



CURING U.S. PRIMARY HEALTH CARE

**INVESTOR
PRESENTATION**

OCTOBER.2023

THE BIG PICTURE

The Quality MD business model provides families access to state-of-the-art medical care in a timely manner and creates a long-lasting bond with patients by providing highly-personalized service. The marketplace is ready to welcome a more individualistic and efficient way to embrace health care.

When we look at the history of medical care in the U.S., we start with the family doctor, typically running a one-doctor personal business and treating entire families from generation to generation, with little involvement of onsite support or specialists. The evolution of medical care in the U.S. was built off this model and many private-practice doctors continue to use it. Unfortunately, the model no longer fits the demands of patients or the financial dynamics of the medical industry.

QMD's business model overlays a business management approach and processes designed to maintain the positive personal elements of the historical family medical practice with support and procedures that significantly improve productivity and profitability. The goal is to cure the nation's personal care challenges while maintaining the integrity of doctor/patient relationships.

A PERSPECTIVE OF TODAY'S MEDICAL ENVIRONMENT

U.S. PRIMARY CARE RANKS LAST AMONG DEVELOPED NATIONS IN FIVE CRITERIA

- High-quality, comprehensive healthcare is becoming a scarcity for all, except the wealthy.
- Personal care physicians (PCPs) cover myriad tasks beyond practicing medicine.
- Administrative resources are limited and frequently inefficient.
- Medical services, across the spectrum, are very expensive and the range of insurance choices often inadequate.

EXHIBIT 1

Health Care System Performance Rankings

	AUS	CAN	FRA	GER	NETH	NZ	NOR	SWE	SWIZ	UK	US
OVERALL RANKING	3	10	8	5	2	6	1	7	9	4	11
Access to Care	8	9	7	3	1	5	2	6	10	4	11
Care Process	6	4	10	9	3	1	8	11	7	5	2
Administrative Efficiency	2	7	6	9	8	3	1	5	10	4	11
Equity	1	10	7	2	5	9	8	6	3	4	11
Health Care Outcomes	1	10	6	7	4	8	2	5	3	9	11

Data: Commonwealth Fund analysis.

Source: Eric C. Schneider et al., *Mirror, Mirror 2021 — Reflecting Poorly: Health Care in the U.S. Compared to Other High-Income Countries* (Commonwealth Fund, Aug. 2021). <https://doi.org/10.26099/01DV-H208>

PATIENT DEMAND COMPLETELY CHOKES SUPPLY

U.S. MARKET SIZE

- 1.32 billion patient visits per year for primary care
- \$283 billion market size in 2020.
- **With CAGR of 4.7%** (2020 to 2027;) will reach \$409 billion market size in 2027.
- About 47% of the market is currently underserved, creating long waitlists.

Source: AMA Physician Masterfile

PCPS CURRENTLY PRACTICING

- 150,000 PCPs
- Ratio of 880,000 patient visits per PCP per year.

OUTCOME

The situation, in almost all cases, eliminates same-day availability. Patients typically waiting two to three weeks for an appointment.

GOALS OF HEALTHCARE ARE NOT BEING MET

PATIENTS' KEY CRITERIA

- Desire to access the **same doctor** and staff
- Believe they are **receiving the best care**
- Ability to **gain access quickly**, when necessary
- Count on **timely relationship management** overall
- Want diagnostician and **supplier of overall health needs**
- Expect identification, management and evaluation of all **external specialists, if needed.**
- Require **easy insurance coverage** management and option to pay direct.

PHYSICIANS' KEY EXPECTATIONS

- Time to develop goals and **manage healthy outcomes** for each patient/family.
- Ability to **continue ongoing educational opportunities** and peer communication.
- Utilize highly-trained **professional support:** including Physician Assistants (PAs).
- Access resources to manage all administrative and office operations and resources and **eliminate physician's involvement in clinic management.**
- **Benefit from more free time and competitive income.**

