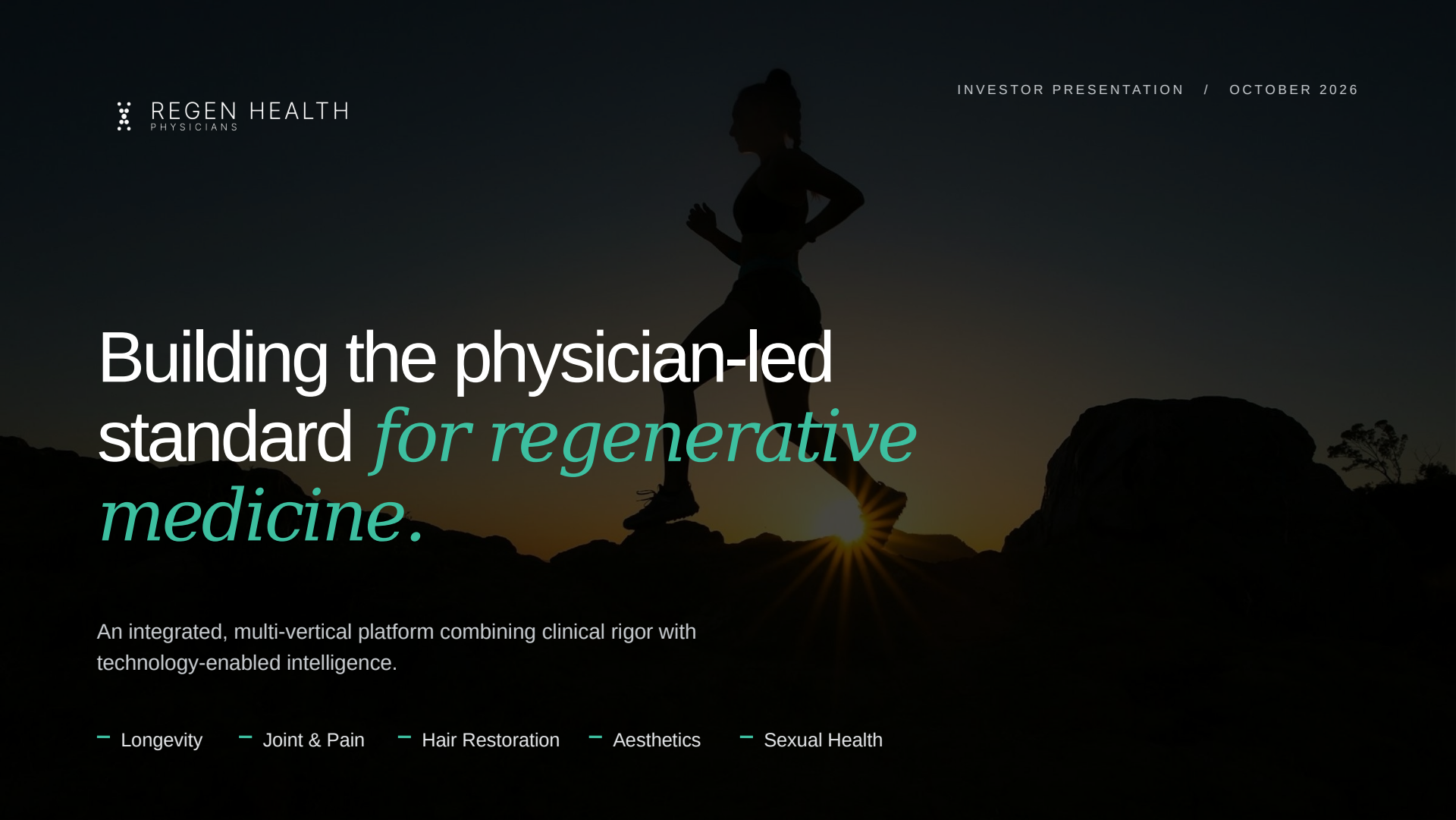




Building the physician-led standard *for regenerative medicine.*

An integrated, multi-vertical platform combining clinical rigor with technology-enabled intelligence.

