration to heel of right foot. The patient had a history of 2 prior interventions including a failed femorotibial bypass graft with prosthetic. **A)** Demonstrates the ulcer at the time of enrollment with a large, mostly nonviable base. The patient had been offered below knee amputation for symptom palliation; **B)** 4 months post-treatment showing significant improvement. Concurrent treatment wearing an offloading orthotic and regular dressing changes

Saving a Limb is Saving a Life!

Whereas the CLTI five-year mortality is 50%, the Universities of Toronto and British Columbia presented: 83% of patients followed in the Phase II trial for up to 4.5 years experienced healing of ulcers, cessation of pain, no major amputation, or mortality.

Significant reduction in ulcer size: 1.48 cm^2 to 0.48 mm^2 within 3 months ($p=0.01$) while placebo did not exhibit a change ($p<0.54$).

At 1 year, amputation (4.8% vs 25%) and mortality (4.8% vs 12.5%), respectively.

JBRES, Feb 6, 2024

Safe, Efficacious, Clinically Relevant

Mutiranga et al J Med Assoc of Thailand, 2009 Mar 92(3):320-327 Clin Trial NCT00523731	Tresukosol et al, Circulation ,2006; 114:111, 786	Chaithiraphan et al, Asean Heart Journal 17(1),:13-22,2009	Arom et al, Innovations (Phila). Jan;3(1):38-45, 2008	Szabó GV, et al, Cytotherapy. 15(10):1245-52, 2013	Henderson et al, J Biomedical Research and EnvironmentalScience 5(2): 092-0105, 2024	Schubart et al, Stem Cell Res Ther. 36;14(1):308 , 2023
Open Label	Open Label	Open Label	Open Label	Randomized Open Label	DBR Phase II	Open Label
6	24	106	41	20	47	54
No-option CLI treated with intramuscular ACP healed the ulcers	Intractable Angina Treated with intracoronary ACP in region of ischemic myocardium as identified by SPECT-MIBI	Ischemic Heart Disease with Continuous Angina or Heart Failure Symptoms	Thoracoscopic intramyocardial injection for endstage Ischemic and dilated non ischemic Cardiomyopathy	Phase II, open-label, randomized clinical study No-Option CLI	North American Phase II Clinical Trial 47 patients with No-option CLI	Severe cardiomyopathy treated by transcatheter implantation of ACP-01

Production Agreement & Equity Investment - Supply

CMO PRODUCTION AGREEMENT

Fully funded two-year production agreement that includes 23 ACP-01 Therapy. Each 20 patients per month generates $12 M/ Year.

This business scales.

Plus 2nd CMO who is coming online by June.

15 YEAR AGREEMENT WITH PUERTO RICO

Act 60 legislation generates 50% cash back of all current and future R&D, + a 15-year 4% tax on profit, + a 20% tax credit for offshore expenses. Renewable for a second 15-year term.

Treatments – Canada, The Bahamas, Florida

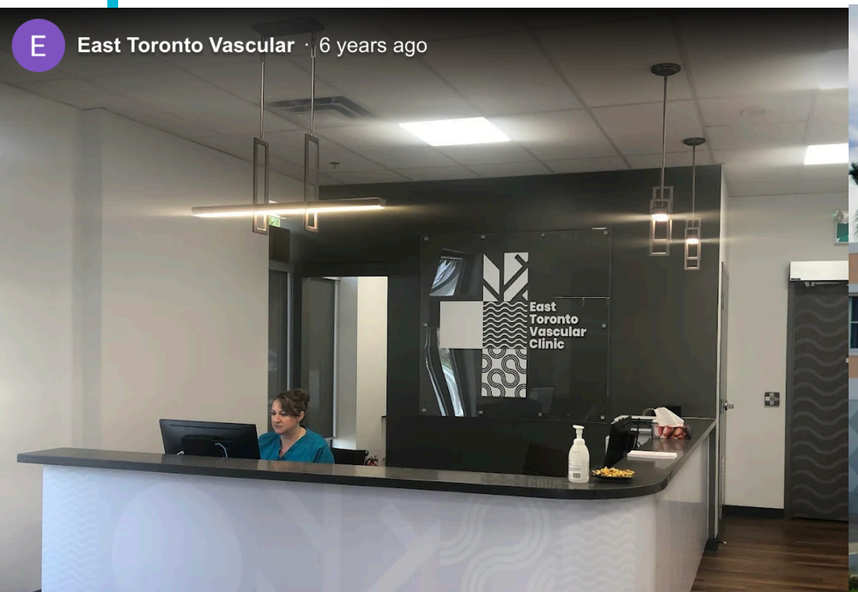
Sales of ACP for no-option patient treatments is through clinicians who have legal pathways to treat in Canada, Florida, The Bahamas.

