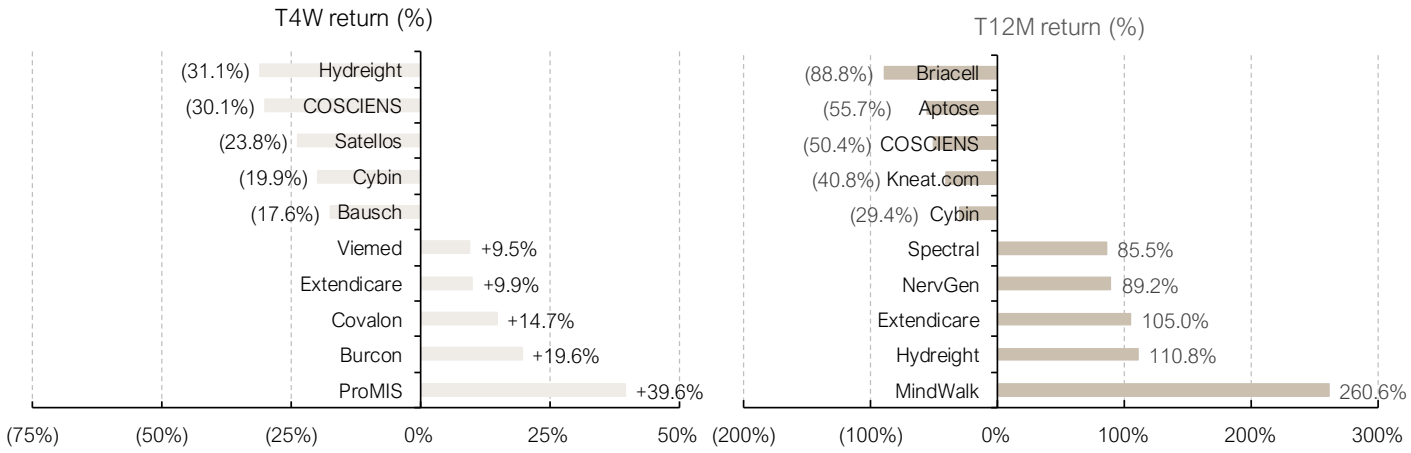
Core Highlights of the Week

Top Movers

Exhibit 1. Top Healthcare/Biotechnology Movers for the Trailing Four-Week & YTD Periods



Source: Leede Financial, Refinitiv

Updates From Our Healthcare Universe

- **Satellos Biosciences (MSCL-T/MSLE-Q, Spec Buy, PT US$16.00) presented updated TRAILHEAD data at a seminal muscular dystrophy-focused scientific conference – a summary of our original views with some added nuance on further reflection.** Earlier this week, we published a comprehensive note elucidating our views on multiple efficacy endpoints for SAT-3247, Satellos' small-molecule AAK-inhibiting drug for which it is undertaking two active Phase II clinical programs targeting both pediatric & adult Duchenne muscular dystrophy (DMD).
  - The firm & its scientific collaborators presented three distinct posters at the relevant venue, with themes exploring SAT-3247's impact on well-characterized biomarkers of diseases, its impact on muscle physiology during SAT-3247 dosing & its impact on regenerative endpoints that reflected on the drug's ability to actually engender asymmetric cell division of muscle progenitor cells (that this form of cell division could notionally lead to production of functioning myocytes but without actually giving rise to functioning muscle, hence why it is prudent in our view to measure muscle cell regeneration as a separate phenomenon).
  - Independent of the biomarker data that we described in our note, most of the clinical & muscle function data were derived from four adult DMD patients who previously completed one month of SAT-3247 in the legacy Phase I CL-101 trial but then re-enrolled in the open-label 30-patient TRAILHEAD study after a washout period of between eight-to-eleven months.
  - As we discussed in our note earlier this week, in which we acknowledged some of the ambiguity on patient outcomes clinical efficacy endpoints from an admittedly limited data set, biomarker data was more positive & far less ambiguous. Indeed, Satellos reported substantial and reproducible declines in plasma levels of DMD-associated markers including adenylosuccinate lyase, muscle-specific isoforms of the enzymes fructose-1,6-bisphosphatase (FBP2) & adenylate

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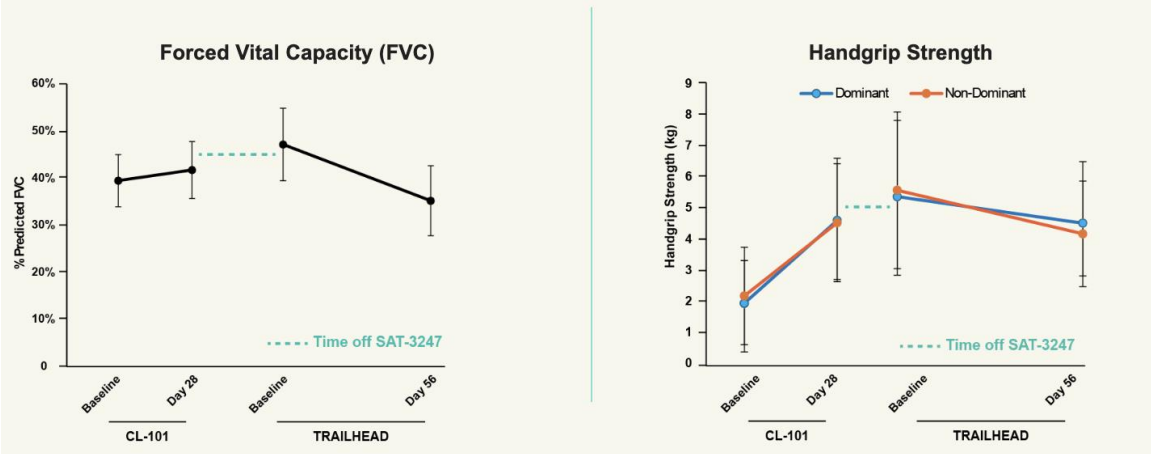
kinase (AK1), as well as the enzymes beta-enolase (ENO3) & carbonic anhydrase 3 (CA3), all of which are characteristically elevated in DMD patients & in most cases, have muscle-specific patterns of expression even in healthy subjects.

- The activity of these enzymes may or may not have any direct impact on DMD pathophysiology but whether they do or do not is incidental to the reason why they were assessed in this context – because they are elevated in DMD muscle cells & because their presence in plasma suggests that they were released from damaged muscle as a steady-state in DMD etiology, the mitigation of their presence in plasma could certainly be associated with, if not direct evidence of, a reversal in muscle damage & by inference, an improvement in muscle architecture. SAT-3247 dosing can be inferred to be relevant to that process.

Exhibit 2. Forced Expiration Volume Is Comparable To Levels At Enrollment, Indicating Disease Stability If Not Quite Disease Improvement; Handgrip Strength Trends Upward Compared To Baseline That In Two Evaluable Subjects Was Nine Months Ago



Source: *Muscular Dystrophy Association Clinical & Scientific Conference presentation (Mar/26)*

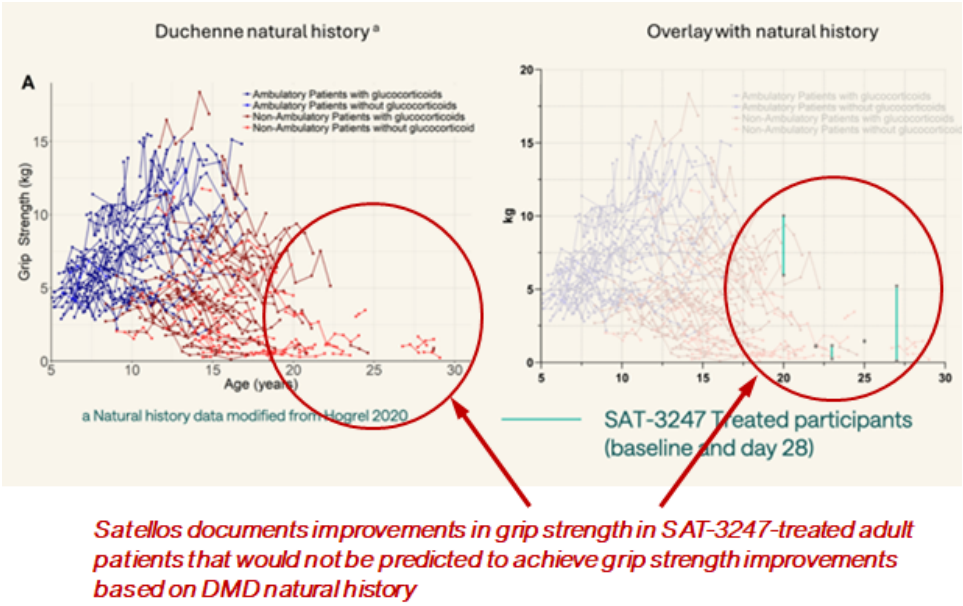
- Three additional markers more relevant to muscle structure (the muscle-specific iron-chelating porphyrin myoglobin, the muscle protein-regulating ankyrin repeat domain-containing protein 2 [ANKRD2] & the muscle protein assembly-regulating cysteine & glycine-rich protein 3 [CSRP3]) were also down-regulated by SAT-3247 administration. As we described in our report this week & in our summary analysis below, SAT-3247 certainly will not be FDA-approved on biomarker data alone, but the consistent directionality of the drug's impact on well-characterized markers of disease does document to our satisfaction that SAT-3247 is positively impacting muscle architecture at least at a biochemical level.

- Regarding functional measurements, grip strength and upper limb dynamometry data from four TRAILHEAD patients showed variable but directionally positive trends in three of four patients for whom handgrip strength (using the MyoGrip device developed by CO-based MyoGrip [private]) & elbow/shoulder motion/flexibility (using the MicroFET2 device sold by UT-based Hoggan Scientific [private]). Data in our view then as now were generally consistent with improvements in both functional signals observed in prior updates from the CL-101 trial at one-month follow-up. Baseline values of muscle function were highly variable & Satellos speculated that baseline function could be relevant to SAT-3247 responsiveness, though this was admittedly a retrospective justification of patient outcomes.

- For example, mean baseline grip strength of the patient's dominant hand (right hand if right-handed, left hand if left-handed) was 5.4-kg but the range was vast, ranging from one-to-eleven kg in these four patients. The reason drug developers conduct open-label exploratory Phase I/II studies with a small number of patients is to garner insights like this so as to properly configure future clinical trial design that targets the right patients at the right stage of disease with the right dose of therapy over the right duration. We would not be surprised if at TRAILHEAD conclusion, other disease characteristics at baseline could be relevant to SAT-3247 pharmacology.

- So shifting back to TRAILHEAD data themselves, in the patient-level scatter data (to the extent that one can characterize data from four patients as a 'scatter') presented in one of the Satellos-sponsored posters at the aforementioned meeting, estimated changes from baseline in dominant handgrip ranged from essentially flat for two patients who as it turns out has the lowest baseline creatinine levels (about 8-to-10 µM, a retrospective observation that we will expand on below), to an improvement of about seven kilograms of strength for the patient with intermediate creatinine levels at baseline (24 µM) to a more modest dominant handgrip strength improvement in the patient with the highest creatinine levels (31 µM) at baseline.
- Creatinine is a measure of muscle mass, so we infer from this limited data set that there is a threshold in muscle mass that needs to be present in DMD patients before SAT-3247 can exert its pharmacologic action through AAK1 inhibition & asymmetric cell division of muscle stem cells into muscle progenitor cells and thereafter into functioning muscle cells/tissues. This trend was previously observed in the four-week Phase Ib trial that Satellos completed last year. We consider the creatinine theme to be neither proven nor disproven by a four-patient open-label data set but we assume that all TRAILHEAD patients going forward will have baseline creatinine levels assessed so as to explore the correlation suggested by the initial four patients analysed above.

