**QBioMed** is a biomedical acceleration and development company focused on licensing and acquiring biomedical assets across the healthcare spectrum. QBio is dedicated to providing these target assets the strategic resources, developmental support, and expansion capital needed to ensure they meet their developmental potential, enabling them to provide products to patients in need.

**QBio Unlocks Undiscovered Biomedical Value**
- Targets assets entering validation, clinical stages or commercialization leading up to value creating inflection points
- Deploys performance-based capital and resources to accelerate the development of an asset milestone achievement by its management
- Licenses or acquires the assets and works together to create valuation growth

**QBio Investors benefit from value-creating inflection points as assets accelerate through milestones**

**How QBio Accelerates Biomedical Technology Development**
- Unlocks capital in US public markets to fund the development of assets
- Makes liquid investments in high-value assets that can produce exponential returns
- Diversifies risk over several therapies in various stages of development and deploys performance-based capital only
- Accelerates its asset’s development with management and advisory teams’ expertise, experience, and industry relationships

**Ownership of an asset and ROI increase as assets hit milestones and cross value-creating events during development lifecycles**

**A Growing Pipeline to Mitigate Risk & Drive Shareholder Value**

<table>
<thead>
<tr>
<th>Drug Candidate</th>
<th>Preclinical</th>
<th>Phase 1</th>
<th>Phases 1b/2a</th>
<th>Phase 3</th>
<th>Approval</th>
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<tbody>
<tr>
<td>ASSET 1</td>
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<tr>
<td>SR-89 Radiopharmaceutical</td>
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<td>ASSET 2</td>
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<td>MAN – 01 Topical Eye Drops</td>
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<td>ASSET 3</td>
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<td>UTTROCIDE-B</td>
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<td>IND Preparation for Phases 2/3</td>
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</table>

In YEARS 1&2 QBio is focused on licensing and acquiring assets, some with near term (6-12 months) revenue or value-creating opportunities.

In YEARS 2&3 QBio will look to grow the pipeline and monetize investments through partnerships, JV, IPO and sales revenue growth.
**Asset 1**

**Pharmaceutical:** Generic SR-89 Radiopharmaceutical

**Condition:** Bone Cancer Therapy and Pain Management

**Addressable Market:** ~110,000 yearly diagnoses from breast and prostate cancers

**Technology:** Bioclearonics

**Stage:** FDA Approved - Commercializing

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**BONE METASTASES from Prostate and Breast Cancer**

- 450,000 new breast and prostate are recorded each year
- 1 in 3 people will develop bone metastases from the spread of breast and prostate cancer

**Pain Management**

- Pain is the most common sign of bone cancer, and may become more noticeable as the tumor grows
- Bone pain can cause a dull or deep ache in a bone or bone region (e.g., back, pelvis, legs, ribs, arms)
- Treatment options include:
  - Pain Medications - Opioids
  - Orthopedic Procedures

**Market Estimated at $60-$80 Million**

- Indicated to relieve bone pain from skeletal metastases from breast and prostate cancers
- Can be used with opiate based drugs and cancer therapeutics
- Studies demonstrated a prolonged progression-free result and overall survival with acceptable toxicity

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**Strontium Chloride Sr89 Injection, USP**

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**GLAUCOMA**

A Devastating Condition with No Cure

- 60 million patients worldwide
- 8 million with bilateral blindness
- Typically no early warning signs
- Therapy only slows progression, no cure

**Current Standard of Care**

- Medical (Pharmaceuticals) - No new glaucoma pharmaceutical in 20 years (1996)
- Laser Surgery (Out-patient) - Requires two procedures and use of pharmaceuticals
- Traditional Surgery (In-patient) - Requires two procedures and use of pharmaceuticals. Painful, costly, and invasive

**First in class drug to treat Intraocular Eye Pressure (IOP)**

- No new drugs in this area for 20 years
- Only drug targeting the all-important ‘Schlemms’ Canal
- The Schlemms Canal is responsible for 70%-90% of fluid drainage in the eye
- Testing shows excellent results normalizing IOP
- Primary Indication for Adult Open Angle Glaucoma

**Additional Indications may include:**
- Age Related Macular Degeneration (AMD)
- Cystic Kidney Disease

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**Management**

**Denis D Corin, President and Director** - Mr. Corin is an experienced public company executive and management consultant. He has worked almost exclusively in the biomedical field for over 13 years from large pharma and diagnostic companies to small innovative biotech. He has served in various senior executive roles and has been instrumental in building and restructuring businesses.

**William Rosenstadt, General and Corporate Securities Counsel and Director** - Mr. Rosenstadt is the founding and managing partner of international law Sanders Ortoli Vaughn-Flam Rosenstadt LLP and has been a practicing attorney since 1995. He advises entrepreneurs, public companies, and other corporate entities with respect to the execution of complex commercial, corporate, and international transactions.

**David Laskow-Pooey, VP Scientific & Product Development** - Mr. Laskow-Pooey has 30 years of experience in all aspects of the discovery, development and commercialization of pharmaceutical products, diagnostics and devices. He is an industry veteran and has a distinguished career working for numerous pharmaceutical and life sciences companies.

**Ari Jatwes, Corporate Advisor and Senior Analyst** - Mr. Jatwes is an analyst and a banker, with over twenty years of experience. Over the last decade his interest and focus has been in the...

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**Asset 2**

**Pharmaceutical:** MAN-01 Topical Drops

**Condition:** Glaucoma

**Addressable Market:** 60 million patients worldwide

**Technology:** Mannin Research

**Stage:** Exiting Preclinical

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**Asset 3**

**Pharmaceutical:** UTTROCIDE-B

**Condition:** Liver Cancer

**Addressable Market:** 700,000

**Technology:** Chemotherapy

**Stage:** Exiting Preclinical

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**LIVER CANCER**

10th Most Common Cancer

- 700,000 patients worldwide
- Short 1-year survival rate
- Estimated 39,230 adults in the United States will be diagnosed every year

**Current Standard of Care**

- Surgery
- Hepatocetomy or Liver Transplantation
- Thermal Ablation
- Radiofrequency ablation (RFA) and microwave therapy
- Percutaneous ethanol injection
- Alcohol is injected directly into the liver tumor
- Radiation
- High-energy x-rays or other particles destroy cancer cells
- Drug Treatment
- Trosyny kinase inhibitor antineoplastic agent, Nexavar™

**OPPORTUNITY**

- Sorafenib Tosylate (Nexavar™) is the only FDA approved drug for the treatment of liver cancer
- P Uttroside-B appears to affect phosphorylated JNK (pro survival signaling) and capase activity (apoptosis in liver cancer)
- A natural compound
- Fractionated Sapogenin derived from S. nigrum
- Small molecule
- Steroid Glycoside

- Uttroside B increases the cytotoxicity of a variety of liver cancer cell types up to 10x more potent than Sorafenib in pre clinical studies
- Cytotoxicity specific to canerous liver cells
- Provisional patent filed

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