In one clinic, 4 treatments per day generates $32.5 Million annual revenue for Hemostemix.

We are purchasing Invasive Cardiology Practice in Florida that enables Hemostemix to advertise across South Florida to Heart Patients.

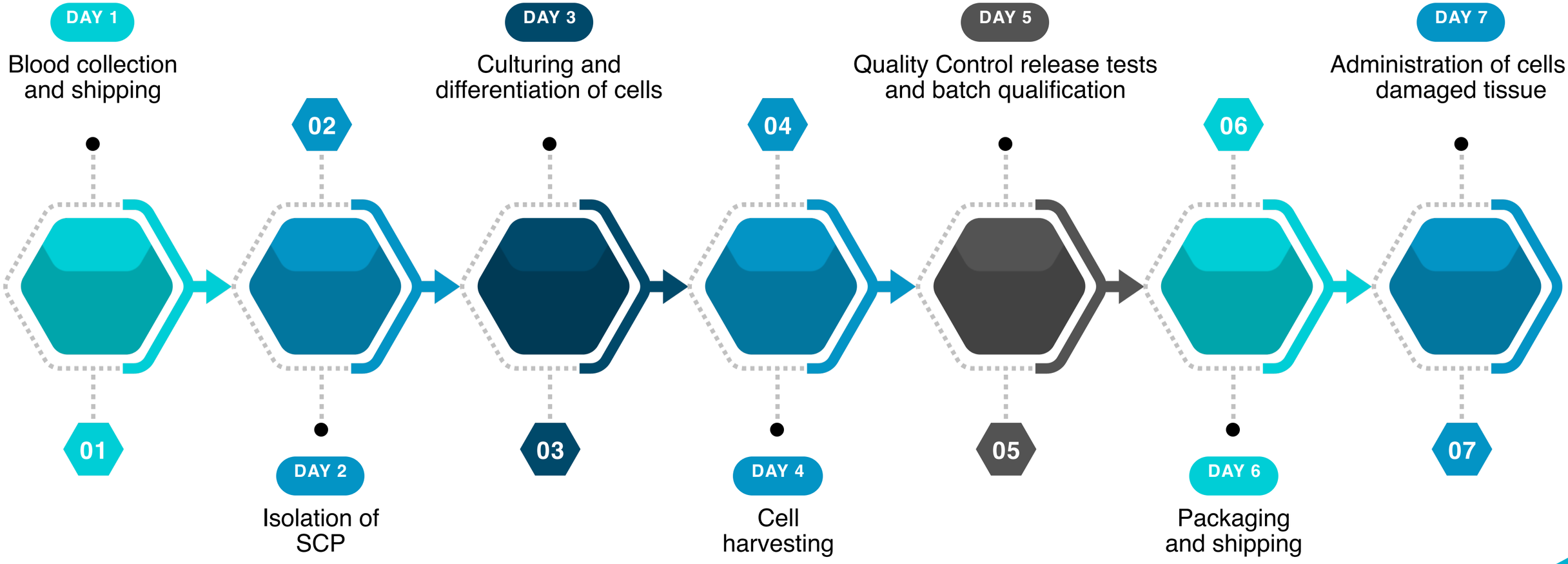
Our therapy scales.

To-date, seven clinical trial sites have the capacity to treat 336 Hemostemix referrals per month.



Key Process Steps with Treatment on Day 7

ACP-01 (patient's DNA) scales and ships in 3 x 10 cc ready to use syringes, to physicians globally.