Exhibit 3. Evaluable TRAILHEAD Patients All Had Poor Disease Prognosis Based On Age Alone – Stability Is The Goal In Such Patients, Sustained Improvement Is The More Aggressive Goal



Source: *Muscular Dystrophy Association Clinical & Scientific Conference presentation (Mar/26); LHS panel reproduced from Journal of Neurology (2020). Vol. 267, pp, 2022-2028*

- Data from such a small patient set, even before considering the absence of a control patient set to which to compare SAT-3247-associated outcomes, should clearly be interpreted with caution, but one other observation that Satellos makes explicitly in its updated investor presentation is that just about any stability, let alone improvement, in muscle function in older adult patients should be considered favorably based on the well-documented disease etiology commonly observed in such patients. Satellos makes this case in an admittedly busy graph that tracks grip strength as it correlates with age in patients treated with glucocorticoids (which for many years were the only FDA-approved DMD therapies – deflazacort & vamorolone, for example).
- In the left-hand-side panel in Exhibit 3, which was reproduced from a famous paper published in 2020 in the *Journal of Neurology* by JY Hogrels' team at Paris-based Pitie-Salpetriere University Hospital), data from 977 distinct measurements of grip strength in non-ambulatory & ambulatory DMD patients of various ages showed that grip strength is already on a sharp downward trajectory by age five & continues to fall steadily thereafter at a pace that makes it challenging for any therapy to recover. Grip strength was starkly compromised to a virtually unrecoverable degree in

DMD patients who were already non-ambulatory. And yet in Satellos assessment of four adult DMD patients, the firm did see some measure of grip strength recovery in adult patients for which any magnitude of recovery was improbable, at least without some form of novel intervention, which SAT-3247 is. Disease stability in such patients should be seen as a more positive finding than we believe capital markets did, at least in recent trading activity.

- In summary, we believe that Satellos' adult DMD patients contributing to TRAILHEAD data shared earlier this week generated either grip strength stability or grip strength improvement that bears positively on SAT-3247 medical prospects, notwithstanding the apparent ambiguity of patient outcomes that a casual review of grip strength data may suggest. Indeed, the regulatory hurdle for symptomatic relief in adult DMD patients has historically been disease stabilization, based on Phase III slowing-of-functional-decline data that we described in our original report for early DMD therapies like deflazacort (Emflaza) & vamorolone (Agamree) & Sarepta's adenovirus-based microdystrophin gene therapy Elevidys. Our Satellos investment thesis is based on loftier goals than disease stabilization, even in adult DMD patients, but we believe that improvements in muscle function in adult DMD patients (presumably by impacting AAK1/dystrophin in muscle stem cells in a way that drives asymmetric cell division to generate functioning muscle progenitor cells, which the firm's newly-characterized Regenerative Index methodology could quantify directly) if achieved could drive Satellos' market value into Sarepta's neighborhood.

- We reflect favorably on Satellos' derivation of a Regenerative Index, which we see as a useful patient stratification tool for establishing if SAT-3247 is acting pharmacologically through regenerative pathways but importantly, we do not see Regenerative Index as any sort of substitute for established functional endpoints that regulators historically relied on for DMD therapy evaluation. Independent of the ongoing TRAILCAMP adult DMD trial, from which we still expect periodic interim updates during F2026, we are also monitoring the 51-patient Phase II BASECAMP pediatric DMD trial from which we expect periodic interim three-month follow-up data during the FH226-to-FH127 period.

Exhibit 4. Financial Forecast Summary for Cipher

Fiscal year-end Dec 31 (US$000, except EPS)	2018A	2019A	2020A	2021A	2022A	2023A	2024A	2025A	2026E	2027E	2028E
US/RoW, royalty revenue											
Royalty rev, ConZip (US)	552	600	500	430	152	138	33	154	188	188	188
Royalty rev, Lipofen (US)	2,378	2,312	2,400	2,331	2,850	2,175	2,045	1,600	1,813	1,887	1,963
Royalty rev, Absorica (US)	12,942	11,300	9,929	7,648	5,143	6,148	4,545	1,800	2,185	2,185	2,185
Royalty rev, Natroba (RoW)	0	0	0	0	0	0	0	0	1,052	1,650	1,815
Canada/US, direct Rx											
Revenue, Epuris (Cda)	5,813	7,300	8,100	10,885	11,330	10,848	12,980	14,700	15,803	15,921	16,039
Revenue, Vaniqa/Actikerall/ Beteflam/other (Cda)	1,064	939	678	650	1,200	1,753	1,780	2,200	2,703	2,926	3,167
Revenue, Natroba (US)	0	0	0	0	0	0	11,980	29,997	32,997	36,296	39,926
Revenue, Natroba (Cda)	0	0	0	0	0	0	0	0	370	1,815	1,996
Total revenue	**$22,749**	**$22,451**	**$21,607**	**$21,944**	**$20,675**	**$21,162**	**$33,363**	**$50,451**	**$57,111**	**$62,869**	**$67,281**
Revenue growth (%)	*(43.6%)*	*(1.3%)*	*(3.8%)*	*1.6%*	*(5.8%)*	*2.4%*	*57.7%*	*51.2%*	*13.2%*	*10.1%*	*7.0%*
Operational expenses	15,984	9,822	8,116	9,294	8,233	8,712	18,237	24,968	29,403	32,532	35,009
EBITDA	**$6,765**	**$12,629**	**$13,491**	**$12,650**	**$12,442**	**$12,450**	**$15,126**	**$25,483**	**$27,708**	**$30,337**	**$32,271**
EBITDA growth (%)	*(74.5%)*	*86.7%*	*6.8%*	*(6.2%)*	*(1.6%)*	*0.1%*	*21.5%*	*68.5%*	*8.7%*	*9.5%*	*6.4%*
EBITDA margin (%)	*29.7%*	*56.3%*	*62.4%*	*57.6%*	*60.2%*	*58.8%*	*45.3%*	*50.5%*	*48.5%*	*48.3%*	*48.0%*
Non-operating expenses	$3,379	$4,570	$6,598	$1,593	$1,392	$2,417	$9,992	$7,285	$10,040	$10,040	$10,040
Net interest exp (income)	$712	$786	$291	$80	($464)	($1,870)	($330)	$1,165	$350	$350	$350
Tax expense, exc tax loss carry-forward	$1,922	$3,071	$3,554	$3,413	($847)	($4,965)	$54	$12	$4,330	$4,987	$5,470
Net income, fully-taxed	**$1,201**	**$2,639**	**$4,386**	**$7,759**	**$26,636**	**$20,383**	**$11,546**	**$27,329**	**$17,318**	**$19,947**	**$21,881**
Fully-taxed EPS (basic)	$0.04	$0.10	$0.16	$0.29	$1.06	$0.81	$0.45	$1.08	$0.69	$0.79	$0.87
Fully-taxed EPS (fd)	**$0.04**	**$0.10**	**$0.16**	**$0.28**	**$1.01**	**$0.78**	**$0.43**	**$1.03**	**$0.66**	**$0.76**	**$0.83**
P/E (basic)	*236.4x*	*108.1x*	*65.3x*	*36.2x*	*10.0x*	*13.2x*	*23.3x*	*9.9x*	*15.5x*	*13.4x*	*12.3x*
EV/EBITDA	*39.8x*	*21.3x*	*19.9x*	*21.3x*	*21.6x*	*21.6x*	*17.8x*	*10.6x*	*9.7x*	*8.9x*	*8.3x*

Source: Historic data – Cipher financial filings; Forecasts/Estimates – Leede Financial Inc.

- **Cipher reports FQ425 financial results.** ON-based dermatology-focused specialty pharmaceutical firm Cipher Pharmaceuticals (CPH-T, Buy, PT C$19.00) reported FQ425 financial results for the December-end quarter that featured sustainably strong sales of the firm's Spinosad/Natroba head lice/scabies franchise along with an equally sustained debt

repayment schedule that took down the debt deployed to acquire Natroba's innovator ParaPro to essentially nil (well, US$5M in residual debt out of US$40M originally used to partially fund the transaction).

Exhibit 5. Valuation Summary for Cipher

Price/earnings multiple, F2027	5x	10x	15x	20x	25x	30x	35x
Implied share price [1]	$3.80	$7.60	$11.40	**$15.20**	$19.00	$22.80	$26.60
EV/EBITDA multiple, F2027	**5x**	**7x**	**9x**	**10x**	**11x**	**13x**	**15x**
Implied share price [1,2]	$6.10	$8.50	$10.90	**$12.10**	$13.30	$15.70	$18.10
One-year Cipher target price (US$)				**$13.65**			
One-year Cipher target price (C$) [3]				**$18.55**			

[1] *Based on F2027 adj EBITDA forecast of US$30.3M, F2027 adj fd EPS of US$0.76, basic S/O 25.3M; fd S/O 26.3M*

[2] *Based on 20x EPS, 10x EV/EBITDA (F2027); FQ425 cash of US$7.5M/C$10.2M, LT debt of US$5.0M/C$6.8M*

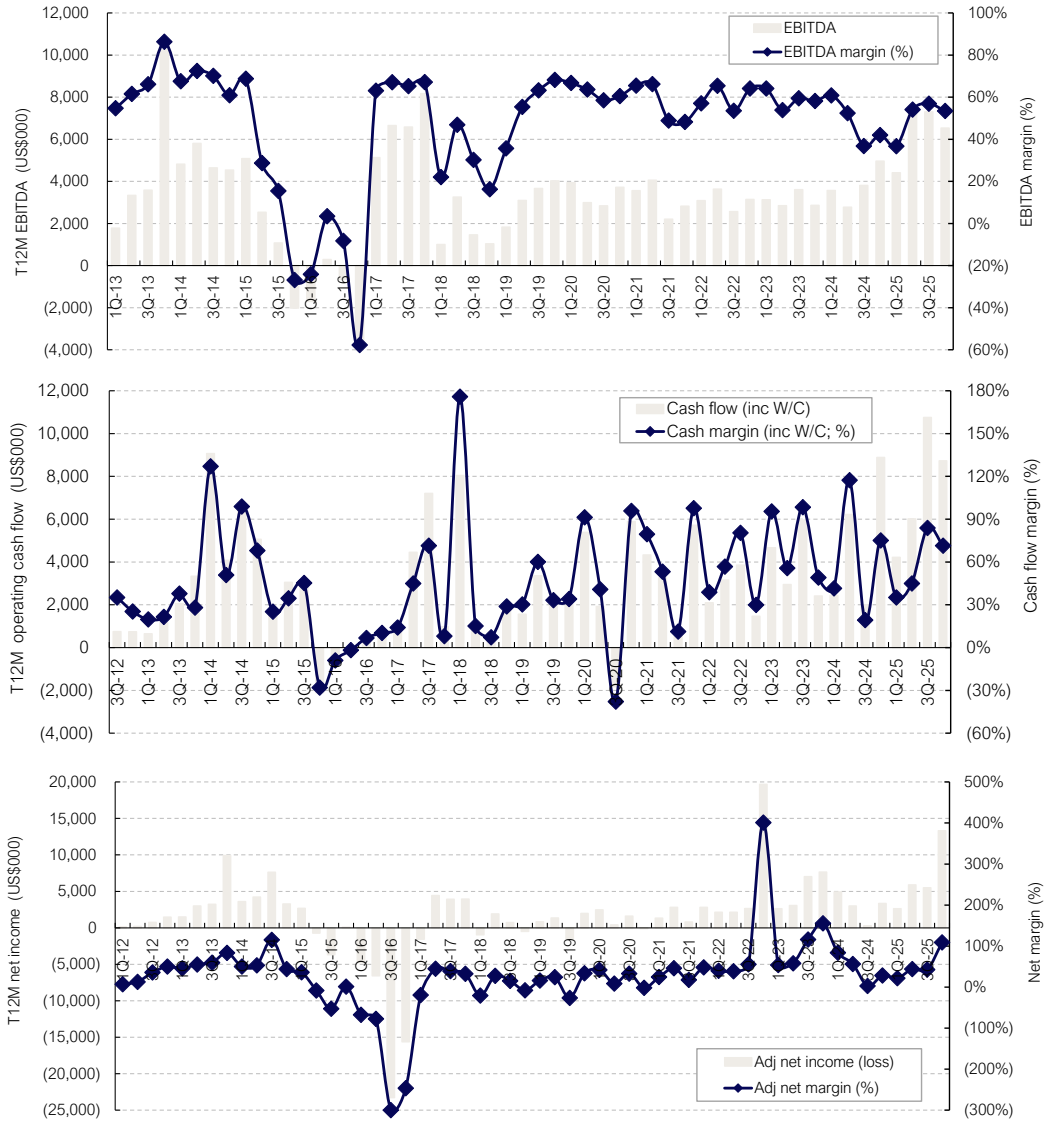
[3] *PT in C$ assumes USD:CAD exchange rate of 1.36x*

Source: Leede Financial Inc.