QualityMD PROVIDES MORE OF WHAT PATIENTS ARE LOOKING FOR COMPARED TO ALTERNATIVE BUSINESS MODELS

	 Primary Care Clinic	 Family Practice	 Retail Clinic	 Urgent Care Clinic	 Retainer Medicine	 Emergency Room
Cost of Care	\$	\$	\$	\$\$	\$\$\$	\$\$\$\$\$
Insurance Copays	\$	\$	\$	\$\$	n/a	\$\$\$\$\$
Locations	Premium Site	Office Building	Retail Store	Standalone	Office Building	Hospital
Hours of Operation	Extended	Limited	Extended	Extended	Limited	Extended
Wait Time	20 minutes	Need Appt	Same Day	Same Day	Same Day	Same Day
Staffing	3	1	1	1	Varies	Varies
Follow-Up	Yes	Yes	No	No	Yes	No
Number of Sites	-	> 80,000	> 1,600	> 6,900	> 1,000	> 5,000
Complete Care	Yes	Yes	No	No	No	No
Ages Treated	All	Adults	Adults	Adults	Adults	All
Functional Medicine	Yes	No	No	No	No	No
Precision Medicine	Yes	No	No	No	No	No
All Insurance Accepted	Yes	No	No	No	No	Yes
MD Compensation	Premium	\$200k	\$150-200k	\$150-200k	\$100-300k	\$200k

A PERSPECTIVE OF TODAY'S MEDICAL ENVIRONMENT

WHAT IS NEEDED NOW

- All-inclusive, high-quality medical care for all; not just the wealthy.
- Doctors and other medical staff focused exclusively on what they do best; healing
- Very efficient administrative resources to support caregiving, proficiency and profitability
- Flexibility of payment options that allow all to access health services and long-term wellness

A NEW PRIMARY CARE BUSINESS MODEL



Innovative utilization of medical personnel focused on specific sets of needs.

Doctors center on short- and long-term health outcomes; treating the whole person, rather than just a temporary issue. Allowing less, but far more productive time and higher levels of physician and patient satisfaction. Pas focus on short-term health needs. Physicians have more time to spend treating patients because they don't manage administration resources and processes.



Business management utilizes both state-of-the-art technology and highly-experienced staff to produce a very efficient internal infrastructure. Consequently, able to better manage insurance claim processing and other operational duties to increase profitability and overall productivity.

QualityMD
BRINGS THIS NEW
MODEL TO PATIENTS

SUMMARIZING THE MEANING OF TRUE WELLNESS CARE AND HOW WE ADDRESS IT

Health care is the maintenance or improvement of health via prevention, diagnosis, treatment, recovery, or cure of disease, illness, injury or other physical and mental impairments in people.

Quality MD COMMITS TO:

- Provide complete medical care to everyone without differentiation.
- Take or use no shortcuts, gimmicks, fads or guesswork in a patient's healthcare.
- Goal of no more than a 22-minute wait to see an MD/PA.
- Make the best use of a physician's time to do what they do Best: focus on the health of patients.
- Build confidence in PA's expertise through physicians' interaction with them and their use.

QualityMD PROVIDES EXACTLY WHAT PATIENTS ARE LOOKING FOR

WHAT PATIENTS WANT	QualityMD'S APPROACH
Provider Certification and License	Hires only top 10% board-certified primary care physicians.
Accepts Insurance	Accepts all private and Medicare insurance (this provides up to 97% of revenue; insuring financial stability)
Low Office Wait Times	Goal: Wait times of 22 minutes or less.
Convenient Office Locations and Extended Hours	Provides convenient locations based on traffic patterns and market dynamics. Also added benefits of evening and Saturday hours.
Low Out-of-pocket Expenses	Accepts all insurance. Also offers payment plans for those without insurance or unable to meet co-pays.

FUNCTIONAL MEDICINE

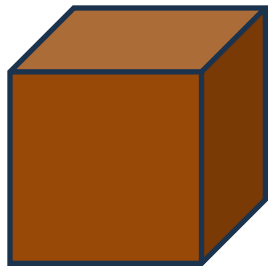
QMD adds a complementary element in treating its patients – Functional Medicine.

This discipline looks at a “whole health” picture of a patient, focusing on prevention through nutrition, diet, supplements and exercise. The rationale is to prevent health issues before they occur, rather than react after the fact and use a combination of therapies and lifestyle changes to treat and heal.