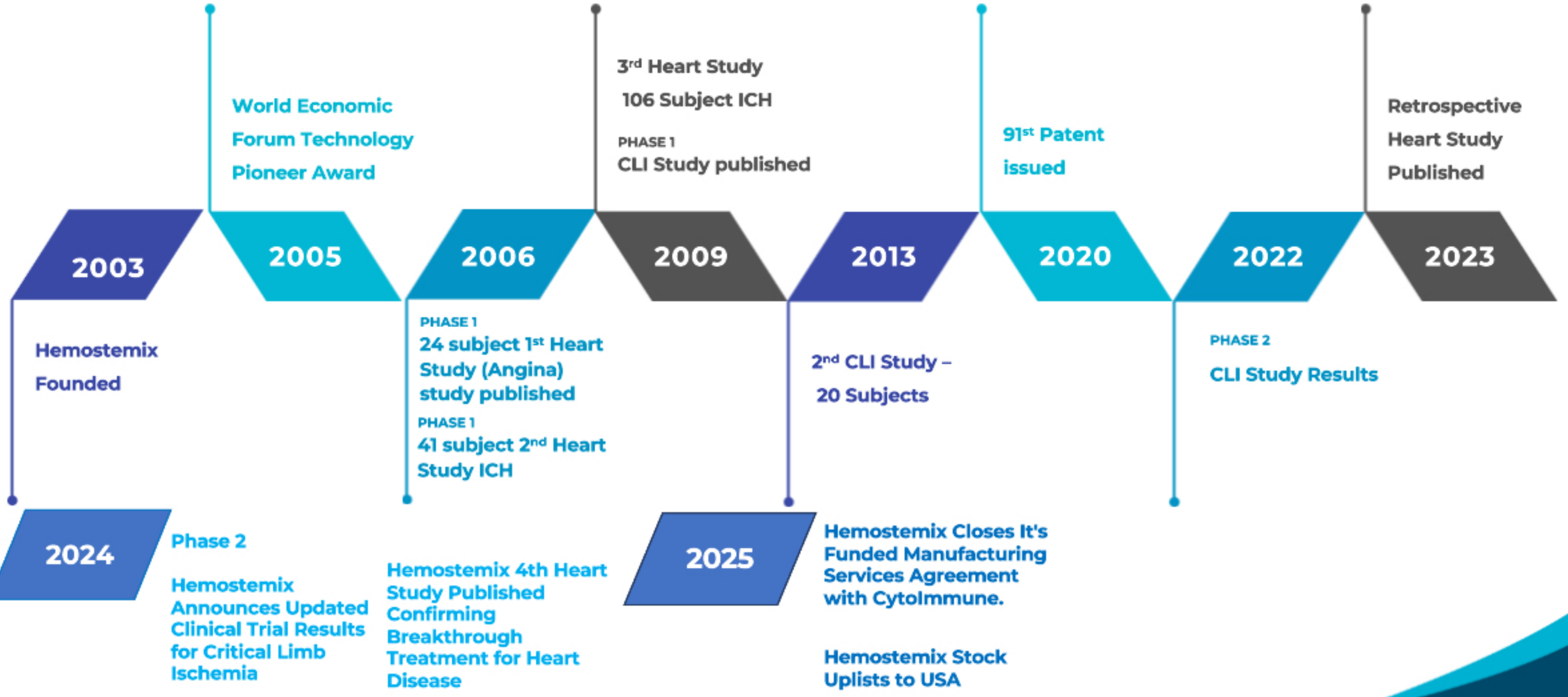


Autologous Regenerative Therapeutic Competitors

Company	Indications		Source	Phase		
	Ischemic Heart Disease	Chronic Limb Threatening Ischemia	Chronic Limb Threatening Ischemia	I	II	III
Hemostemix	✓	✓	Peripheral Blood[1]		✓	✓
BioCardia	✓		Bone Marrow[2]		✓	
Life Cells[3]		✓	Acellular Dermal Matrices[3]		✓	
BioGen Cells		✓	Peripheral Blood[1]		✓	

Notes:
1. Simple peripheral blood draw provides patient own unique DNA based source material.
2. Bone marrow derived stem cell source material requires hospitalization which limits scaling of the therapeutic. The procedure is painful and adds risk.
3. Allergen (Abbvie) paid $2.9 B cash for Lifecell for its allogenic acellular dermal matrices that serve as scaffolds for tissue repair in surgeries: facial, breast, abdominal and burn reconstructions.
4. Planned closeout of completed Phase II CLTI trial, and initialization of Phase II ICM and Phase III CLTI trials
5. Results expected in Q4, 2024
6. Completed in 2016
7. Recruiting patients

Historical Event Timeline



Capital Table

Notes:

1. CD2 – 5-yr secured (1st position), due April-2027, interest of 8% p.a. payable in shares, converts at $0.175 per share.