— Longevity — Joint & Pain — Hair Restoration — Aesthetics — Sexual Health

WHY NOW

Five shifts are moving the market *toward us.*

- **Longevity is going mainstream**
Adults 40+ are the fastest-growing wellness buyer segment; peptide and IV-therapy demand is expanding.
- **Regenerative medicine is gaining acceptance**
UC-MSK, PRP and exosome protocols are moving from the fringe toward mainstream practice.
- **Cash-pay care is surging**
Consumers are spending out-of-pocket at record levels and seeking insurance-independent care.
- **Telehealth leaves a gap**
Questionnaire-based prescribing lacks in-person diagnostics, labs and imaging.
- **UC-MSK supply chains are maturing**
Reliable sourcing and cold-chain logistics make consistent protocols scalable.

\$132B

Projected U.S. regenerative medicine market by 2030, up from \$38B.

90%+

Share of regenerative medicine revenue that is cash-pay.

\$1.8T

Total global wellness market.

Sources: [add citation for each market figure before distribution]

MARKET BREAKDOWN

90% of a \$132B market *is cash-pay.*

\$1.8T

Global wellness
market

\$132B

Projected US regen med
market by 2030

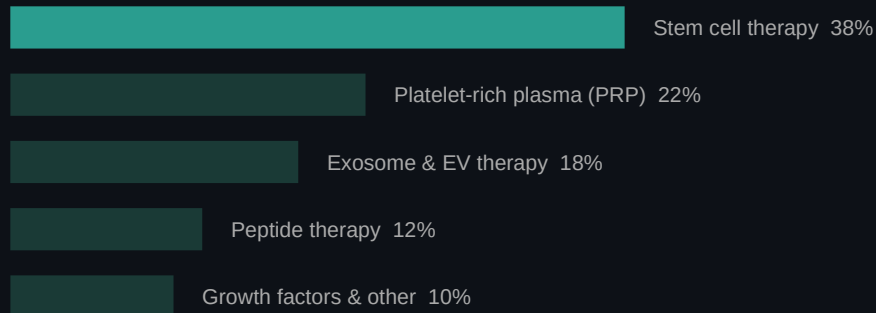
90%+

Of regen med revenue
is cash-pay

14.2%

CAGR through
2030

MARKET COMPOSITION BY SEGMENT



KEY GROWTH DRIVERS

- 30M+ Americans with osteoarthritis
- 10,000 Americans turn 65 every day
- Cash-pay healthcare spending at record highs
- Opioid crisis pushing patients to alternatives
- Adults 40+ fastest-growing wellness segment
- Celebrity/athlete adoption normalizing stem cells
- UC-MSC supply chain now institutional-grade

The market is moving toward us. *Here's why.*

Aging population

10,000 Americans turn 65 daily. By 2030, 1 in 5 Americans will be over 65. Joint degeneration is universal — the question is whether they choose surgery or regeneration.

Longevity goes mainstream

Adults 40+ are the fastest-growing wellness buyer segment. Peptide therapy, IV infusions, and biohacking are no longer fringe — they're premium consumer health.

Surgery dissatisfaction

20-30% of knee replacement patients report persistent pain post-surgery. Patients are actively seeking alternatives before committing to irreversible procedures.

Cash-pay consumer surge

Out-of-pocket healthcare spending is at all-time highs. Patients with means are choosing to pay directly for better care, faster access, and no insurance friction.

Opioid crisis backlash

The opioid epidemic has created a generation of patients who refuse pharmaceutical pain management. Biologics offer a non-addictive, non-surgical path.

UC-MSD supply chain maturity

Institutional-grade tissue banks with cGMP compliance and cold-chain logistics now make standardized, scalable stem cell protocols possible nationwide.

Everyone else picks a side. *We do both.*

Traditional med spas

- Single category, usually aesthetics or hormones.
- Limited physician involvement; nurse- or aesthetician-led.
- No standardized diagnostic workup.
- Minimal regenerative or longevity offering.



- Physician-led across all five clinical categories.
- Diagnostics-backed: proprietary labs, imaging and structured workups.
- Regenerative core of UC-MSC, PRP, exosomes, peptides and MUSE cells under clinical governance.
- Standardized clinic model, live and generating revenue.

