

AiM Medical Robotics™

*Redefining Neurosurgical Precision Through
Real-Time, MRI-Guided Robotics*



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Disclaimer



Forward-Looking Statements

This presentation contains forward-looking statements, including expectations regarding product development, regulatory pathways, commercialization, and market opportunity. Actual results may differ materially due to known and unknown risks and uncertainties.

Regulatory Status

The technology discussed is an investigational medical device and has not yet been reviewed or cleared by FDA, Health Canada, TGA, MHRA, or any other regulatory authority. Safety and efficacy have not yet been established.

No Investment Advice

This material is provided for informational purposes only and does not constitute an offer to sell, or a solicitation to buy, any securities.

Regulatory and Clinical Strategy

Regulatory and clinical strategies are being developed in consultation with experienced advisors and former regulators.

Presenters- Proven Executive Leadership Team

Distinguished Leadership Across Innovation, Commercialization, Value Creation, and Exit

- Best in Class R&D and IP
- Industry thought-leaders and leaders in the medical device and medical equipment spaces
- World-class business development and commercialization experience
- Exceptional & experienced fundraising: equity, debt, and US and international grants
- Numerous exits (IPO, strategic and private equity sales)
- Extensive startup and business building experience



Gregory Fischer, PhD

CEO & Co-Founder | Johns Hopkins PhD
Pioneer in MRI robotics - 20 yrs | 100+ publications & major federal grants |
Serial Entrepreneur | Senior Member
National Academy of Inventors



Julie Pilitsis, MD, PhD, MBA

Co-Founder | Chair Medical Advisory Board
Chair of Neurosurgery University of Arizona |
President, ASSFN | Physician Executive for
Functional Neurosurgery, Banner Health
System | 300+ publications



Rachel LeBlanc

Chief Operating Officer | 20+ years
operational transformation | Building
QMS, manufacturing, scaling
operations



Jonathan Sackier, MB, ChB, FRCS, FACS, DSc

Chief Medical Officer | Decorated surgeon
with deep medical device experience |
Pioneer in surgical robotics | Clinical
credibility and commercialization expertise
with multiple exits



Andrew Aberdale

Chief Financial Officer | 35+ years
financial and operational experience |
Designing, leading and building teams to
get to a transaction

Board of Directors

Successful Medical Device Commercialization Expertise



Gregory Fischer, PhD

CEO & Co-Founder of AiM | Johns Hopkins PhD
Pioneer in MRI robotics - 20 yrs
100+ publications & major federal grants
Serial Entrepreneur | Senior Member National
Academy of Inventors



Yulun Wang, PhD

Founder & Chairman, Sovato Health
Founder, Computer Motion (merged w/ Intuitive)
Co-Founder, World Telehealth Initiative
Chairman, InTouch Health



Joe Heanue, PhD

Chief Executive Officer, Triple Ring
Technologies | 20+ years design,
manufacturing expertise, developing
medical devices to market

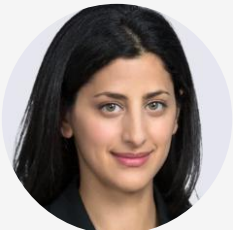


**Jonathan Sackier, MB,
ChB, FRCS, FACS, DSc**

Chief Medical Officer of AiM | Decorated surgeon
with deep medical device experience | Pioneer in
surgical robotics | Clinical credibility and
commercialization expertise with multiple exits

Medical Advisory Board

Leading neurosurgeons and neurologists as brand champions



Sharona Ben-Haim, MD

Surgical Director of Epilepsy,
Associate Professor of
Neurological Surgery UCSD



John Rolston, MD, PhD

Director of Epilepsy Surgery, Director
of the Mapping & Engineering Neural
Dynamics Lab, Assoc Prof, Harvard
Medical School, Brigham & Women's



Joshua Rosenow, MD

Director of Functional
Neurosurgery, Northwestern
University Memorial Hospital



David Charles, MD

Professor & Vice-Chair
of Neurology, Vanderbilt



Jon Willie, MD, PhD

Stereotactic & Functional Neurosurgeon,
Functional Neurosurgery Clinic, UT
Health Austin



The Problem: \$293B Economic Burden



4–7 hours

Lengthy (up to 7 hours) & traumatic typically semi-awake bilateral Deep Brain Stimulation (DBS) neurostimulator lead placement surgery requires unmedicated testing, often triggering patient anxiety and refusal.

34%

One-third of DBS implants require a repeat surgery.