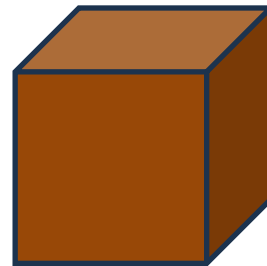
THIS DETAILED INFORMATION
WILL BE REVIEWED VERBALLY
DURING OUR INITIAL MEETING

ENGAGING PATIENTS

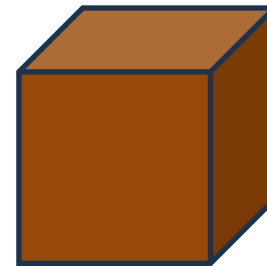
Our marketing/sales process is based on proven methodology. The target date for reaching clinic operating capacity is within 60 days of opening. Importantly, our quality of care, personal attention, ease of making appointments and easy payment systems differentiate us dramatically from any other U.S. healthcare provider. To meet our 60-day goal, there are three critical components on which our sales system is based:



Demographic Analysis
300,000 people
w/in 5 miles

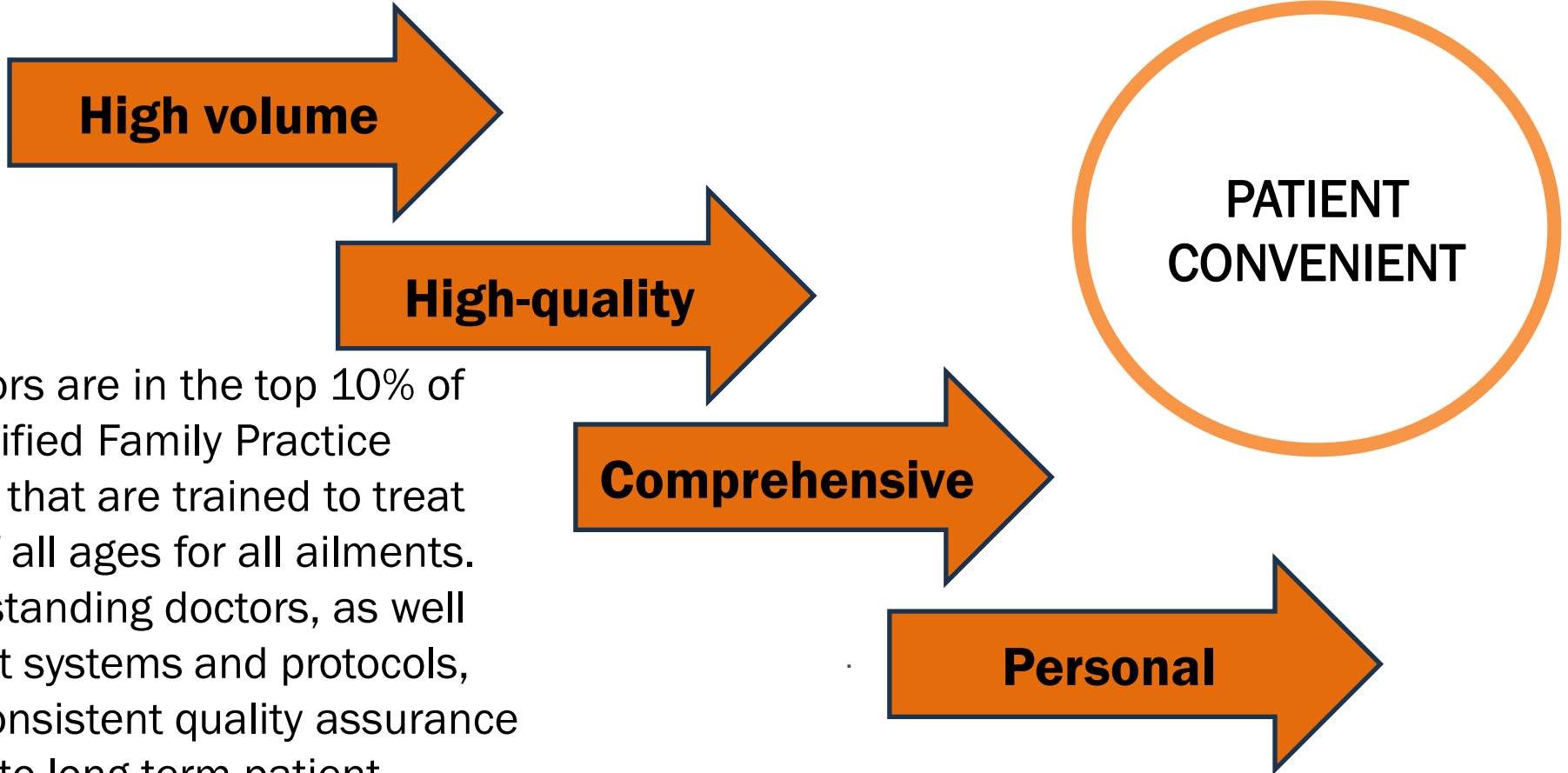


Direct Mail
Custom Mailings to
Target Area



Quality of Care
= Positive Word of
Mouth

BUSINESS MODEL



QMD doctors are in the top 10% of Board-Certified Family Practice Physicians that are trained to treat patients of all ages for all ailments. These outstanding doctors, as well as our tight systems and protocols, result in consistent quality assurance that leads to long-term patient relationships.

PRODUCTION 3/1: APPLYING QUALITY & TIME MANAGEMENT TO MEDICINE

Quality MD's healthcare delivery system is unique in the industry. The standard family practice sees an average of 18 patients per day per provider. This is not the optimal way to deliver health care. QMD averages 90 patients per day (either a physician or PA), while providing a much more personal level of health care. This is done using the 3-to-1 triage system that separates minor health issues from high acuity ones. Each team consists of two PAs to one board-certified physician.

<u>PER DAY/PER SHIFT</u>	<u>STANDARD FAMILY PRACTICE SYSTEM</u>	<u>QualityMD's SYSTEM</u>
# of Physicians	One	One
# of Physician Assistants	None/One	Two
# of Patients Seen	18-36	90
Avg. Amount of Time/Patient	24 minutes	12 minutes