Traditional pain & ortho

- Medication- and injection-based standard of care.
- Focused on managing symptoms rather than restoring function.
- Insurance-driven, with restricted patient access.
- Growing scrutiny of opioid-based pain management.

Where we sit. *Why we win.*

	REGENHEALTH	QC KINETIX	REGENEXX
Locations	4 (NYC×2, SLC, Seattle)	176+ franchise clinics	149 licensed locations
Revenue	~\$2.4M ARR (growing)	Top clinic: \$7.4M	~\$46M corporate
Model	Corporate → franchise	Franchise (8% royalty)	Licensed physician network
Clinical Team	Physician & PA-led	Mid-levels (not physicians)	Physicians required
Biologics	UC-MSK + MUSE + exosomes	PRP only (platelet-based)	Autologous (patient's own)
Verticals	5 (joint, longevity, hair, aesthetics, sexual)	1 (joint pain only)	1 (orthopedic only)
Cell Sourcing	FDA-reg banks, 97-99% viability	No cell sourcing — PRP	Patient's own cells
Tech Platform	Praevorium (in development)	None	Registry data
Clinic Ownership	Physician-founded	Investor-owned permitted	Physician-owned

QC Kinetix proved demand at 176 clinics but compromised on clinical quality. Regenexx proved the physician model but stays single-vertical. RegenHealth combines physician-led governance with allogenic UC-MSKs across five verticals — plus a technology layer neither comp has.

Acquired on pain. *Retained on prevention.*

Patients arrive with a problem they already have. The business is built on what happens next: turning that patient into a long-term health relationship.

1

They arrive with a problem

ACQUISITION · ONE-TIME

- Knee, hip, back, hair, aesthetics, sexual health.
- Every entry point credits toward a full program.
- Average case value today is roughly \$12K.

2

We treat it

THE HANDOFF

- UC-MSCs, MUSE cells and exosomes, delivered under physician direction.
- Sequenced programs: Prime, Seed, Amplify, Sustain.
- The result earns the trust for what comes next.