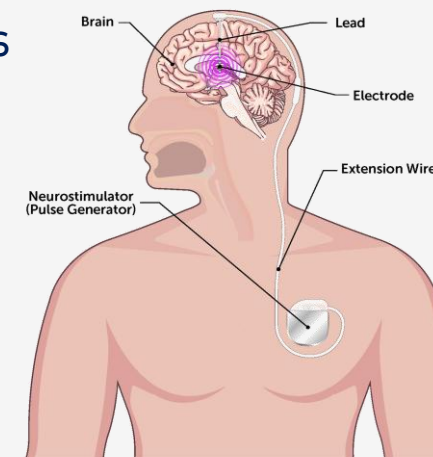
Majority of re-operations due to electrode misplacement relative to anatomical targets.

Results in patient hesitancy.

10–15%

Only 10–15% of eligible Parkinson's Disease patients choose DBS lead implantation.

Leaves substantial portion of market unavailable.



Uncompensated Brain Shift is the root cause of failed DBS implants.

The Result? Patients suffer. Hospitals burn OR capacity. Costs spiral.

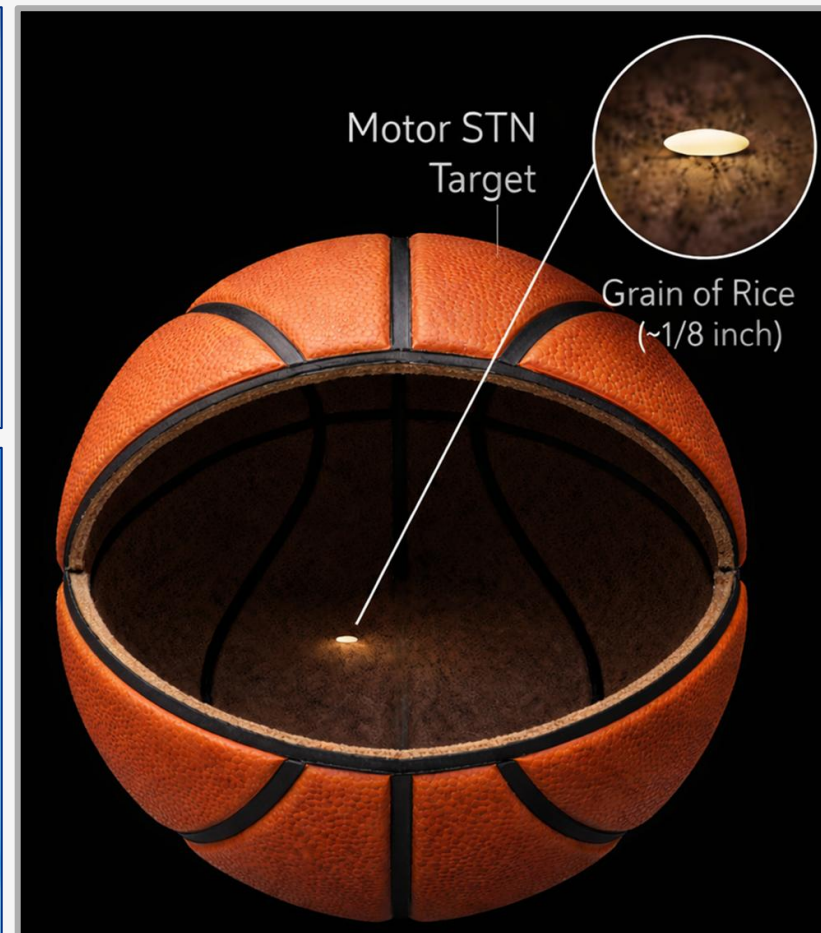
The Problem

Over **1.4 million** annual applicable procedures (DBS, drug delivery, stereotactic neuro, tumor ablation) by 2035 globally

Over **670,000** annual applicable procedures (DBS, drug delivery, stereotactic neuro, tumor ablation) by 2035 in the US

Roughly **80,000** annual DBS procedures by 2035 globally

In 2026, there are expected to be over **24,000 DBS procedures globally**, and over **15,000 in the US** growing at **over 14% CAGR**



Safer, higher quality, more efficient Deep Brain Stimulation (DBS) procedures with AiM's robotic device.

The Solution



MRI-Compatible Neurosurgical Robot with Sub-Millimeter Precision

Combines Real-Time MR Imaging with Robotic Precision and Speed

- Works in MRI suites and operating rooms
- Enables fully asleep procedures
- Accounts for brain shift during surgery
- Sub-millimeter accuracy and image-based feedback
- Expected to enable dramatically faster operations
- Portable and compact
- No facility modification or permanent installation required

Systematically De-Risked Execution



COMPLETE SYSTEM



TECHNOLOGY PROVEN

Prior 30-subject MRI-guided prostate biopsy clinical study completed (same core technology)

Successful pre-clinical and cadaver validation: bilateral DBS & ablation

Sub-millimeter accuracy and rapid target-to-target time demonstrated

CLINICAL VALIDATION

FIH clinical study with AiM's neurosurgery robot underway at Brigham & Women's Hospital (MGB BWH)