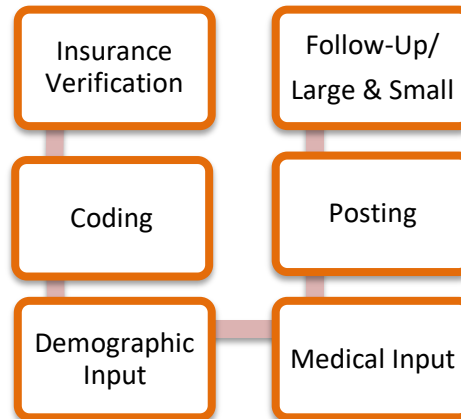
PATIENT INSURANCE DYNAMICS

Cost to the patient and the insurance company, coupled with quality and comprehensive care, make QMD the obvious choice for both the patient and the insurance company. Cost, compared to the emergency room for the same ailment is typically 80-90% less. Low co-pays, insurance acceptance policies and billing systems keep QMD's prices well below emergency room rates and out-of-pocket rates for patients are well below both emergency room and urgent care rates.

QMD accepts assignment from all insurers; meaning it accepts agreed-upon rates for the patient's visit from the insurance company. Patients are only required to pay their co-pay or deductible.

BILLING SYSTEM

QMD's collection process is unique and exceptional. QMD anticipates much higher-than-average insurance collections. As a result of high demand for QMD's services and to maximize profits, the firm found it necessary to develop a unique collections system. Most practices only end up collecting about 50% of billed claims. This is due to an accepted industry pricing structure of billing at two or two and one-half times the Medicare-allowable charge. We segment the billing process into six categories and track each area, including:



Any mistakes or inaccuracies of any kind in the billing system leads to a substantial reduction in total collections.

QUALITYMD REVENUE PROJECTIONS

- Over the next five years, we expect to open at least 156 clinics in the Sacramento area, utilizing only the initial \$3 million In seed capital.
- Starting with the initial two clinics, we will generate internal growth by leveraging doctor's time and reinvesting profits – producing extremely attractive Investment returns.