2. Warrants – Weighted average strike price $0.365, weighted average duration 20.6 months.

Hemostemix Inc. - Proforma Cap Table (Sept 30, 2025)	
Shares	183,706,725
Warrants @ $0.14	101,791,533
Options. @$0.27	18,161,694
Fully Diluted (no CD Conversion)	***303,659,952***
Convertible Debenture 2 ("CD2)	15,714,286
Fully Diluted (with CD Conversion)	***319,374,238***

HEMOSTEMIX

Use of Funds

Forecast Summary
(CAD $000s)

Cash Use - Manufacturing and Required Operating Costs	Year 1	Year 2	Year 3	Year 4	Year 5
Manufacturing Facility - (1 Clean Rm with 2 shifts; + working lab)	$1,591	$1,053	$1,053	$1,053	$1,053
Manufacturing - Costs+Staffing (add 2nd shift in 1yr-Q3)	$953	$1,310	$1,310	$1,310	$1,310
Manufacturing costs	**$2,543**	**$2,363**	**$2,363**	**$2,363**	**$2,363**
Sales costs	$886	$987	$1,013	$1,013	$1,013
Regulatory & Patents	$340	$120	$120	$120	$120
Corporate	$800	$1,000	$1,150	$1,300	$1,500
Other/Contingency	$400	$500	$550	$600	$650
Corporate, regulatory and patents	**$1,540**	**$1,620**	**$1,820**	**$2,020**	**$2,270**
Cash used	$4,969	$4,970	$5,196	$5,396	$5,646

Production Information	Year 1	Year 2	Year 3	Year 4	Year 5
Max Capacity	**30**	**450**	**480**	**480**	**480**
Utilization Percentage (0-100%; Sensitivity and Trial batches)	75%	75%	75%	75%	75%
Batches sold (truncated, no partial batches)	120	337	360	360	360

Cash Sources	Year 1	Year 2	Year 3	Year 4	Year 5
Financing of TCDs $4,166,667 MM, net of 4% costs	$4,000	--	--	--	--
Batch revenue funded by TCD block sales	$1,150	$13,480	$14,400	$14,400	$14,400
Act 60 - Cash back (factored at 90%)	$500	$2,236	$2,233	$2,276	$2,304
Licensing - based on phase II cardiac midpoint results	--	--	--	--	--
Cash generated	5,650	$15,716	$16,633	$16,676	$16,704
Change in Cash - for the period	**$1,721**	**$10,746**	**$11,437**	**$11,280**	**$11,058**
Cumulative cash available for debt service, trials, ACTS, W/C	**$681**	**$11,427**	**$22,864**	**$34,144**	**$45,202**

Precision Healthcare Fund

A Special Purpose Vehicle for Discounted Access to
Hemostemix Regenerative Medicine Growth

Bulk Purchase of Therapeutic Convertible Debentures
Issued by Hemostemix Inc. (TSXV: HEM)

Capital Raise & Use of Funds

- Total Raise: $4,166,667 (Class B Shares) @ $1 each

- Purchases 100 TCDs
- Face Value: $5,000,000
- Purchase Price: $4,000,000 (20% discount)
- Up to 4% Commission of funds raised: $166,667

Sources of Return

- 6% annual interest on $5,000,000 face value ($300,000/year)
- Capital recycling through repeated TCD purchases of 1,000
- Realization of embedded 20% discount - $1,000,000 - on each 100 TCDs

- The contractual right to repeat the purchase process 10 X from your investment
  - $4,000,000 is processed as $40,000,000
    - Within 1,000 treatments or 5 years
    - Cashflow summary targets 1,000 treatments by the end of year 4.

What Are TCDs Therapeutic Convertible Debentures?

- 5-year unsecured debenture
- $50,000 face value
- Purchased wholesale in quantities of up to 100 at $40,000

- Convertible into:
  - ACP-01 therapeutic treatment batch, or
  - $50,000 of Hemostemix common shares

Fund Structure & Governance

- Private Canadian company - <50 shareholders

- Class A - Founders: 11% ownership: 100 votes/share
- Class B - Investors: 89% ownership: 1 vote/share

- Investors hold majority economics while
- Founders direct the strategy

Fees & Profit Participation

- Class B (Your) Participation:
- 80% of returns between 10%–25% ROI
- 70% of returns above 25% ROI

- Founders Participation
- 20% of returns between 10%–25% ROI
- 30% of returns above 25% ROI

- Administration: ~2%
- Tax leakage estimate: ~1%

TCD Capital Reinvestment Assumptions

Projected

Years	1	2	3	4	5	Total	Average
TCDs Sold	100	150	200	250	300	1,000	
ROI %	23.7	32.1	40.4	48.7	57	201.8	40.37
ROI, in $1,000	$989	$1,336	$1,682	$2,029	$2,375	$8,410	