Partnership with Dr. Rees Cosgrove (Head of Functional Neurosurgery, BWH)

World-class medical advisory board

STRATEGIC INITIATIVES

Actively engaged with several strategic partners

BWH & Harvard Medical collaboration

Fostering co-development and integration partnerships

US Market Opportunity

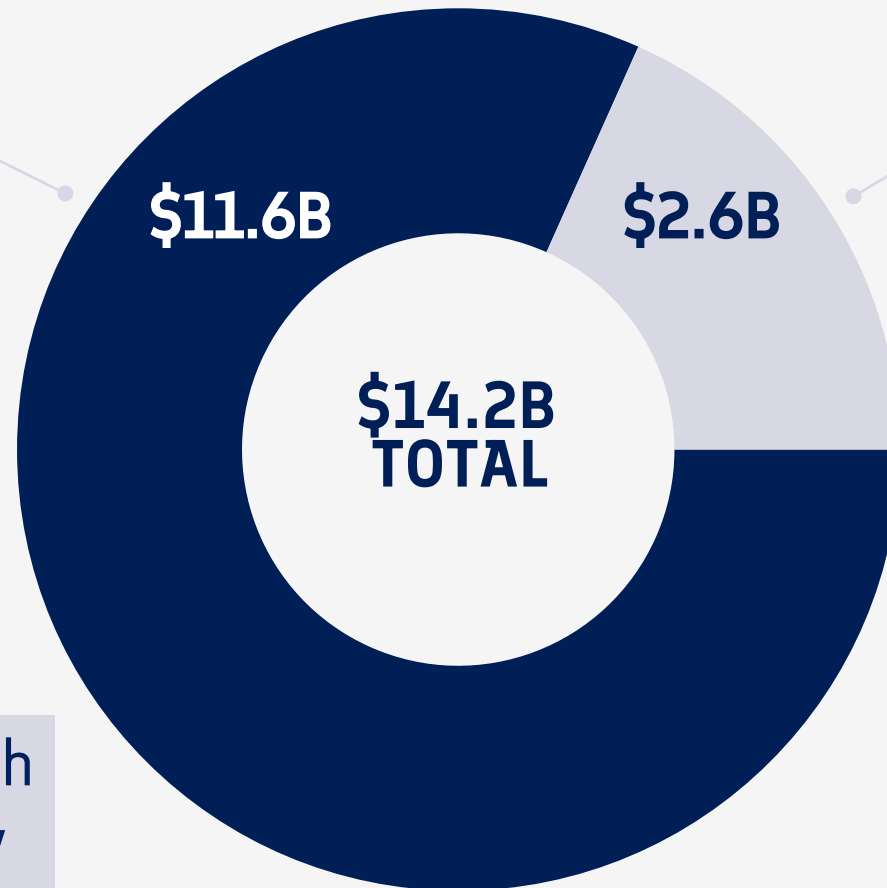


Beachhead Market:

DBS for movement disorders

- Parkinson's Disease
- Epilepsy
- Essential Tremor
- Dystonia
- Severe OCD

Market progression through stereotactic neurosurgery with the same core buyer & FDA 510(k) indication



Adjacent Expansion

- Brain tumors
 - Biopsy & Ablation
- Epilepsy
 - SEEG
 - LITT Ablation
- Targeted Intracranial Delivery
 - Stem Cells
 - Gene Therapy
 - Pharmaceuticals
- Pediatric Neurosurgery

Competitive Moat



LIMITED COMPETITION

Currently only:

Robotics in OR
without Live MRI

OR

Live MRI
without Robotics

AiM Provides:

***Robotics with Live MRI
Guidance (0.55T-3T) in
MRI or Operating Room
settings***



15-YEAR R&D FOUNDATION

100+ Peer-reviewed articles

Previously demonstrated clinical
trial in MRI-guided prostate biopsy
in 30 subjects at BWH with same
core technology

Platform development from
>\$15M in non-dilutive grant-funding



Mass General Brigham



WPI



**JOHNS HOPKINS
UNIVERSITY**

EXPANSIVE DEFENSIBLE IP PORTFOLIO

Pioneers in the field (20+ years)

8 granted patents with 29 pending
applications across 12 active
patent families

Broad exclusive IP from NIH-
funded academic R&D

First-mover advantage & trade
secrets

Revenue Model



Capital Sale: ~\$600K per robot

- Direct purchase or lease

Recurring Revenue

- High-margin consumables - \$3-10K/procedure
- Annual service (~\$60K)