QualityMD - \$3M investment pro-forma																	
Income Statement																	
Family Practice																	
90 patients per day																	
One Office																	
	Month 1	Month 2	Month 3	Month 4	Month 5	Month 6	Month 7	Month 8	Month 9	Month 10	Month 11	Month 12	Year One	Year Two	Year Three	Year Four	Year Five
PATIENT ENCOUNTERS (AVG. DAILY)	30	50	70	90	90	90	90	90	90	90	90	90					
PATIENT ENCOUNTERS (MONTHLY TOTAL)	780	1,300	1,820	2,340	2,340	2,340	2,340	2,340	2,340	2,340	2,340	2,340	16,640	28,080	28,080	28,080	28,080
BILLING	\$182,520	\$304,200	\$425,880	\$547,560	\$547,560	\$547,560	\$547,560	\$547,560	\$547,560	\$547,560	\$547,560	\$547,560	\$3,883,760	\$6,770,842	\$6,770,842	\$7,180,003	\$7,395,403
COLLECTIONS	\$106,080	\$176,800	\$247,520	\$318,240	\$318,240	\$318,240	\$318,240	\$318,240	\$318,240	\$318,240	\$318,240	\$318,240	\$2,263,040	\$3,933,446	\$4,051,450	\$4,172,993	\$4,298,183
Functional Medicine Practice																	
PATIENT ENCOUNTERS (AVG. DAILY)	15	25	35	60	60	60	60	60	60	60	60	60					
PATIENT ENCOUNTERS (MONTHLY TOTAL)	390	650	910	1560	1560	1560	1560	1560	1560	1560	1560	1560	10,660	18720			
BILLING	\$111,930	\$186,550	\$261,170	\$447,720	\$447,720	\$447,720	\$447,720	\$447,720	\$447,720	\$447,720	\$447,720	\$447,720	\$3,059,420	\$5,533,819	\$5,699,834	\$5,870,829	\$6,046,954
COLLECTIONS	\$63,960	\$106,600	\$149,240	\$255,840	\$255,840	\$255,840	\$255,840	\$255,840	\$255,840	\$255,840	\$255,840	\$255,840	\$1,748,240	\$3,162,182	\$3,257,048	\$3,354,759	\$3,455,402
CLINIC TOTAL BILLING	\$294,450	\$490,750	\$687,050	\$995,280	\$995,280	\$995,280	\$995,280	\$995,280	\$995,280	\$995,280	\$995,280	\$995,280	\$6,953,180	\$12,301,661	\$12,670,711	\$13,050,832	\$13,442,357
CLINIC TOTAL COLLECTED REVENUES	\$170,040	\$283,400	\$396,760	\$574,080	\$574,080	\$574,080	\$574,080	\$574,080	\$574,080	\$574,080	\$574,080	\$574,080	\$4,011,280	\$7,095,629	\$7,308,498	\$7,527,753	\$7,753,585
Number of Clinic Openings																	
Total Number of Clinics													2	9	24	48	72
													2	11	35	83	155
Total Collected Revenues													\$8,022,560	\$78,051,917	\$255,797,418	\$624,803,465	\$1,201,805,702
EXPENSES PER CLINIC																	
MEDICAL SERVICES/MGT																	
PHYSICIAN SALARIES	27,816	27,816	27,816	27,816	27,816	27,816	27,816	27,816	27,816	27,816	27,816	27,816	333,792	343,806	354,120	364,744	375,686
PROVIDERS	15,499	15,499	30,999	30,999	30,999	30,999	30,999	30,999	30,999	30,999	30,999	30,999	340,988	383,146	394,641	406,480	418,674