- **Natroba & Epuris contribute disproportionately to revenue/EBITDA in the quarter, as in most prior quarters since Natroba's acquisition in early FQ324.** On a consolidated basis, Cipher generated FQ425 revenue/EBITDA/margin of US$12.2M/US$6.5M/53.5% as compared sequentially to US$12.8M/US$7.3M/56.9%, for which the delta was mostly apparent in US royalty revenue downdraft from partner Sun Pharma (524715-INR, NR) for the firm's CIP-isotretinoin formulation Absorica, & as compared to FQ424 data of US$11.8M/US$5.0M/42.0%.
  - As in virtually all financial periods since US Natroba sales materialized in Cipher's financial data, Natroba was indeed a seminal revenue/EBITDA driver along with Canadian Epuris sales, with Natroba itself generating US$7.4M in US sales in the quarter, down slightly from US$8.1M in FQ325 but up from US$6.5M in FQ424; sales have equilibrated in the US$7.5M-to-US$8.0M range for now, but we do expect consolidated global sales to ramp on improved US reimbursement profile (see below) & on product launches in Canada & other global markets.
  - The other star Rx therapy in the quarter was as, in most prior quarters, Epuris, the same CIP-isotretinoin formulation as Absorica but with Cipher assuming a direct sales role that shows us just how well this super-bioavailable retinoid formulation can perform with focused effort, even in a competitive isotretinoin cystic acne dermatology market. FQ425 sales were US$3.6M, as compared to US$3.4M in FQ325 & to US$3.5M in FQ424. Cumulative sales since the drug's FQ213 launch are US$95.3M, with quarterly revenue stability at/near FQ425 level during F2024/25.
- **Underwhelming Absorica royalty revenue compels us to count the days until Cipher acquires independent US marketing rights for the drug.** Conversely, we infer from annual US Absorica royalty revenue of US$1.8M that FQ425 royalties from Sun were effectively nil in the quarter (well, US$0.1M) & we are counting the days until Cipher acquires US marketing rights for the drug in FQ426. We are advised that shipments to Sun are advancing at a greater pace than in FQ425 & thus that trailing Absorica quarterly royalties at or near FQ325 run-rate should be achievable throughout F2026. We expect to re-evaluate Absorica's impact on our F2027/28 forecasts once the firm has officially acquired US marketing rights from Sun & presumably will deploy its existing Natroba sales team to Absorica marketing in parallel.
  - Cipher's net income is not overly impactful on our investment thesis for the firm, but we do track this metric just because EPS is such a ubiquitous profitability measure by which capital markets evaluate equity value. Accordingly, we observe that the firm recorded a sizable end-of-year deferred tax gain of US$8.7M that lifted FQ425 fd EPS to US$0.51/shr, up massively from US$0.22/shr during which a smaller but measurable tax gain of US$1.2M was separately recorded & up from US$0.13/shr in FQ424 during which a sizable tax gain of US$6.3M was also recorded but offset by one-time expenses related to legal & other non-operational activities. The firm exited FQ425 with US$134M in cumulative tax losses (about US$33M in achievable tax benefit, assuming 25% tax rate).
- **Cipher speaks openly about desire to augment its commercial Rx portfolio through in-licensing or acquisition or both, independent of expanding Natroba's global footprint as an independent growth driver.** On product in-licensing activities, Cipher emphasized that a near-term focus is on expanding Natroba's global share in both domestic & international

markets. In the US, the firm is squarely focused on garnering Medicaid Preferred Drug Status in multiple US states, including but not limited to Illinois as announced last year, as a way to grow US market share in comparison to Glaxo's Nix/permethrin formulation.

Exhibit 6. Historic Quarterly EBITDA, Cash Flow, Net Income & Margin Data for Cipher Pharmaceuticals, FQ113-FQ425



Source: Leede Financial, Cipher Pharmaceuticals financial filings

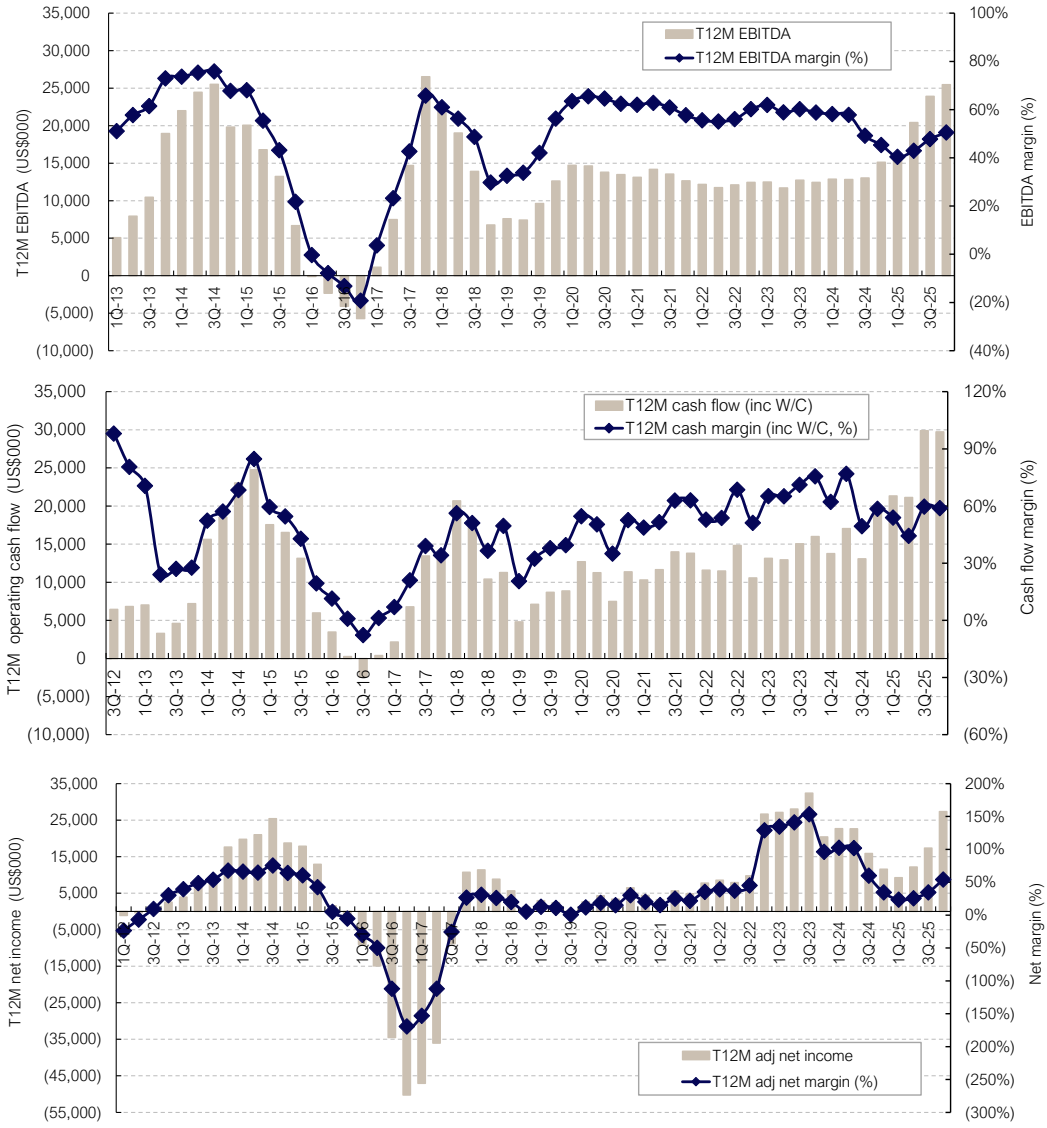
- Globally, the firm recently submitted a NDS to Health Canada for which we expect review to conclude later in FH226 & we expect the firm to explore out-licensing agreements in international markets with regional specialty pharmaceutical firms, for which Cipher could receive royalty revenue as part of deal economics. Without identifying specific targets, the firm emphasized that it is actively contemplating a more focused merger/acquisition strategy of specialty pharmaceutical peers, clearly with potential to grow more rapidly than a strategy focused on sporadic product in-licensing transactions can achieve. As with all firms in our coverage universe, we assume that Cipher executives are exploring all plausible growth opportunities that relate even if indirectly to existing operations. We assume that the firm will focus on developing relationships with other dermatology-focused firms as a way to leverage the marketing infrastructure & brand equity that Cipher already established in this medical niche.

- There were no major changes in Cipher's existing development-stage pipeline. In its MD&A, Cipher still includes Moberg's topical terbinafine formulation MOB-015 because it still contractually holds Canadian marketing rights but our model incorporates no sales revenue for this not-yet-approved onychomycosis drug. Partner Can-Fite (CANF-

Q, NR) is still testing its adenosine receptor agonist drug piclidenoson/CF-101 in pivotal Phase III plaque psoriasis testing, with legacy data from the Phase III COMFORT trial supporting the decision in our view to advance the drug through supplemental Phase III testing.

- At last update from Can-Fite in Dec/25, the trial was on pace to generate interim PASI 75 data during FQ226. A new 705-patient Phase III plaque psoriasis trial is registered within the US NIH's clinical database, for which four-month PASI 75 data are expected by mid-F2028. Cipher's other pipeline drug, its tattoo-removing macrophage-activating Dalhousie University-licensed CTR-001 is still in preclinical testing & not expected to contribute materially if at all to our F2026-to-F2028 revenue/EBITDA forecasts other than through any modest R&D expense incurred during that period.

Exhibit 7. Historic T12M EBITDA, Cash Flow, Net Income & Margin Data for Cipher Pharmaceuticals, FQ113-FQ425



Source: Leede Financial, Cipher Pharmaceuticals financial filings

- **Summary & valuation.** We are maintaining our Buy rating & one-year PT on CPH of C$19.00, with our valuation still based on multiples of our F2027 EBITDA/fd EPS forecasts of US$30.3M & US$0.76/shr, respectively. Both of our forecasts are conservative & highly achievable in our view just based on FQ425 run-rate alone & without assuming any sizable impact on net income from tax loss carryforward recognition as has transpired during recent FQ4 periods. Our model assumes that one or more global Natroba outlicensing deals can transpire during F2026 & that Health Canada approval for Natroba can transpire before end-of-year, positioning the drug for Canadian launch either near end-of-

F2026 or in FH127. We are optimistic that Absorica can more substantively contribute to revenue/EBITDA under Cipher's direct stewardship during F2027/28. CPH shares are up >1,500% since we re-initiated coverage under the Leede banner in Jan/21.