3

We keep them well

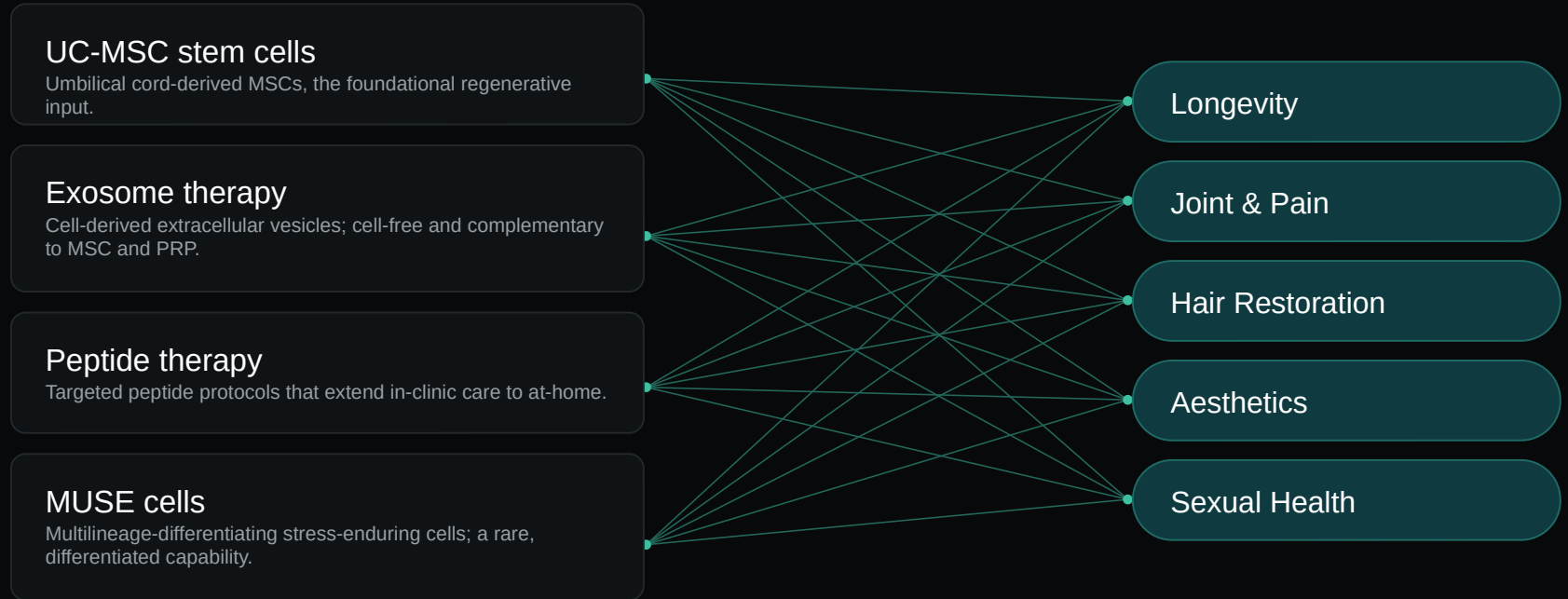
RETENTION · RECURRING

- Twice-yearly infusions, peptide protocols, labs and coaching.
- Tiered memberships and Private Client annual programs.
- A relationship measured in years, not visits.

WHAT WE MEASURE

Conversion into a program or membership, and revenue per patient at 12 months — not first-case revenue.

Four regenerative tools. *Five clinical verticals.*



Not just a clinic. *A platform built to scale.*

Physician-led, not investor-owned

Every clinic operates under physician governance. Unlike QC Kinetix, where non-medical investors own clinics and mid-levels treat patients.

UC-MSCs, not PRP

Allogenic umbilical cord stem cells with 97-99% viability — not platelet-rich plasma or autologous cells with limited potency.

MUSE cells

Multilineage-differentiating stress-enduring cells — a rare, differentiated capability no major competitor offers.

Five clinical verticals

Joint pain, longevity, hair, aesthetics, and sexual health. Competitors are single-category. We retain patients across their full health journey.

Praevorium intelligence

A proprietary data layer (in development with Auglabs) connecting clinical, biomarker, and wearable data to optimize protocols and measure outcomes at scale.

Acquired on pain, retained on prevention

Patients arrive with a problem. We solve it. Then we keep them well with memberships, infusions, and peptide protocols — recurring revenue, not one-and-done.

Clinics deliver the care. *Praevorium makes it smarter.*

DELIVERY

Regen Health clinics

- Regenerative medicine, diagnostics, biomarkers and longevity services.
- Trusted, physician-led provider relationships.
- Real-world clinical data captured across every patient journey.

OPERATING SYSTEM & INTELLIGENCE

The Praevorium system

Architected by Mark Anderson, COO

- Connects clinical, operational, financial, lab, wearable and patient-reported data.
- Supports physician treatment decisions and flags opportunities for early intervention.
- Helps each clinic operate more efficiently and profitably.

THE DATA FLYWHEEL

- 1 Proprietary data
- 2 Better clinical intelligence
- 3 More precise provider decisions
- 4 Improved patient outcomes
- 5 Stronger data

Results that speak. *Patients who return.*

100+

Knees treated

90%

Success rate

4.9★

Google rating

5,000+

Patient database

WHAT PATIENTS REPORT

- Pain reduction within 4-8 weeks of treatment
- Continued improvement over 3-6 months
- Return to full activity including sports and exercise
- Reduced or eliminated dependence on pain medication
- Patients traveling from across the US and internationally
- High rebooking rate for additional joints and longevity protocols

"I traveled from Vancouver, Canada dealing with chronic back pain and chronic knee pain. After IV therapy plus back and knee injections, I feel like a completely new person — I finally have my life back."

— RegenHealth patient, bilateral knee + spine protocol

WHY REGENHEALTH OUTCOMES DIFFER

- Allogenic UC-MSCs (not PRP or autologous)
- 97-99% viability vs industry-average 70-80%
- Physician/PA oversight on every procedure
- Multi-protocol stacking (cells + exosomes + peptides)

Cash-pay by design. *Built for margin.*

50%+

Gross margin on clinical services.

40–60%

Clinic-level EBITDA margin.

Target at clinic maturity

\$0

Insurance claims, AR lag or write-offs.