ADMINISTRATOR	10,000	10,000	10,000	10,000	10,000	10,000	10,000	10,000	10,000	10,000	10,000	10,000	120,000	120,000	127,308	131,127	135,061
MEDICAL STAFF	7,497	7,497	11,245	11,245	11,245	11,245	11,245	11,245	11,245	11,245	11,245	11,245	127,443	138,988	143,157	147,452	151,876
SALARIES-CLERICAL	7,497	7,497	11,245	11,245	11,245	11,245	11,245	11,245	11,245	11,245	11,245	11,245	127,443	138,988	143,157	147,452	151,876
PAYROLL TAX	5,123	5,123	6,848	6,848	6,848	6,848	6,848	6,848	6,848	6,848	6,848	6,848	78,725	84,640	87,179	89,794	92,888
PROVIDERS FUNCTIONAL MED	15,499	23,249	30,998	46,497	46,497	46,497	46,497	46,497	46,497	46,497	46,497	46,497	488,219	574,703	591,944	609,702	627,993
SUPPORT STAFF FUNCTIONAL MED	3,333	6,667	6,667	6,667	6,667	6,667	6,667	6,667	6,667	6,667	6,667	6,667	76,667	82,400	84,872	87,418	90,041
PAYROLL TAX FUNCTIONAL MED	1,412	2,244	2,825	3,987	3,987	3,987	3,987	3,987	3,987	3,987	3,987	3,987	42,366	49,283	50,761	52,284	53,853
BILLING	16,494	27,490	38,486	55,686	55,686	55,686	55,686	55,686	55,686	55,686	55,686	55,686	583,641	688,276	708,924	730,192	752,098
TOTAL MED SERVICES	\$110,171	\$133,081	\$177,128	\$210,989	\$210,989	\$210,989	\$210,989	\$210,989	\$210,989	\$210,989	\$210,989	\$210,989	\$2,919,284	\$6,807,829	\$7,086,063	\$7,276,645	\$7,489,645
OCCUPANCY EXPENSE																	
RENT	18,500	18,500	18,500	18,500	18,500	18,500	18,500	18,500	18,500	18,500	18,500	18,500	222,000	228,660	235,520	242,585	249,863
TELEPHONE	2,000	2,000	2,000	2,000	2,000	2,000	2,000	2,000	2,000	2,000	2,000	2,000	24,000	24,720	25,462	26,225	27,012
COPIER	400	400	400	400	400	400	400	400	400	400	400	400	4,800	4,944	5,092	5,245	5,402
ELECTRICITY	2,000	2,000	2,000	2,000	2,000	2,000	2,000	2,000	2,000	2,000	2,000	2,000	24,000	24,720	25,462	26,225	27,012
WATER	250	250	250	250	250	250	250	250	250	250	250	250	3,000	3,090	3,183	3,278	3,377
TOTAL OCC EXPENSE	\$23,150	\$23,150	\$23,150	\$23,150	\$23,150	\$23,150	\$23,150	\$23,150	\$23,150	\$23,150	\$23,150	\$23,150	\$277,800	\$286,134	\$294,718	\$303,560	\$312,666
GENERAL & ADMIN EXPENSE																	
INSURANCE-GENERAL	600	600	600	600	600	600	600	600	600	600	600	600	7,200	7,416	7,638	7,868	8,104
PHYSICIAN MALPRACTICE	5,400	5,400	5,400	5,400	5,400	5,400	5,400	5,400	5,400	5,400	5,400	5,400	64,800	66,744	68,746	70,809	72,933
OFFICE MALPRACTICE	2,700	2,700	2,700	2,700	2,700	2,700	2,700	2,700	2,700	2,700	2,700	2,700	32,400	33,372	34,373	35,404	36,466
GROUP MED	6,000	6,000	6,000	6,000	6,000	6,000	6,000	6,000	6,000	6,000	6,000	6,000	72,000	74,160	76,385	78,676	81,037