Exhibit 8. Comparable Companies for Cipher

Company	Filing Curr.	Sym.	Shrs Out. (M)	Share Price 12-Mar	Mkt Cap ($M)	Mkt Cap (C$M)	Ent. Value ($M)	Ent. Value (C$M)	EV/EBITDA (T12M)	EV/EBITDA (2026E)	EV/EBITDA (2027E)	Price/Earnings (T12M)	Price/Earnings (2026E)	Price/Earnings (2027E)
Profitable Canadian healthcare firms														
Aurinia Pharmaceuticals	USD	AUPH	133.0	$14.37	1,911	1,911	2,157	2,157	12.5x	9.8x	8.2x	6.6x	18.7x	14.0x
Bausch Health	USD	BHC	370.6	$5.05	1,871	2,544	30,474	41,425	6.5x	5.9x	6.0x	11.9x	1.2x	1.3x
BioSyent	CAD	RX	11.5	$15.70	180	180	158	158	11.0x	12.5x	11.1x	20.6x	18.0x	16.5x
CareRx	CAD	CRRX	62.8	$3.61	227	227	291	291	9.6x	7.8x	7.0x	8.7x	19.7x	12.7x
Chartwell REIT	CAD	CSH.R	316.6	$9.36	2,964	2,964	9,635	9,635	24.0x	19.1x	17.4x	NA	31.2x	24.6x
dentalcorp Holdings	CAD	DNTL	192.0	$11.00	2,112	2,112	3,112	3,112	10.9x	NA	NA	NA	NA	NA
DRI Healthcare Trust	CAD	DHT.UN	55.0	$17.00	935	935	1,536	1,536	7.3x	7.0x	6.6x	NA	7.3x	7.0x
Extendicare REIT	CAD	EXE	94.5	$26.42	2,496	2,496	2,478	2,478	14.1x	11.3x	9.4x	23.4x	22.7x	18.8x
HLS Therapeutics	CAD	HLS	31.3	$4.29	134	134	193	193	NA	6.4x	5.4x	NA	NA	NA
Jamieson Wellness	CAD	JWEL	41.3	$33.93	1,400	1,400	1,848	1,848	11.7x	10.3x	9.2x	22.7x	15.9x	13.6x
K-Bro Linen	CAD	KBL	13.0	$35.01	455	455	755	755	8.5x	7.0x	6.6x	21.0x	15.4x	11.6x
Kneat.com	CAD	KSI	95.8	$3.57	342	342	322	322	58.0x	18.4x	12.5x	NA	NA	NA
Knight Therapeutics	CAD	GUD	98.0	$6.10	598	598	586	586	11.4x	8.9x	9.2x	NA	NA	43.6x
Medexus [1]	CAD	MDP	32.3	$3.03	98	98	112	112	6.0x	5.2x	3.8x	NA	NA	9.5x
Medical Facilities [1]	CAD	DR	17.8	$16.60	295	295	400	400	NA	5.2x	5.1x	NA	16.9x	16.0x
Microbix Biotech	CAD	MBX	138.6	$0.25	35	35	32	32	NA	NA	11.2x	NA	NA	NA
Vital Infrastructure	CAD	VITL	250.0	$5.55	1,387	1,387	2,664	2,664	NA	NA	NA	NA	NA	NA
Quipt Home Medical	USD	QIPT	44.5	$3.65	162	162	380	380	NA	4.3x	3.9x	NA	NA	NA
Savaria	CAD	SIS	71.7	$25.22	1,809	1,809	1,996	1,996	11.0x	9.8x	9.0x	26.2x	18.2x	16.2x
Sienna Senior Living	CAD	SIA	99.3	$22.82	2,266	2,266	3,572	3,572	23.8x	18.0x	16.3x	46.6x	39.3x	33.6x
Viemed	USD	VMD	38.6	$9.08	351	351	479	479	7.1x	5.0x	4.5x	23.5x	18.5x	14.2x
Vitalhub	CAD	VHI	63.2	$8.10	512	512	390	390	17.9x	11.5x	9.7x	NA	33.0x	23.4x
Well Health	CAD	WELL	254.7	$4.08	1,039	1,039	1,735	1,735	16.7x	8.4x	7.7x	NA	9.8x	10.0x
Average									**14.9x**	**9.6x**	**8.6x**	**21.1x**	**19.1x**	**16.8x**
Profitable specialty pharmaceutical firms														
AbbVie	USD	ABBV	1768.2	$225.37	398,492	541,690	628,403	854,219	15.5x	13.7x	12.4x	NA	15.5x	14.0x
Amgen	USD	AMGN	539.1	$367.79	198,264	269,510	332,411	451,863	14.4x	11.6x	11.5x	25.7x	16.4x	15.8x
Biogen	USD	BIIB	146.8	$184.90	27,136	36,887	40,378	54,887	8.3x	9.0x	9.3x	20.9x	11.7x	11.3x
Fresenius	EUR	FREG	563.2	€46.61	26,252	41,274	56,982	89,587	16.3x	14.6x	13.6x	17.2x	12.7x	11.6x
Cardinal Health	USD	CAH	235.3	$219.09	51,555	70,082	79,086	107,505	20.4x	19.5x	17.8x	31.4x	21.3x	18.9x
Dr. Reddy Labs	INR	500124	832.6	Rp1,319	1,097,966	16,174	16,040	236	0.2x	0.2x	0.2x	19.7x	21.4x	23.8x
Gilead Sciences	USD	GILD	1241.4	$145.21	180,267	245,046	269,332	366,117	18.4x	17.0x	15.8x	21.2x	16.7x	15.1x
Jazz Pharmaceuticals	USD	JAZZ	61.6	$180.32	11,101	15,090	19,122	25,993	15.6x	9.2x	9.1x	NA	7.6x	7.2x
Perrigo	USD	PRGO	137.6	$9.42	1,297	1,763	6,008	8,167	9.2x	9.7x	8.8x	NA	4.1x	3.9x
Sun Pharma/Ranbaxy [2]	INR	524715	2399.3	Rp1,825	4,378,786	64,504	61,137	901	0.4x	0.4x	0.3x	41.8x	36.6x	32.5x
Teva Pharmaceuticals [3]	USD	TEVA	1164.6	$29.30	34,124	46,386	65,847	89,510	12.6x	12.8x	11.8x	23.8x	10.9x	9.5x
United Therapeutics	USD	UTHR	43.8	$532.82	23,352	31,744	27,865	37,878	17.2x	16.4x	14.0x	17.7x	18.5x	16.0x
Vertex Pharmaceuticals	USD	VRTX	254.0	$478.13	121,461	165,109	156,790	213,132	31.7x	27.6x	23.2x	30.9x	24.9x	21.8x
Viatris	USD	VTRS	1151.4	$13.80	15,889	21,599	39,374	53,523	9.7x	9.1x	8.7x	NA	5.7x	5.2x
Average									**13.6x**	**12.2x**	**11.2x**	**25.0x**	**16.0x**	**14.8x**
Cipher Pharmaceuticals [1]		**CPH**	**25.3**	**$10.61**	**268**	**365**	**266**	**361**	**NA**	**14.1x**	**11.0x**	**NA**	**17.8x**	**13.3x**

[1] *Share price converted to USD for stocks reporting financial data in USD but for which share value is reported in CAD*

[2] *Cipher's US Absorica marketing partner* [3] *Generic Absorica competitor (since April-21)*

Source: Leede Financial, Consensus Data - Refinitiv

- **Medical Facilities reported FQ425 financial results.** SD-based surgical hospital operator/administrator Medical Facilities (DR-T, Hold, PT C$15.50) reported FQ425 financial results for the December-end quarter that were retrospectively adjusted to exclude contribution from OK-based Oklahoma Spine Hospital & CA-based Newport Coast ambulatory surgery center operations, but which we will include just so that we can establish how well the firm performed in what is typically a seasonally strong quarter (which it was) in comparison to the T9M period. Going forward our forecasts exclude these two facilities & are based solely on Medical Facilities' proportionate ownership stake (51%) for ongoing operations at Sioux Falls Surgical Hospital & Arkansas Surgical Hospital, both of which performed to our expectations in FQ425.

Exhibit 9. Financial Forecast Summary for Medical Facilities

Year-end December 31 (US$000, except EPS)	2016A	2017A	2018A	2019A	2020A	2021A	2022A	2023A	2024A	2025E	2026E	2027E	2028E
Sioux Falls Surg Hosp, revenue	$97,562	$114,143	$115,635	$118,489	$119,316	$128,619	$134,132	$147,183	$153,726	$156,140	$157,701	$159,278	$160,871
Sioux Falls Surg Hosp, EBIT	$33,665	$42,265	$37,873	$37,904	$36,474	$40,496	$35,248	$34,121	$40,436	$34,645	$32,213	$33,013	$39,443
Sioux Falls Surg Hosp, margin	*35%*	*37%*	*33%*	*32%*	*31%*	*31%*	*26%*	*23%*	*26%*	*22%*	*20%*	*21%*	*25%*
Arkansas Surg Hosp, revenue	$67,349	$70,600	$67,849	$69,711	$71,955	$71,085	$73,231	$90,983	$92,347	$98,026	$99,006	$99,996	$100,996
Arkansas Surg Hosp, EBIT	$14,364	$15,499	$13,359	$14,318	$18,814	$15,384	$8,224	$18,718	$21,481	$19,607	$19,803	$20,001	$20,201
Arkansas Surg Hosp, margin	*21%*	*22%*	*20%*	*21%*	*26%*	*22%*	*11%*	*21%*	*23%*	*20%*	*20%*	*20%*	*20%*
Other Hosp now divested, rev	$176,445	$205,665	$251,907	$233,266	$198,591	$212,028	$207,026	$207,416	$164,010	$88,010	$0	$0	$0
Other Hosp now divested, EBIT	$40,982	$35,942	$46,129	$28,246	$31,140	$40,043	$20,182	$23,665	$25,379	$11,158	$0	$0	$0
Other Hosp now divested, marg	*23%*	*17%*	*18%*	*12%*	*16%*	*19%*	*10%*	*11%*	*15%*	*13%*	*NA*	*NA*	*NA*
Total revenue	**$339,473**	**$385,329**	**$431,602**	**$398,103**	**$389,862**	**$411,732**	**$414,389**	**$445,582**	**$410,083**	**$342,176**	**$256,708**	**$259,275**	**$261,867**
Revenue growth (%)	*9%*	*14%*	*12%*	*(8%)*	*(2%)*	*6%*	*1%*	*8%*	*(8%)*	*(17%)*	*(25%)*	*1%*	*1%*
EBITDA	$90,706	$94,647	$99,018	$96,248	$95,682	$104,127	$72,251	$88,646	$84,797	$73,685	$54,098	$54,639	$55,186
EBITDA growth (%)	*(9%)*	*4%*	*5%*	*(3%)*	*(1%)*	*9%*	*(31%)*	*23%*	*(4%)*	*(13%)*	*(27%)*	*1%*	*1%*
EBITDA margin (%)	*27%*	*25%*	*23%*	*24%*	*25%*	*25%*	*17%*	*19.9%*	*20.7%*	*21.5%*	*21.1%*	*21.1%*	*21.1%*
Consolidated net income	$39,689	$46,579	$51,549	$59,677	$39,259	$46,618	$12,869	$43,999	$68,554	$46,963	$20,492	$21,253	$22,001
Net inc, minority interest	$47,440	$25,942	$30,622	$25,422	$37,520	$30,993	$16,700	$21,145	$30,348	$19,191	$5,123	$5,313	$5,500
Net inc, common share hlrs	($7,751)	$20,637	$20,927	$34,255	($1,837)	$15,625	($3,831)	$22,854	$38,206	$27,772	$15,369	$15,940	$16,501
Consolidated EPS	$1.28	$1.50	$1.66	$1.92	$1.26	$1.50	$0.45	$1.75	$2.89	$2.52	$1.20	$1.34	$1.39
EPS, minority interest	$1.53	$0.84	$0.99	$0.82	$1.21	$1.00	$0.58	$0.84	$1.28	$1.03	$0.30	$0.33	$0.35
EPS, common share hlrs	($0.25)	$0.67	$0.68	$1.10	($0.06)	$0.50	($0.13)	$0.91	$1.61	$1.49	$0.90	$1.00	$1.04
Consolidated AFFO/unit	$1.23	$1.29	$1.22	$0.66	$0.96	$0.96	$0.69	$0.89	$1.03	$1.16	$1.27	$1.41	$1.35
Consolidated AFFO/unit (C$)	$1.64	$1.67	$1.60	$0.87	$1.28	$1.21	$0.89	$1.21	$1.41	$1.61	$1.73	$1.91	$1.83
Adj AFFO/unit (C$; share hldrs)	$0.86	$0.88	$0.86	$0.45	$0.67	$0.64	$0.47	$0.63	$0.75	$0.85	$0.88	$0.97	$0.93
Payout per IPS unit (C$)	$1.13	$1.13	$1.13	$0.98	$0.28	$0.29	$0.33	$0.33	$0.34	$0.36	$0.36	$0.36	$0.36
Payout ratio (%)	*69%*	*68%*	*70%*	*113%*	*22%*	*24%*	*37%*	*27%*	*24%*	*22%*	*21%*	*19%*	*20%*
Share of financial data ascribed to common shareholders													
Adj EBITDA (US$000) [1]	**$47,893**	**$50,071**	**$53,127**	**$49,999**	**$50,213**	**$55,235**	**$37,905**	**$46,507**	**$44,877**	**$39,178**	**$27,590**	**$27,866**	**$28,145**
Adj EPS (US$) [1,2]	**($0.25)**	**$0.67**	**$0.68**	**$1.10**	**($0.06)**	**$0.50**	**($0.13)**	**$0.91**	**$1.61**	**$1.49**	**$0.90**	**$1.00**	**$1.04**
Adj AFFO (US$) [1]	**$0.65**	**$0.68**	**$0.65**	**$0.34**	**$0.50**	**$0.51**	**$0.36**	**$0.47**	**$0.54**	**$0.62**	**$0.65**	**$0.72**	**$0.69**
Proportion of facilities owned by common shareholders	*52.8%*	*52.9%*	*53.7%*	*51.9%*	*52.5%*	*53.0%*	*52.5%*	*52.5%*	*52.9%*	*53.2%*	*51.0%*	*51.0%*	*51.0%*
Adjusted AFFO multiple	*14.5x*	*13.8x*	*14.4x*	*27.5x*	*18.7x*	*18.5x*	*26.2x*	*20.1x*	*17.3x*	*15.3x*	*14.5x*	*13.1x*	*13.7x*
Price-to-adj EPS multiple	*NA*	*19.2x*	*19.0x*	*11.6x*	*NA*	*25.4x*	*NA*	*14.1x*	*8.0x*	*8.6x*	*14.3x*	*12.8x*	*12.3x*
Adj EV/EBITDA multiple	*5.5x*	*5.3x*	*5.0x*	*5.3x*	*5.3x*	*4.8x*	*7.0x*	*5.7x*	*5.9x*	*6.7x*	*9.6x*	*9.5x*	*9.4x*

[1] *Adjusted for proportion of financial data ascribed to common shareholders (51% in F2026-to-F2028, higher in prior years) & not to non-controlling interests*

Source: Historic data – Medical Facilities financial filings; Forecasts/Estimates – Leede Financial Inc.