No insurance friction

100% cash-pay across all five clinical verticals.

Immediate cash flow

Payment collected at the point of care, freeing working capital.

High-value procedures

Premium services, e.g. ~\$5,000 for a single-joint stem cell treatment.

Multiple billable events

Diagnostics, primary treatment and maintenance in each patient journey.

Self-funding growth

Operating cash flow helps fund the next corporate clinic.

The math behind *each clinic*.

COST TO OPEN A CLINIC

Buildout & equipment	\$75K – \$120K
Initial staffing (3 months)	\$60K – \$90K
Working capital	\$30K – \$50K
Marketing launch	\$15K – \$25K
Technology & systems	\$10K – \$15K
Total investment per clinic	\$190K – \$300K

PER-CLINIC REVENUE & EBITDA RAMP

Month 1-3	\$15K – \$30K/mo
Ramp / break-even	
Month 4-6	\$40K – \$60K/mo
Approaching profitability	
Month 7-12	\$80K – \$120K/mo
Clinic-level EBITDA positive	
Year 2 (mature)	\$150K – \$200K/mo
40-60% EBITDA margin	

12-18 months

Payback period
per clinic

~\$12K

Average case
value

50%+

Gross margin on
clinical services

40-60%

Target EBITDA at
clinic maturity

EXECUTIVE LEADERSHIP

Physician-led, *operator-built.*



Dr. Ajit Dhaliwal, MD, MBA
FOUNDER & CEO

Leads strategy and growth.
Internal Medicine, Mount Sinai.
Prior exit: Momentum
Healthcare Staffing.



Dr. Ravneet Dhaliwal, MD
CHIEF MEDICAL OFFICER

Board-certified in Family
Medicine and Obesity Medicine.
Leads medical protocols and
clinical oversight across all
locations.



Gabrielle Carreiro
CHIEF MARKETING OFFICER

Leads patient acquisition, brand
development and multi-channel
demand generation for the
expanding footprint.



Mark Anderson
CHIEF OPERATING OFFICER

20+ years in private banking
and financial services
(JPMorgan Chase, Wells
Fargo). Architect of scalable
operations and the Praevorium
system.



Will Michael
CHIEF STRATEGY OFFICER

Drives platform growth strategy,
market positioning and
expansion planning.



Sohela Suri
GENERAL COUNSEL

Securities and corporate
counsel advising on
governance, capital markets
compliance and legal strategy.

Guided by people who have *scaled healthcare before.*

Patrick Young

Senior healthcare executive and strategic investor with experience across health systems, clinical operations and healthcare growth.

Bhavdeep Singh

Healthcare operator and former CEO with deep experience scaling multi-site organizations and national healthcare platforms.

Kenneth Sable, MD, MBA, FACEP

Acute-care hospital executive and emergency medicine physician with extensive leadership experience across complex health systems.

Eziah Syed

Healthcare and life-sciences executive with experience spanning digital health, strategy, commercialization and enterprise growth.

Prove the model. *Then scale it.*

PHASE 1 · COMPLETE

Foundation

- NYC flagship with a 5,000+ patient database.
- Salt Lake City, launched April 2026 and generating revenue from launch.
- Two operating locations today.

PHASE 2 · IN PROGRESS

Build to five

- Funded by this raise.
- Three new corporate locations nationwide by year-end 2027.
- Optimize NYC and SLC with marketing and operational technology (Praevorium).

PHASE 3 · FUTURE OPTIONS

Beyond five

- Additional corporate locations funded by operating cash flow.
- Franchise or licensing path once the corporate playbook is proven at scale.
- Strategic partnership or acquisition.