PRINTING	2,000	2,000	2,000	2,000	2,000	2,000	2,000	2,000	2,000	2,000	2,000	2,000	24,000	24,720	25,462	26,225	27,012
LEGAL & ACCOUNTING	3,500	3,500	3,500	3,500	3,500	3,500	3,500	3,500	3,500	3,500	3,500	3,500	42,000	43,260	44,558	45,895	47,271
CLEARINGHOUSE CHARGES	2,500	2,500	2,500	2,500	2,500	2,500	2,500	2,500	2,500	2,500	2,500	2,500	30,900	31,827	32,782	33,762	34,765
BANKING/TREASURY	1,000	1,000	1,000	1,000	1,000	1,000	1,000	1,000	1,000	1,000	1,000	1,000	12,000	12,360	12,731	13,113	13,506
MARKETING	5,000	5,000	5,000	5,000	5,000	5,000	5,000	5,000	5,000	5,000	5,000	5,000	60,000	61,800	63,654	65,564	67,531
OFFICE SUPPLIES	2,000	2,000	2,000	2,000	2,000	2,000	2,000	2,000	2,000	2,000	2,000	2,000	24,000	24,720	25,462	26,225	27,012
REPAIRS & MAINTENANCE	2,000	2,000	2,000	2,000	2,000	2,000	2,000	2,000	2,000	2,000	2,000	2,000	24,000	24,720	25,462	26,225	27,012
PATIENT COMFORT	1,000	1,000	1,000	1,000	1,000	1,000	1,000	1,000	1,000	1,000	1,000	1,000	12,000	12,360	12,731	13,113	13,506
PETTY CASH	800	800	800	800	800	800	800	800	800	800	800	800	9,600	9,888	10,185	10,490	10,805
RECRUITING	1,200	1,200	1,200	1,200	1,200	1,200	1,200	1,200	1,200	1,200	1,200	1,200	14,400	14,832	15,277	15,735	16,207
MEDICAL SUPPLIES	2,925	4,875	6,825	9,750	9,750	9,750	9,750	9,750	9,750	9,750	9,750	9,750	102,375	120,510	124,125	127,849	131,685
MEDICAL WASTE	456	761	1,065	1,521	1,521	1,521	1,521	1,521	1,521	1,521	1,521	1,521	15,971	18,800	19,364	19,944	20,543
SCF	500	500	500	500	500	500	500	500	500	500	500	500	6,000	6,180	6,365	6,556	6,753
IMPROVEMENTS	500	500	500	500	500	500	500	500	500	500	500	500	6,000	6,180	6,365	6,556	6,753
MISC	500	500	500	500	500	500	500	500	500	500	500	500	6,000	6,180	6,365	6,556	6,753
TOTAL G&A EXPENSE	\$40,581	\$42,836	\$45,090	\$47,971	\$47,971	\$47,971	\$47,971	\$47,971	\$47,971	\$47,971	\$47,971	\$47,971	\$560,246	\$599,102	\$617,075	\$635,587	\$654,654
CORPORATE OVERHEAD ALLOCATION																	
ROYALTIES	\$47,000	\$47,000	\$47,000	\$47,000	\$47,000	\$47,000	\$47,000	\$47,000	\$47,000	\$47,000	\$47,000	\$47,000	\$564,000	\$598,920	\$598,348	\$616,298	\$634,787
TOTAL EXPENSES	\$245,902	\$271,067	\$317,368	\$354,110	\$354,110	\$354,110	\$354,110	\$354,110	\$354,110	\$354,110	\$354,110	\$354,110	\$2,021,330	\$4,483,984	\$4,616,204	\$4,742,090	\$4,871,752
EBITDA FOR ONE CLINIC													\$1,989,950	\$2,601,645	\$2,692,294	\$2,785,663	\$2,881,833
EXPENSES FOR ALL CLINICS													\$4,042,660	\$49,433,825	\$161,567,126	\$393,593,445	\$755,121,621
EBITDA FOR ALL CLINICS													\$3,979,900	\$28,618,092	\$94,230,293	\$231,210,020	\$446,684,081