- Clearly financial data from Oklahoma Spine & Newport Coast are no longer relevant to our Medical Facilities investment thesis, other than through the tax-affected cash that they provide to Medical Facilities for funding a special dividend to shareholders or funding a structured share buy-back or both. But for the record, cumulative revenue/EBITDA for the now-divested surgical facilities in OK-CA were US$22.2M/US$3.7M & thus actually at the top end of our expectations.

Exhibit 10. Valuation Summary for Medical Facilities

AFFO multiple (F2027)	5x	10x	12.5x	15x	17.5x	20x	23x
Implied unit price [1,2]	$3.59	$7.17	$8.96	**$10.76**	$12.55	$14.34	$16.14
EV/EBITDA multiple (F2027)	**2x**	**3x**	**4x**	**5x**	**6x**	**7x**	**8x**
Implied share price ($) [1,2]	$6.85	$8.60	$10.36	**$12.12**	$13.87	$15.63	$17.38
One-year Medical Facilities target price (US$)				**$11.44**			
One-year Medical Facilities target price (C$) [2,3]				**$15.55**			

[1] *Based on adjusted F2027 EBITDA of $27.9M & F2027 adjusted AFFO of $0.72/shr; EV incorporates FQ425 debt of $41.5M & pro forma cash (including gross proceeds from Oklahoma Spine & Newport Coast divestitures, excluding eventual tax impact on cash proceeds) of $94.4M*

[2] *Current S/O of 17.9M; F2027 forecasts based on notional S/O of 15.9M that assumes sustained share buyback at recent pace out to end-of-F2027*

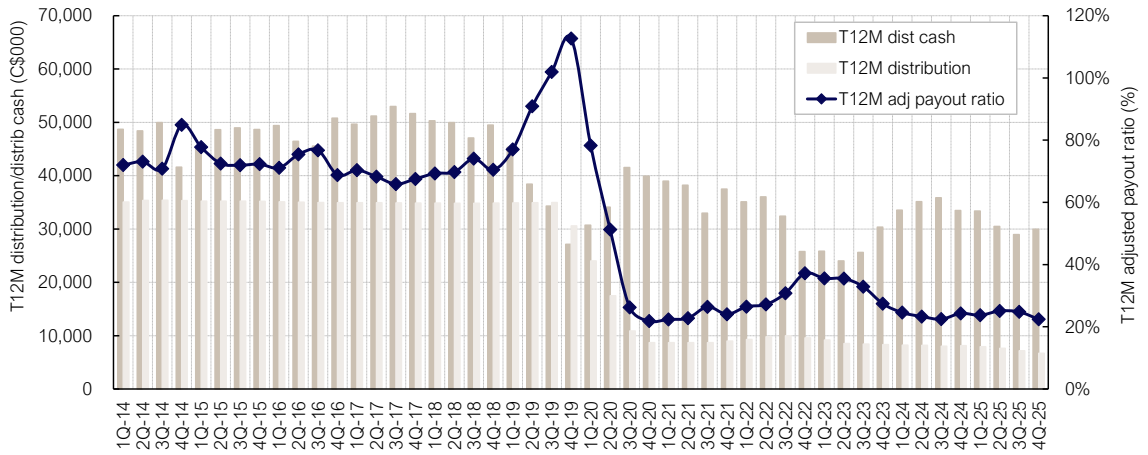
[3] *Consolidated F2027 financial forecasts including non-controlling interest & after adjusting for physician ownership - EBITDA of $54.6M & F2027 AFFO of $1.41/shr*

[4] *Based on a USD to CAD conversion rate of 1.36x*

Source: Leede Financial Inc.

- Medical Facilities did not stratify these data by hospital, but if as a notional exercise we assume that Newport Coast's FQ425 revenue/operating income/operating margin was US$2.2M/US$0.17M/7.5%, all of which are near trailing average for the facility, then we calculate that Oklahoma Spine generated FQ425 corresponding data of US$20.0M/US$3.0M/14.8%, the highest margin that this OK-based hospital has generated since FQ421, excluding FQ324 when unique funding metrics applied. Cumulative revenue/operating income for the two facilities in FQ424 were US$21.9M/(US$0.6M), but much of the negative impact on operating income last year was driven by goodwill impairment & other non-cash items that when excluded from FQ424 EBITDA calculation showed that Oklahoma Spine/Newport Coast cumulative EBITDA was closer to FQ425 value, though still lower, at US$3.1M.

Exhibit 11. Historic T12M Distributable Cash and Payout Ratio for Medical Facilities, FQ114-FQ425



Source: Leede Financial, Historical Data – Company Information (Medical Facilities)

- But shifting our attention to the two facilities that live on in our model, SD-based Sioux Falls Surgical Hospital generated FQ425 revenue/operating income/operating margin of US$48.2M/US$14.2M/29.4% that was substantially above FQ325 data of US$36.4M/US$6.7M/18.3% & also up though less dramatically y/y as compared to FQ424 data of US$44.8M/US$12.5M/27.9%. This hospital invariably experiences FQ4 strength, as it did in the prior FQ4, through a combination of higher surgical volumes coupled to more favorable case/payor mix. FQ126 data tends to be sequentially softer, which our model already assumes.

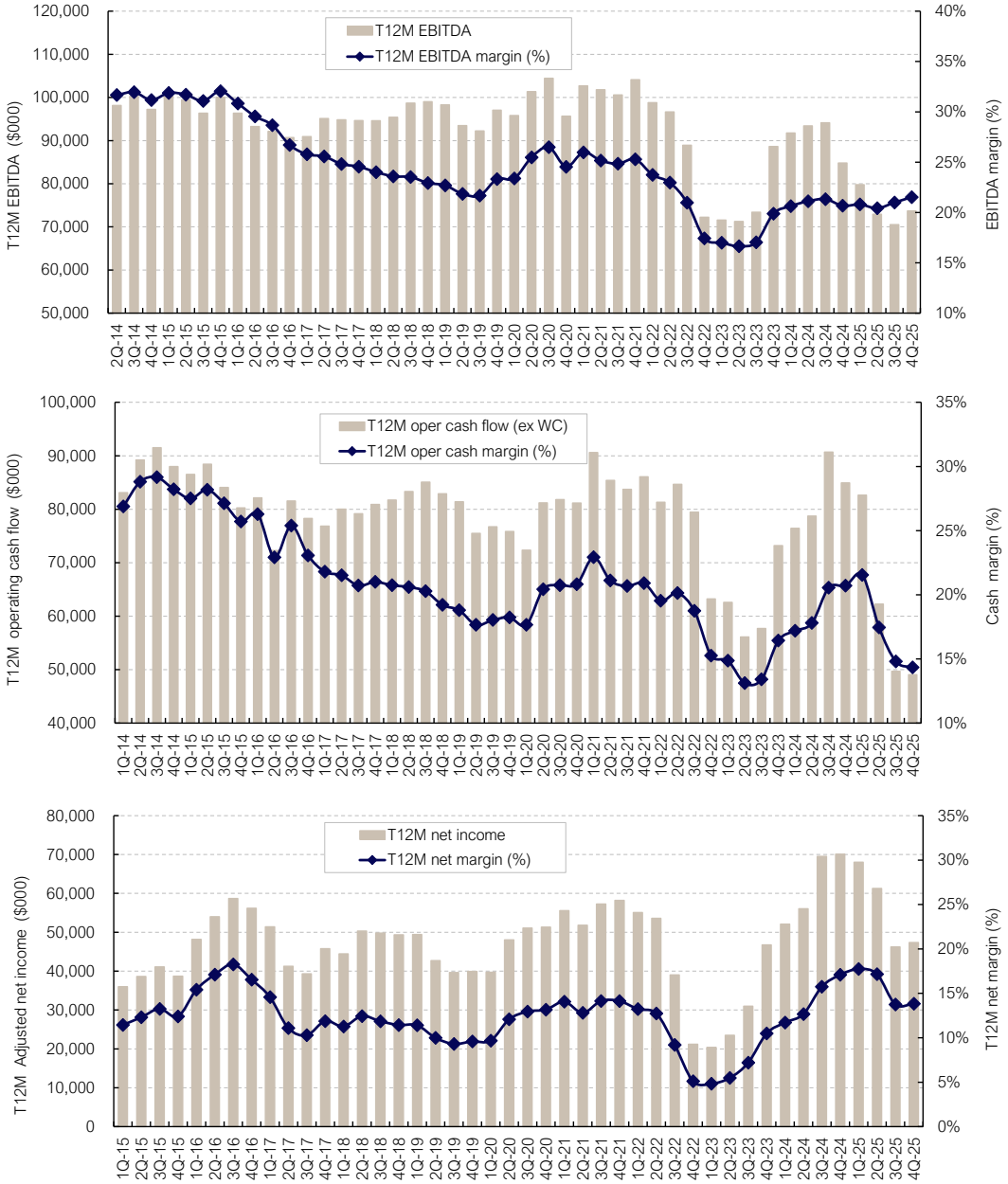
- As for AR-based Arkansas Surgical Hospital, quarterly data tends to be less seasonal & this was the case in FQ425 as well with revenue/operating income/operating margin of US$26.9M/US$5.5M/20.3% comparing favorably to FQ325 data of US$23.6M/US$4.6M/19.5% & to FQ424 data of US$24.4M/US$5.2M/21.2%. Our F2026-to-F2028 financial forecasts assume that Sioux Falls' historic margin seasonality & Arkansas Surgical's historic margin stability can be sustained going forward.

- On a consolidated basis & including Oklahoma Spine & Newport Coast in our calculation, FQ425 revenue/EBITDA/ margin were in line with our expectations at US$97.3M/US$24.4M/25.0% & thus up solidly from FQ325 data of US$82.6M/US$16.1M/19.5% & also up from FQ424 data of US$91.1M/US$21.2M/23.3% (FQ424 was down sequentially but this was driven by the divestiture last year of SD-based Black Hills Surgical Hospital during FQ324). But excluding now-divested Oklahoma Spine & Newport Coast operations, FQ425 continuing operations revenue/EBITDA/ margin data were US$75.1M/US$20.5M/27.3% as compared to FQ325 continuing operations data of US$60.0M/ US$12.7M/21.2% & to FQ424 data of US$69.1M/US$18.1M/26.2%. Interestingly, divesting two lower-operating income-contributing surgical hospitals increased consolidated EBITDA in the three periods described.

- Tax liability on gross cash proceeds from the Oklahoma Spine divestiture (which were US$46.0M pre-tax) were not disclosed in FQ425 financial data but we observe that the Newport Coast divestiture generated a net cash gain on the sale of US$0.59M, to which a tax on gain of US$0.06M (about 10%) was applied. Retrospectively, we know that the Black Hills divestiture last year generated gross cash proceeds to Medical Facilities before tax & after considering transaction costs & working capital adjustments of US$48.0M, to which a tax on the cash gain of US$14.4M was applied (30%). on gross transaction value of US$105.2M (which represented Medical Facilities 54.2% ownership stake in the

hospital, valued on a consolidated based that included physician ownership of US$194M). Distinct capital gain tax rates may apply in Oklahoma but we assume that the tax impact on cash gains from the Oklahoma Spine divestiture will be comparable to that applied to other recent divestitures as described above.