Use of Funds at Hemostemix

- ACP-01 manufacturing via third-party contract manufacturing
- Commercial rollout
  - Marketing
  - Advertising
  - Sales
- General corporate purposes, including
  - Acquisitions of private medical practices
- $40 Million non dilutive financing of the Company over 5 years

Why This Structure Works

- Discount-protected entry into autologous ACP-01 stem cell treatment sales
  - Florida legislation permits commercial sales to treat Pain under SB 1768
  - The Bahamas permits all treatments, including Phase 1 trial participants
  - Canada permits treatment of foreigners under Special Access Program
- Recurring income + equity optionality
- Significant exposure to real therapeutic demand
- Very efficient - up to $40 Million - non dilutive capital funding of Hemostemix's rollout

Life Sciences Investment ’24: $191 B; ’25: $72 B ’24 M&A: 6 deals $2.4 B; ’25 M&A: $240 B

Bristol Myers $13.8 Billion Cash for Myocardia. Compare Hemostemix?

Myocardia's Results (Lancet)

251 (59%) were enrolled and randomly assigned to mavacamten (n=123 [49%]) or placebo (n=128 [51%]). 45 (37%) of 123 patients on mavacamten versus 22 (17%) of 128 on placebo met the primary endpoint (difference +19·4%, 95% CI 8·7 to 30·1; p=0·0005). Patients on mavacamten had greater reductions than those on placebo in post-exercise LVOT gradient (–36 mm Hg, 95% CI –43·2 to –28·1; p<0·0001), greater increase in pVO2 (+1·4 mL/kg per min, 0·6 to 2·1; p=0·0006), and improved symptom scores (KCCQ-CSS +9·1, 5·5 to 12·7; HCMSQ-SoB –1·8, –2·4 to –1·2; p<0·0001). 34% more patients in the mavacamten group improved by at least one NYHA class (80 of 123 patients in the mavacamten group *vs* 40 of 128 patients in the placebo group; 95% CI 22·2 to 45·4; p<0·0001). Safety and tolerability were similar to placebo.

Restrictions & Warnings

1. Initiation in Heart Patients with LVEF<55% not recommended.
2. Interrupt if LVEF% <50%, or if worsening clinical condition.
3. Can cause heart failure due to systolic dysfunction.

ACP-01 Results (Stem Cell Research & Therapy)

Fifty-four of 74 patients met requirements for inclusion (48 males and five females; age 68.1 ± 11.3 years). SAEs included one death (previously unrecognized silent MI), ventricular tachycardia ($n = 2$) requiring cardioversion, and respiratory infection ($n = 2$). LVEF in the ischemic subgroup ($n = 41$) improved by 4.7% ± 9.7 from pre-procedure to the first follow-up (4 months ± 1.9 months) ($p < 0.004$) and by 7.2% ± 10.9 at final follow-up ($n = 25$) at average 12 months ($p < 0.004$). The non-ischemic dilated cardiomyopathy subgroup ($n = 8$) improved by 7.5% ± 6.0 at the first follow-up ($p < 0.017$) and by 12.2% ± 6.4 at final follow-up ($p < 0.003$, $n = 6$). Overall improvement in LVEF from pre-procedure to post-procedure was significant (Fisher’s exact test $p < 0.004$). LVEF improvement was most marked in the patients with the most severe cardiomyopathy (LVEF < 20%) improving from a mean 14.6% ± 3.4% pre-procedurally to 28.4% ± 8% at final follow-up. Quality of life statements reflected improvement in 33/50 (66%), no change in 14/50 (28%), and worse in 3/50 (6%).

ACP-01 Restrictions

- Unstable angina or Heart transplant
- Abnormal anatomy, severe valvular disease, or mechanical aortic valve
- Left ventricular ejection fraction (LVEF) ≥ 50%

Key Takeaways

ACP is a break-through treatment for cardiovascular diseases: angina, dilated and ischemic cardiomyopathy and CLTI, PAD, Vascular Dementia.

$4 M of TCDs will generate $40 M revenue, $8.4 M profit, a 40% ROI.

ACT 60 generates 50% cash back of all R&D, a 15-year, 4% profit tax, and a 20% tax credit for offshore expenses. It is renewable for additional 15 years (30).

Management and the board have >$10 million invested since 2020.

ACP is effective, and because it is sourced from the patient's blood and cultured in the patient's serum, It is completely autologous and therefore safe in the short term and the long term.

ACP is protected by 90 patents. It is scalable.

Our team has more than 20 years of ACP production experience.

Thank You!

Get in Touch!

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