Quality MD VALUATION: DISCOUNTED PRESENT VALUE ANALYSIS

$$DCF = \frac{CF_1}{(1+r)^1} + \frac{CF_2}{(1+r)^2} + \dots + \frac{CF_n}{(1+r)^n}$$

$$FV = DCF \cdot (1+r)^n$$

$$DPV = \sum_{t=0}^N \frac{FV_t}{(1+r)^t}$$

Using the projected annual EBITDA for years 1 through 5 on the previous pro forma sheet, the current rates prevalent in the markets today and the formula above for DPV, we created a range of net present values for the company. The following rates were utilized as proxies for potential future returns over the next five years: the current 20-year Treasury Bill rate of 4.36%, the Federal Funds rate of 5.5% and the Prime rate of 8.5%.

Using the 4.36% rate, the discounted PV today is \$671,265,446. Using the 5.5% rate, the DPV is \$640,504,325 and at the 8.5% rate, the DPV is \$567,708,012.

PROPOSED OFFERING TERMS – TO BE DISCUSSED

As an investor in Quality MD, each party will hold a percentage of the equity of the company and participate in the increased valuation of the C Corporation stock based, on both real estate appraisal valuation and prevailing price/earnings ratios, using an agreed-upon benchmark, such as the Russell 2000 Index. Percentage of ownership will be linked to the amount of the investment made. An investor making a \$3 million investment in the company will be granted 25% ownership upon closing. In addition, as mentioned earlier, dividends will be distributed starting at the end of the third year of operation and calculated using % of ownership.

If projections are met, an investor of the entire \$3 million will receive a dividend of approximately \$14.5 million at the end of year three. Dividends will be credited annually at the end of each year. Distribution dates can be arranged to accommodate tax planning, if appropriate.

Should an investor wish to sell their holding, the company has the first right of refusal to purchase the shares at the above valuation calculation level.

WHY SACRAMENTO?



In California, only two regions have sufficient numbers of primary care doctors.

Sacramento is one of five areas in California projected to have more demand for PCPs over the next seven years.

Average PCP salary in Sacramento is \$226,200.
Third lowest PCP wage in the U.S.

SACRAMENTO ROLL-OUT PLAN

The 2024 rollout plan is to open two clinics in Sacramento, CA, selected based on its low number of PCPs per 100,000 residents. Sacramento is one of three California markets, along with San Jose and San Francisco that rank in the top ten U.S. markets with the lowest physician to resident ratios and currently ranks fifteenth in the country in having enough PCPs.

California has the highest demand for healthcare in the U.S. and, along with Florida and Texas, is expected to have large physician shortages by 2030. In California, the shortage is expected to be 32,660 doctors. Add to this the aging of the population and the fact that about one-third of the California physicians are within five years of retirement.

The Sacramento Metropolitan Statistical Area (MISA) consists of four counties: Sacramento, El Dorado, Placer and Yolo. 2023 population is 2.41 million people. The city of Sacramento is now the 6th largest city in the state with a 2022 population of 528 thousand residents.

SACRAMENTO ROLL-OUT PLAN (cont.)

Of the top healthcare needs voiced in Sacramento County, the Quality MD approach to conducting business satisfies the need for overall primary care as well as injury and disease management.

The QualityMD model also addresses two ways to increase the overall supply of PCPs. Based on a study conducted by the Healthy Resources and Services Administration (HRSA), there are two key elements that are critical; first: increase PCP salaries to mirror specialist salaries and second: expand clinic care teams to include more PAs and NAs to help reduce PCP burnout.

The first two Sacramento clinics are projected to reach capacity of 90 patients per day within 2-3 months of opening. Additional clinics will be added as follows: year 2: 9 new clinics, year 3: 24 new clinics, year 4: 48 new clinics and year 5: 72 new clinics. At the end of five years, 156 QMD clinics will be operating in the Sacramento area. At that time, additional California markets will be evaluated as well as markets in Texas and Florida (that currently have very low PCP/resident ratios).

WE KNOW THE BUSINESS



Founded in Phoenix, Arizona in 2003 by Charles Galambos and thrived under his management team. Ed Galambos joined his brother in 2004 to manage day-to-day operations

From 0 to 60,000 patients per year in the two locations after three years.

Clinic capacity was reached within 90 days, profitability within 60 days for each location with \$1 million in positive cash flow.

No viable lawsuits or bad reviews; organization retained as PCP by 84% of its patients.

Former Medical Practice: *No Appointment MD*

CHARLES GALAMBOS, CEO



Dynamic, results-producing leader with ability to energize entire organizations. Complete start-up and turnaround experience and knowledge. High revenue-producing volume with dramatically elevated margins. Designed innovative business model and positioned systems for growth. Strong strategic planning skills coupled with highly effective implementation expertise.

EDWARD R. GALAMBOS, PRESIDENT



Senior management with full P&L responsibility, success and experience. In charge of quality control, patient satisfaction and systematic adherence to company policy and procedures. Hired and managed all employees, including MDs, PAs, front and back-office personnel. Confident, aggressive, articulate bottom-line producer.

QualityMD MANAGEMENT TEAM