Exhibit 12. Historic T12M EBITDA, Operating Cash Flow, Net Income & Margin Data for Medical Facilities, FQ214-FQ425 (includes cumulative contribution from now-divested Oklahoma Spine & Newport Coast In EBITDA/Net Income Data)

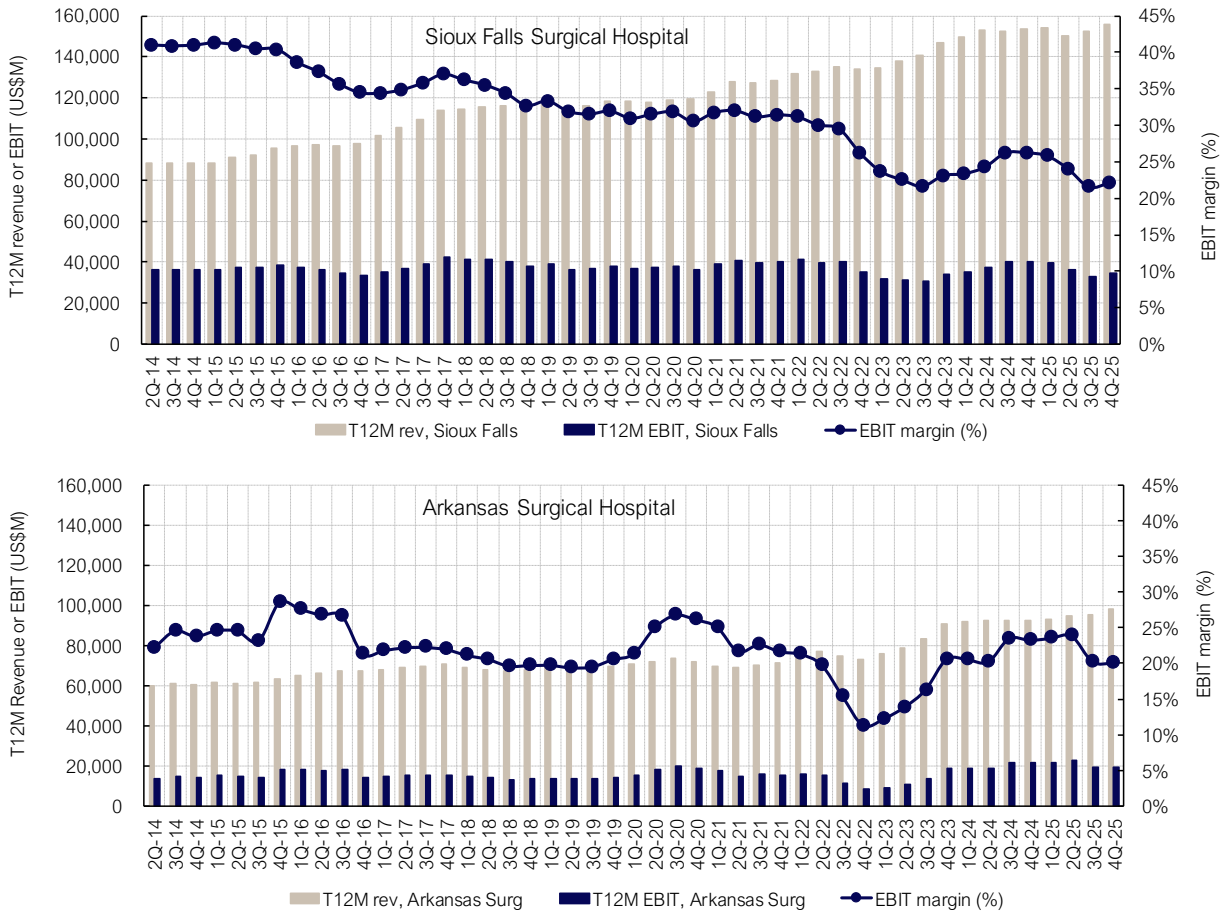


Source: Leede Financial, Historical Data – Company Information (Medical Facilities)

- Shifting to distributable cash, Medical Facilities generated US$8.2M/C$11.4M in free cash flow/distributable cash in the quarter, which when compared to actual distribution in the quarter of C$1.6M corresponds to an attractive pay-out ratio of 14.1%, as compared to 35.5% in FQ325 & to 20% in FQ424. Clearly one of the ways that Medical Facilities could dispense its cash back to capital markets, in addition to a scheduled share buyback or a special dividend that are explicitly mentioned in the MD&A, is to increase its monthly dividend to a level that corresponds to a higher but still safe pay-out ratio in the 30%-to-50% range. Regardless, Medical Facilities existing dividend policy is clearly well-funded & in no danger of downward revision based on legacy distributable cash levels that should still be sustainable at near historic levels even after the Oklahoma Spine/Newport Coast divestitures.

- **Summary & valuation.** We are maintaining our Hold rating & one-year PT of C$15.50 on DR, with our valuation still based on multiples of our adjusted F2027 distributable cash/AFFO & EBITDA forecasts of US$0.72/shr & US$27.9M, respectively, each adjusted downward to correspond to the 51% ownership stake ascribed to common shareholders for continuing operations in SD & AR (our unadjusted forecasts on both F2027 profitability metrics are US$54.6M & US$1.41/shr, respectively). Our EV calculation incorporates FQ425 LT debt of US$41.5M & pro forma cash of US$94.4M that incorporates FQ425 cash of US$43.4M plus gross proceeds from the Oklahoma Spine/Newport Coast divestitures that are not yet tax-affected (pro forma cash is thus likely high, though it does exclude FQ126 operating cash flow that if comparable to FQ125 could be at/near US$17M-to-US$18.0M).
- We also derive our share-based forecasts on basic S/O of 15.9M (current basic S/O is 17.9M) on the assumption that Medical Facilities will repurchase up to 2M DR shares over the next 4-6 quarters. We will of course revise our capital structure expectations if/when Medical Facilities provides explicit details on how it expects to dispense Oklahoma Spine/Newport Coast net cash proceeds to shareholders.

Exhibit 13. T12M Revenue-EBIT-Margin Data for Sioux Falls Surgical Hospital & Arkansas Surgical Hospital, FQ214-FQ425



Source: Leede Financial, Historical Data – Company Information (Medical Facilities)

- For now, it seems clear to us that capital markets are valuing DR shares on the assumption that some sort of direct payment to shareholders is on the horizon, independent of any operating fundamentals on which we base our valuation. Such a payment either in the form of a scheduled share buyback (presumably at a premium value to current share value so as to incentivize shareholder participation in the transaction) or a special dividend is certainly sufficient justification in our view to continue holding DR shares. At current levels, our PT corresponds to a one-year return, including dividend yield of 2.2% but excluding one-time impact from special dividend payout or transient price lift on a buyback, of (6.6%).

Exhibit 14. Comparable Companies for Medical Facilities

Company	Curr.	Sym	Shares Out	Share Price 12-Mar	Mkt Cap ($M)	Ent. Value ($M)	EV/EBITDA (T12M)	EV/EBITDA (2026E)	EV/EBITDA (2027E)	Price/Earnings (T12M)	Price/Earnings (2026E)	Price/Earnings (2027E)	Description
Specialty Healthcare Services Peers													
Acadia Healthcare Company Inc	USD	ACHC	92.2	$23.89	$2,203	$4,571	7.4x	7.7x	7.2x	12.0x	16.1x	14.1x	TN-based psychiatric services firm
Addus Homecare Corp	USD	ADUS	18.5	$103.05	$1,908	$1,948	10.9x	10.0x	9.4x	16.8x	14.9x	13.8x	IL-based home care services firm
AMN Healthcare Services Inc	USD	AMN	38.6	$20.39	$788	$1,521	6.6x	6.2x	7.7x	14.5x	10.1x	18.2x	CA-based healthcare workforce & staffing services firm
Option Care Health Inc	USD	OPCH	156.4	$29.78	$4,659	$5,559	11.8x	11.2x	10.2x	17.2x	15.9x	14.0x	Home infusion services for administering IV medications targeting multiple medical
Chemed Corp	USD	CHE	13.8	$402.72	$5,543	$5,329	11.3x	10.8x	9.9x	18.2x	16.8x	15.0x	Hospice & palliative care services
DaVita Inc	USD	DVA	66.8	$154.81	$10,341	$19,716	7.1x	6.9x	6.7x	14.6x	11.1x	9.5x	Renal dialysis services, including Rx services to patients with end-stage renal disease
Pediatrix Medical Group Inc	USD	MD	83.0	$19.79	$1,643	$1,740	6.2x	6.1x	6.0x	9.5x	8.9x	8.5x	FL-based neonatal care services
Quipt Home Medical Corp	USD	PTQ	44.5	$4.95	$220	$311	5.6x	4.8x	4.4x	NA	NA	NA	US-based consolidator of home healthcare service providers
Viemed Healthcare Inc	USD	VMD	38.6	$9.08	$351	$347	5.7x	4.9x	4.4x	26.3x	18.5x	14.2x	US-based consolidator of home healthcare service providers
Average							**8.1x**	**7.6x**	**7.3x**	**16.1x**	**14.0x**	**13.4x**	
Surgical Hospital & Ambulatory Surgery Center Peers													
Select Medical Holdings Corp	USD	SEM	127.1	$29.05	$3,694	$7,052	10.1x	8.7x	7.9x	18.1x	14.6x	12.2x	PA-based specialty hospitals, outpatient rehab clinics, LT acute care hospitals, rehab clinics
Surgery Partners Inc	USD	SGRY	126.5	$35.51	$4,492	$6,188	12.8x	14.2x	12.7x	NA	37.1x	34.5x	TN-based surgical facility operator
Average							**11.5x**	**11.4x**	**10.3x**	**18.1x**	**25.8x**	**23.3x**	
Hospital Operator Peers													
Community Health Systems Inc	USD	CYH	138.6	$3.22	$446	$10,243	6.7x	7.3x	7.1x	0.8x	NA	NA	TN-based operator of general acute care hosp-itals (155 hospitals, 26,222 beds in 21
HCA Healthcare Inc	USD	HCA	223.6	$537.28	$120,148	$164,482	10.6x	10.3x	9.8x	18.7x	17.7x	17.7x	US-based operator of general & acute care hosp-itals, surgery centers & endoscopy ctrs
Tenet Healthcare Corp	USD	THC	87.0	$234.58	$20,400	$27,805	6.0x	6.0x	5.9x	15.0x	13.8x	13.8x	TX-based hospital operator; 53 general hospitals with 14,352 beds
UnitedHealth Group Inc	USD	UNH	907.7	$285.25	$258,915	$277,048	11.9x	9.8x	9.1x	21.5x	16.0x	16.0x	Provides hospital and medical services plans, acquired LHC Group in Q123
Universal Health Services Inc	USD	UHS	61.1	$186.22	$11,376	$15,905	6.1x	6.0x	5.7x	7.9x	7.9x	7.9x	PA-based owner/operator of acute care hosp-itals, ASCs, radiation oncol ctrs,
Average							**8.3x**	**7.9x**	**7.5x**	**12.8x**	**13.9x**	**13.9x**	
Medical Facilities [1,2,3]	**USD**	**DR**	**17.8**	**$12.81**	**$228**	**$175**	**3.3x**	**5.6x**	**5.5x**	**NA**	**17.1x**	**23.7x**	**SD & AR-based physician-owned specialty surgical hospital & ASC operator**

[1] *DR share price converted to US$; EV calculated using pro forma balance sheet data (includes gross proceeds from Oklahoma Spine/Newport Coast divestitures)*

[2] *Multiples acscribed to consensus F2026-to-F2028 EBITDA & EPS forecasts for Medical Facilities are adjusted for proportionate ownership by common shareholders*

Source: Leede Financial, Consensus Data - Refinitiv

- **Profound provides a clinical update on its TULSA-PRO-focused CAPTAIN trial.** ON-based prostate disease-focused medical technology developer Profound Medical (PRN-T, Buy, PT US$11.50) hosted a webinar this morning that described essentially final data from its 211-patient CAPTAIN trial, comparing patient outcomes after undergoing TULSA-PRO localized prostate tumor ablation to patients undergoing radical prostatectomy using Intuitive Surgical's (ISRG-Q, NR) da Vinci surgical robot. The firm previously reported earlier interim data that already showed TULSA-PRO's benefit on shortening hospital stay, reducing blood loss, & improving other quality-of-life measures in comparison to more invasive surgical removal of the entire prostate gland. Accordingly the update provided today is more evolutionary than revolutionary in our evaluation of TULSA-PRO's growing medical prospects, but updated analysis confirmed those earlier observations. Our PT & rating on Profound are unchanged, though we did revise our PT & valuation in a post-FQ425 results commentary report that we published earlier this week.