Clear Economic Value

- Enable 2-3 procedures per day
- \$35K reimbursement per case (existing codes)
- Fewer revisions procedures and improved QOL
- Reduce patient hesitancy – treat 5X more eligible patients
- Hospital ROI: 50% case time reduction = 45 additional cases/year = \$1M+ OR efficiency value

Timeline



Q2
2026

Complete BWH
FIH clinical
study
(n=25)

Q3
2026

Close Series B
(\$35M raise to
commercial
launch)

Q1
2027

Complete
product
development

Begin
manufacturing
and V&V testing

Q3
2027

FDA
submission
(Anticipated
510(k) w/o
human data)

Q1
2028

FDA 510(k)
clearance

Initial launch
& post-market
KOL study

Q3
2028

International
expansion
(CE Mark,
UKCA, TGA
approval)

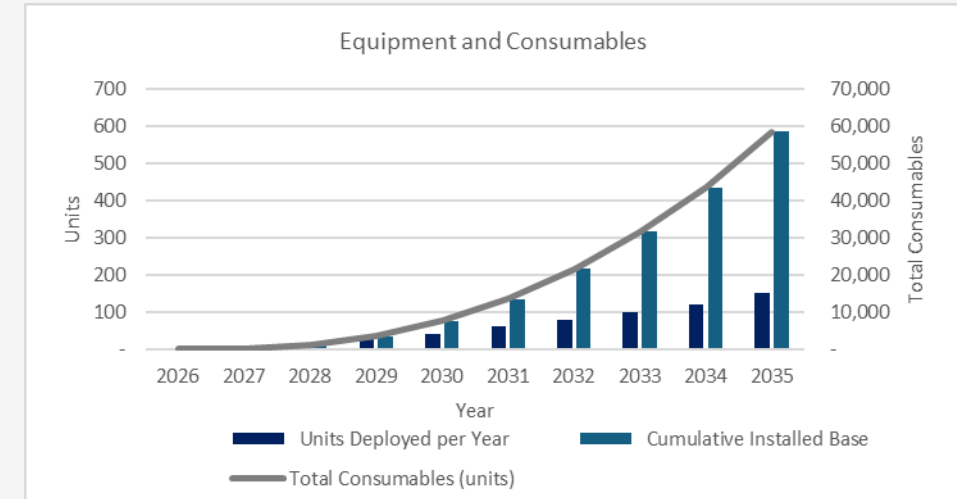
Q3
2028

Full
commercial
launch

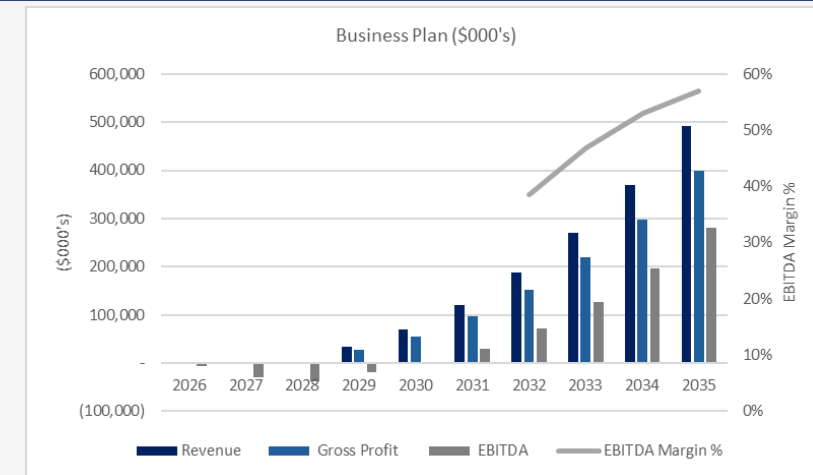
AiM Operational and Financial Business Plan – Growth (v.Q226.1)



- Market has growth and expansion
- IP and FIH data is strong and will become stronger
- Experienced team to deliver results
- The 2035 Plan:
 - ~\$492m total annual revenue
 - ~\$360m consumable revenue
 - 50+% EBITDA margin
 - Ser B: ~\$35m = Through FDA clearance, 10 machines deployed
 - Ser C: ~\$tbdm = rapid growth
 - Set up for growth or strategic acquisition



- Series B gets AiM through FDA clearance with 10 units deployed,
- Series C planned for rapid growth,
- Positioned for successful exit based on excellent VOC, FIH studies, market size and CAGRs, and IRRs



Series B Raise (Q4 2026)



SERIES B: \$35M *TARGET CLOSE: Q4 2026* *Raised to date: \$15.5M*

You're Investing In

- Category-defining technology with limited competitors
- \$14.2B market opportunity
- De-risked execution: technology proven, clinical underway, regulatory defined
- Funding will support initiatives through to commercial launch
- Experienced team with commercialization and exit track record
- Strategic exit within 2–4 years

CONTACT

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Key Investors