Think bigger. *50+ locations by 2031.*

2026-2027

Foundation

- 3 corporate clinics (NYC×2, Seattle)
- SLC converts to first franchise
- Praevorium MVP deployed
- Standardize the clinic-in-a-box playbook

2027-2028

Franchise Launch

- FDD filed, franchise sales begin
- 5-8 franchise locations opened
- Target markets: Dallas, Atlanta, Miami, LA
- Franchise fee: \$60K + 8% royalty

2029-2031

National Scale

- 25-50+ total locations nationwide
- Corporate + franchise hybrid model
- Praevorium SaaS across all locations
- Strategic partnership or acquisition path

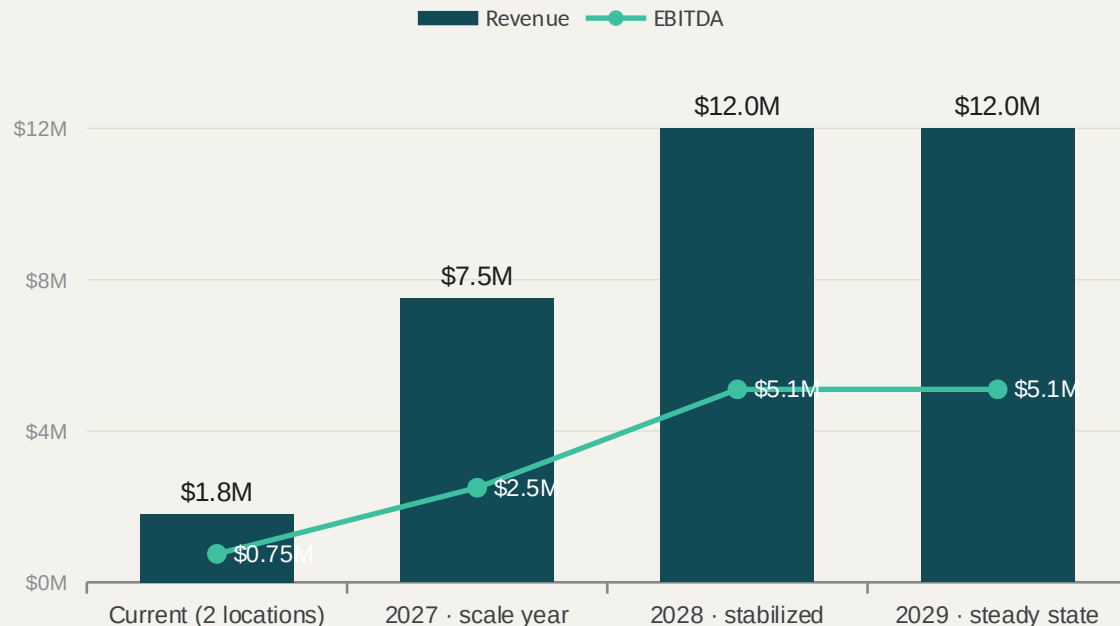
FRANCHISE ECONOMICS AT SCALE

50 locations × \$2M avg revenue
8% royalty on system-wide revenue
\$60K franchise fee × 10 new/year
Corporate clinic EBITDA (3 clinics)
Praevorium SaaS revenue (at scale)

\$100M system-wide revenue
\$8M annual royalty income
\$600K annual franchise fees
\$3M–\$5M annual
Additional recurring revenue stream

THREE-YEAR FINANCIAL FORECAST

From two locations to *\$12M in revenue.*



57.7%

Sustained platform gross margin.

42.5%

Stabilized platform EBITDA margin by 2028.

Forward-looking projections are illustrative, based on management assumptions, and not a guarantee of future results.

THE INVESTMENT OPPORTUNITY

\$2.5M to *build to five.*

THE DEAL

Target raise \$2.5M

Valuation cap \$10.0M

Instrument SAFE, 20% discount at conversion

Structure Rule 506(b), accredited investors only

USE OF PROCEEDS



- Corporate team build-out · 40%
- Location build-out · 20%
- Clinic ramp cash · 12%
- Marketing · 10%
- Systems & contingency · 16%

ILLUSTRATIVE EXIT · 7-YEAR HOLD SCENARIO

\$150M

Illustrative year-7 exit valuation

~\$36.1M

Illustrative proceeds to Round 1 SAFE investors

~14.4x

Illustrative Round 1 multiple on invested capital (MOIC)

Assumes conversion at the \$10M cap (25% ownership) and one subsequent \$2M dilution round. Illustrative only; not a projection or promise of returns.



Positioned to lead a
fragmented *\$132B market.*

Dr. Ajit Dhaliwal, MD, MBA

Founder & Chief Executive Officer
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