  - Collaborator & Sunnybrook-based urologist L Klotz provided some introductory commentary, indicating just how positive it was that CAPTAIN was able to be fully-enrolled based on unwillingness of most prostate cancer patients to defer alternative approved interventions if that is presented as an option for localized disease. Interestingly, most randomized patients prefer to be treated with TULSA-PRO, with more patients randomized to radical prostatectomy withdrawing from the trial than those randomized to the TULSA-PRO arm. But on study details at final analysis, CAPTAIN met its primary safety endpoint on mitigating urological side effects that can emerge with other invasive prostate gland-targeted surgical procedures & showing superiority to radical prostatectomy on that metric.

- At six-month follow-up, 84% of TULSA-PRO-ablated patients reported no urinary incontinence as compared to 49% of radical prostatectomy patients, with erectile function preserved in 56% of TULSA-PRO patients vs 47% of radical prostatectomy patients. Multiple peri- & post-operative quality-of-life measures also favored TULSA-PRO, including need for re-hospitalization (0.7% of TULSA-PRO patients vs 6.3% of radical prostatectomy patients. There was no blood loss & no requirement for post-operative hospital stay for TULSA-PRO patients, counter to outcomes for radical prostatectomy patients. Consistent with our existing investment thesis, we believe that secondary quality-of-life measure that so clearly favor TULSA-PRO vs da Vinci-enabled radical prostatectomy can drive TULSA-PRO adoption in forthcoming quarters, especially with all reimbursement drivers squarely in place & a dedicated US sales team poised to transform Profound's backlog & prospect list into US system placements & ablation procedure volume growth.

- Biopsy data on cancer recurrence is pending, but is unlikely to favor TULSA-PRO in comparison to surgical removal of the entire prostate gland for which recurrence of localized disease is improbable. As summarized in our last Profound report, our model projects F2026 revenue of US$32.2M (capital equipment sales US$14.8M), increasing to US$52.8M (US$25.2M from TULSA-PRO system sales) in F2027 & to US$80.2M (US$30.0M from TULSA-PRO system sales) in F2028. Our valuation is still based on NPV (20% discount rate) & multiples of our F2030 EBITDA/fd EPS forecasts of US$62.6M & US$1.00/shr, respectively.

Other Significant Clinical Trial Updates With Relevance To Our Coverage Universe

- Johnson & Johnson garners favorable FDA review for an intraocular lens platform. NJ-based healthcare giant Johnson & Johnson (JNJ-NY, NR) received FDA approval this week for its novel Tecnis PureSee intraocular lens, ostensibly for implantation after cataract surgery as is usually the indication for intraocular lens deployment. According to commentary in the Ophthalmology Times published after the approval announcement, the Tecnis PureSee IOL is the first FDA-approved intraocular lens that does not carry a warning regarding loss of contrast sensitivity, a feature that could be relevant to its pace of adoption.

  - Recall that we provided some commentary on AB-based peer firm Ocumetics Technology (OTC-V, NR) based on that firm reporting positive three-month Phase I clinical data for the first cohort in its 30-patient first-in-human study testing its own Ocumetics Accommodating Intraocular Lens. We will of course be watching for patient outcomes for the next two ten-patient cohorts from this trial.

  - In that prior overview, we featured several development-stage intraocular lenses but without featuring the Tecnis PureSee IOL because, well, it was not overtly featured in any of the review articles that we surveyed at the time. As we summarized at the time & as a reminder, other intraocular lenses in development include:

    - The Juvene lens developed by CA-based private firm LensGen (a 51-patient visual acuity trial concluded in 2020 & was published in Oct/22 in the *Journal of Cataract & Refractive Surgery*, while enrollment for the 56-patient Nirvana trial is pending).

    - The JelliSee IOL as developed by private VA-based JelliSee Ophthalmics.

    - The OmniVu & the AVL200 IOL as developed by CA-based private firm Atia Vision (a three-month 60-patient visual acuity study is ongoing in India, data by H226).

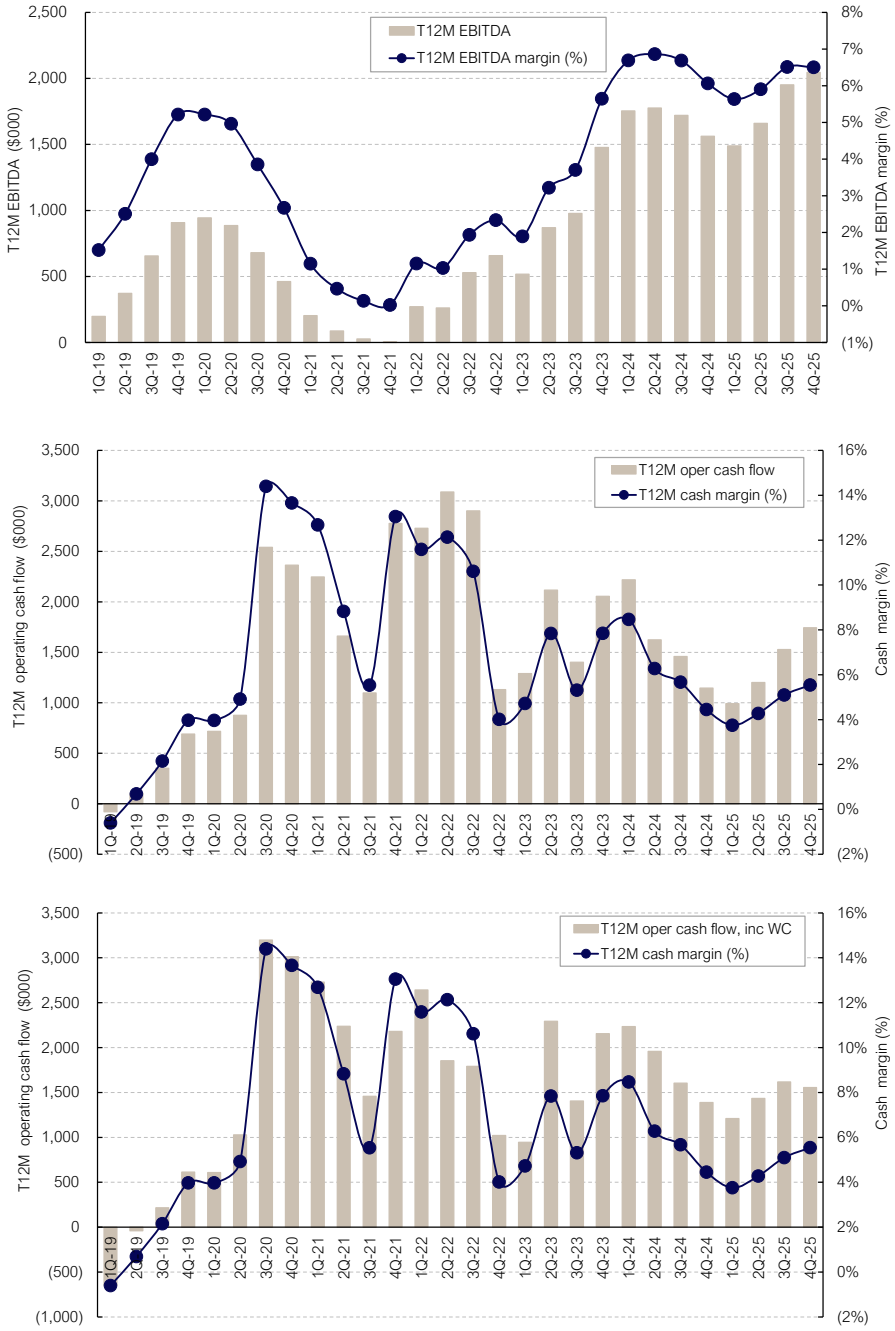
    - The Lumina lens developed by Netherlands-based private firm AkkoLens International BV (one-year visual acuity data from a 25-patient Phase III trial in Spain that was completed in Q423 was published for Lumina IOL in Apr/25 in the *Journal of Refractive Surgery)*.

    - And the Opira A-IOL developed by CA-based private firm & ForSight Labs spin-out ForSight Vision6 (a 200-patient visual acuity trial was apparently ongoing during 2020-to-2024 according to the US NIH's clinical database, but design changes in the lens were apparently planned according to a Apr/24 article in Ophthalmology Management).

- Nova Leap reported FQ425 financial results. NS-based home healthcare services provider Nova Leap Health (NLH-V, NR) reported FQ425 financial data for the December-end quarter that was sequentially down on EBITDA & cash flow but up modestly y/y on both metrics.

- On headline financial data, FQ425 revenue/EBITDA/margin were $8.1M/$0.51M/6.3% as compared sequentially to $8.3M/$0.67M/8.1% in FQ325 & y/y to $6.6M/$0.41M/6.3% in FQ424. Top-line growth is on a y/y basis at least in relative terms, with comparable growth trajectory from both US operations & Canadian operations - $6.2M in FQ425 US revenue vs $5.6M in FQ424, with that gap probably wider than as reported in C$ since there was a $1.0M currency exchange gain recorded in FQ424 & a ($0.24M) currency exchange loss in the trailing FQ425 period; Canadian FQ425 revenue was $1.88M as compared to $0.97M last year.

Exhibit 15. T12M Financial Data for Nova Leap, FQ119A-to-FQ425A



Source: Nova Leap financial filings, Leede Financial

- For comparison, ON-based Extendicare operates a sizable home healthcare operation in ON-BC-AB that will be made even more sizable when its CBI Home Health acquisition closes next quarter, & its FQ425 home healthcare-specific revenue/operating income/operating margin were $197.5M/$31.6M/16.0% (FQ325 & FQ424 home healthcare

operating margins were also well into double-digit territory at 13.6% & 13.1%, respectively), showing us that despite Nova Leap's geographically-distinct operations in Atlantic Canada & northeastern US, the home healthcare industry has growth capacity to lift operating profits well into double-digit territory in a favorable funding macroenvironment.

- As we show graphically below, the firm's T12M EBITDA/margin & cash flow/margin have been on an upward trajectory for the last four quarters, an encouraging trend but one that is entirely driven by the corresponding downward trajectory that the firm generated on T12M EBITDA/margin & cash flow/margin data during FQ124-to-FQ424 (Exhibit 2). FQ225-to-FQ425 were actually comparable on both EBITDA & cash flow, so any lack of sequential growth in FH126 should see rolling T12M trendlines flatten out in pending quarters.
- Nova Leap's total debt at the end of FQ425 was $2.0M so its debt-to-FQ425 EBITDA run-rate ratio was 1.0x, below threshold levels of >3x that we like to see in healthcare services firms under our coverage. EBITDA-to-interest coverage ratio was more attractive however at 6.5x.

- **Roche generates negative Phase III data for lead SERD/breast cancer program.** Swiss pharma giant Roche (ROG-SW, NR) reported disappointing Phase III cancer data this week for its small-molecule selective estrogen receptor-degrading (SERD) drug giredestrant, testing the drug as a first-line therapy in the 992-patient trial (the persevERA Breast Cancer trial) that was enrolling women with HER2-negative/hormone receptor-positive metastatic breast cancer, the same indication for which Oncolytics Biotech (ONCY-Q, Spec Buy, PT US$4.00) generated positive overall survival data in a legacy Phase II program for its reovirus formulation pelareorep.
  - But shifting back to the persevERA/giredestrant update, the trial did not meet its primary endpoint of showing significant improvement in progression-free survival when combined with Pfizer's (PFE-NY, NR) already-FDA-approved cyclin-dependent kinase (CDK4/6) inhibiting drug palbociclib/Ibrance in comparison to a control arm of patients treated alternatively with palbociclib/Ibrance & an aromatase inhibitor letrozole (Novartis' [NVS-NY, NR] Femara).
  - The mechanistic rationale is that instead of inhibiting an enzyme (aromatase) that is relevant in producing estrogen from steroid precursors in the body (which letrozole does), SERDs like giredestrant impede estrogen's cancer growth-propagating activity by impeding its engagement with its receptor. Whether or not giredestrant was able to bind to & thus antagonize estrogen's binding to the estrogen receptor, it was not able to do so in a way that mitigated the impact of targeted breast tumors on progression, and ultimately on survival.
  - SERDs as a drug category are not just being developed by Roche, assuming that giredestrant development will continue in the multiplicity of Phase III trials that Roche is separately funding for this drug, in all cases targeting HER2-negative/hormone receptor-positive disease – indeed, Roche's persevERA Breast Cancer trial update press release explicitly summarized the other four clinical studies in which the drug is being tested, including:
    - the 4,170-patient Phase III lidERA Breast Cancer trial comparing giredestrant/LHrH agonist therapy to aromatase/LHrH agonist therapy (ten-year PFS/OS data expected during F2035).
    - the 373-patient evERA Breast Cancer trial comparing giredestrant/LHrH agonist/everolimus (Novartis's Afinitor) to alternative endocrine therapy (some combination of the small-molecule drugs exemestane/Aromasin-fulvestrant/Faslodex-tamoxifen/Nolvadex; 42-month PFS/OS data expected during FH226).
    - the 1,050-patient pionERA Breast Cancer trial comparing giredestrant/LHrH agonist/CDK4/6 inhibition (palbociclib, ribociclib or abemaciclib) to control therapy that substitutes giredestrant for fulvestrant/Faslodex (five-year PFS/OS data, with specific emphasis on patients harboring mutations in the *ESR1* (encodes estrogen receptor 1 transcription factor) gene expected by early F2029).
    - The 922-patient heredERA trial comparing giredestrant in combination with so-called Phesgo therapy (trastuzumab/Herceptin, pertuzumab/Perjeta, hyaluronidase) plus a taxane (paclitaxel/Taxol, docetaxel/Taxotere) to Phesgo/taxane therapy alone (53-month PFS/OS data expected by end-of-F2030).
  - Roche's clinical investment in giredestrant is thus considerable & in a way understandable when considering the economics generated by oncology drug developers that have focused on HER2-negative/hormone receptor-positive breast cancer in recent years, with a focus not just on cyclin-dependent kinases & their role in cancer cell division but also with a focus on ways to impede the estrogen receptor's mode of action in this breast cancer niche (Roche cites

data in the press release from a 2022 Journal of the National Cancer Institute paper indicating that 70% of breast cancer cases express the estrogen receptor to detectable levels, even those for which the HER2 receptor is not expressed.

- Cumulative sales for CDK4/6-inhibiting small molecule drugs, all of which are FDA-approved for HER2-negative/hormone receptor-positive disease, exceeded US$14.6B last year (Pfizer's Ibrance's F2025 sales were US$4.1B, Novartis' Kisqali F2025 sales were US$4.8B, Eli Lilly's [LLY-NY, NR] Verzenio F2025 sales were US$5.7B, to name three) but in most if not all cases, they are co-administered with an endocrine therapy of some type, including estrogen receptor-targeted SERDs for which the highest-profile longest-approved variation is AstraZeneca's (AZN-LN, NR) fulvestrant/Faslodex (long-ago genericized but peak sales in F2017-to-F2018 just after it was FDA-approved for treating HER2-negative/hormone receptor-positive breast cancer in Nov/17 were US$941M & US$1.03B, declining to US$892M in F2019 when generic formulations became available).

- This niche breast cancer medical market, which by the way is clearly no longer niche, intrigues us for a few reasons. First of all, the size of this cancer market went from essentially nil to multi-blockbuster status seemingly overnight, at least by drug development standards, and broke through when cyclin-dependent kinase inhibitors were shown to be effective with this particular HER2-negative/hormone receptor-positive biomarker profile. These agents do not work in isolation however, & estrogen receptor-targeted agents were either developed in parallel or tested post-approval for their utility in combination with CDK4/6 inhibitors, utility that was formally documented in Phase III clinical trials like the 669-patient Phase III MONARCH-2 trial (testing abemaciclib/Verzenio & fulvestrant/Femara specifically) conducted by Eli Lilly & collaborators & published in 2020 in the journal *JAMA Oncology*. HER2-positive disease can obviously be targeted with HER2-binding agonists/antagonists, the most famous of which is of course Roche's own trastuzumab/Herceptin though other HER2-targeted mAbs are now approved (Perjeta as mentioned above & TerSera's [private] margetuximab/Margenza), including a few small-molecule-conjugated targeted therapies like Roche's own trastuzumab emtansine/Kadcyla or Astra's trastuzumab deruxtecan/Enhertu). But those agents are minimally effective in breast tumors for which their target ligand is not over-expressed.

- But as interestingly to us is that this breast cancer form is part of our ONCY valuation, even though competitive landscape is clearly shifting away from novel oncolytic viruses & toward CDK4/6 inhibitor/SERD combination therapies, a trend that Roche clearly expected to continue through its aggressive funding of its own Phase III SERD program. Recall that Oncolytics reported Phase II data from a 74-patient trial back in FQ117, showing therein that metastatic breast cancer patients harboring p53 tumor suppressor gene mutations experienced a 100% overall survival benefit when treated with pelareorep/paclitaxel combination therapy. We were interested to see that Roche still sees value in treating breast cancer with paclitaxel-containing chemotherapy, at least in the heredERA trial described above. Oncolytics presumably still has Fast Track Designation for pelareorep in this indication.

- **Glaxo licensed novel liver disease-targeted drug on attractive terms.** Earlier this week, UK-based pharma giant GlaxoSmith-Kline (GSK-LN, NR) out-licensed worldwide rights for the small-molecule bile acid transport inhibitor linerixibat to Italy-based specialty pharma firm Alfasigms SpA (private) in a deal that provides Glaxo with cumulative potential economics excluding downstream royalties of US$710M, of which US$300M is upfront cash, US$100M is contingent on receiving FDA approval for the drug's lead indication (a condition called primary biliary cholangitis-associated cholestatic pruritus that we have not previously encountered in our coverage universe), another US$40M in collective milestones for receiving EU & UK approval & then another US$270M in milestones based on linerixibat sales in all of its approved geographies.

  - The licensing deal interests us less because of the scale of its economics – we have seen countless licensing deals in recent quarters for which deal value of >US$2B is the rule & not the exception (often with Roche as the licensee, as we described in many recent Healthcare Weeklies) – but because it is relevant to a disease indication that is new to us at least from a coverage perspective & because the innovator-licensee dynamic is flipped in this circumstance (well-capitalized global pharma firm, of which Glaxo is one, is usually the drug rights acquirer, not the acquiree). At the risk of understatement, it is unusual for global pharma firms to out-license drugs that were developed internally; we are only guessing on Glaxo's rationale on its linerixibat commercial interests but perhaps it determined that the cholestatic pruritus is insufficiently large to impact its own EBITDA/net income but perhaps is large enough to be impactful for Alfasigma SpA.

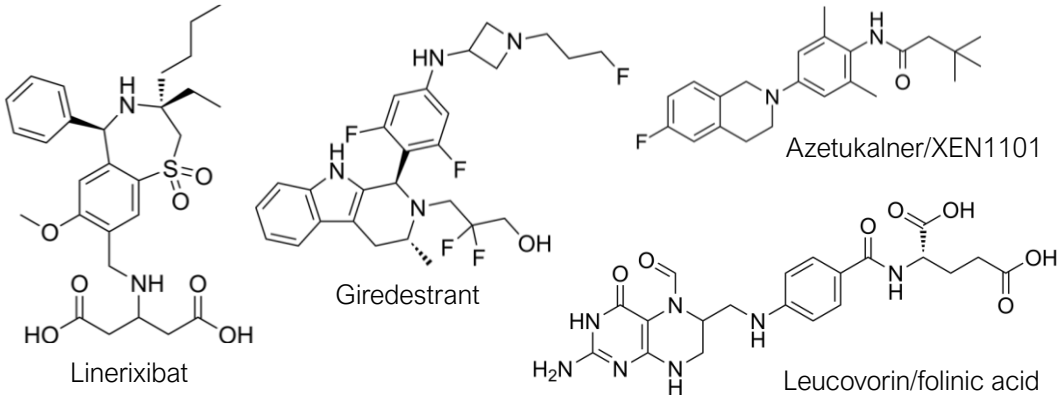
  - A cursory review of Glaxo's 2025 annual report shows us that most of its contemporary drug development efforts have been focused either on cardiorespiratory indications like asthma, oncology or infectious disease. And yet linerixibat was

featured as one of its featured R&D-stage pipeline assets in the annual report. Glaxo does have one ongoing pivotal trial in a liver-related disorder though, with efimosfermin-alfa (a once-monthly subcutaneously-injected analog of fibroblast growth factor-21; in-licensed from Boston Pharmaceuticals [private] in Jul/25 in a US$2B transaction that included US$1.2B in upfront cash) still enrolling patients in a 1,200-patient Phase III MASH-associated fibrosis trial (the ZENITH-1 trial; initial data read-out on fibrosis reduction at one-year follow-up expected in Q128).

- And just to make the decision to out-license a regulatory-stage liver disease-targeted Rx asset even more confusing, Glaxo is separately focused on liver disease through its sponsorship of the siRNA drug gatuzosiran/GSK'990, for which Phase II MASH testing is ongoing though the trial is not identified in the US NIH's clinical database & the drug itself does not yet have any published characteristics in the medical literature, at least not by that name. This RNA-based therapy inhibits transcription/translation of the enzyme 17-beta-hydroxysteroid dehydrogenase 13 (HSD17B13), a liver enzyme whose expression level is tightly associated with fatty liver disease & whose reduced expression level is just as tightly associated with protection against fatty liver disease.

- But also, we are certainly seeing intensifying focus on metabolic disease & specifically liver disease in drug development activities & alliances in recent years, which we see as a secondary consequence of the seismic commercial traction that various long-acting glucagon-like peptide 1 (GLP-1) formulations have generated in recent years (blood glucose dysregulation has well-documented pancreas/liver/cardiac pathologies associated with it). Timing of the linerixibat out-licensing deal is certainly not random, with the drug performing well in the recently completed 238-patient Phase III GLISTEN trial, nicely showing that linerixibat-treated patients outperformed placebo patients on intensity of pruritus/itching as measured by the ten-point Numerical Rating Scale (NRS; the same scale that Cardiol Therapeutics [CRDL-T, Spec Buy, PT C$7.00) deployed for its Phase II MAvERIC-Pilot recurrent pericarditis trial testing orally-active cannabidiol formulation CardiolRx). Glaxo press-released headline data back in May/25 & GLISTEN data has since been published in peer-reviewed form earlier this year in *Lancet Gastroenterology & Hepatology*.

Exhibit 16. Molecular Structures Of Small-Molecule Drugs That Are Relevant To Our Commentary This Week



Source: MedChemExpress

- **Xenon achieves positive Phase III data with lead epilepsy drug.** BC-based neurology-focused small-molecule drug developer Xenon Pharmaceuticals (XENE-Q, NR) reported positive Phase III data for its lead drug azetukalner/XEN1101 that was targeting focal onset seizures (a form of epilepsy) in the 374-patient X-TOLE2 trial. The selective voltage-gated potassium channel-opening allosteric modulating drug has >100x selectivity for binding to & inhibiting a specific form of voltage-gated potassium channels called Kv7 of which there are five subtypes that are predominantly but not exclusively found in the heart & nerve cells.

- **Other news in the DMD space - Capricor Therapeutics (CAPR-Q, NR) sees BLA review resume for deramiocel after CRL lift; PDUFA set for August 22.** San Diego-based Capricor announced on Monday that the FDA has lifted its previously issued Complete Response Letter and resumed review of the BLA for deramiocel (CAP-1002), an allogeneic cardiac-derived cell therapy in development for cardiomyopathy associated with DMD. The resubmission has been classified as a Class 2 review with a PDUFA target action date of August 22, 2026. Capricor received the original CRL in July 2025, which cited insufficient

clinical evidence and CMC-related concerns that the company has characterized as previously addressed during mid- and late-cycle reviews.

- **Solid Biosciences (SLDB-Q, NR) presents updated INSPIRE DUCHENNE data at MDA; stock trades flat despite ostensibly positive interim results.** Solid Biosciences reported updated interim data from its 40-patient Phase 1/2 INSPIRE DUCHENNE trial at MDA this week for SGT-003, an AAV-based gene therapy delivering microdystrophin via the company's proprietary AAV-SLB101 capsid. Updated findings included robust microdystrophin expression, evidence of DAPC restoration, improvements in serum biomarkers of muscle integrity, and stabilization of cardiac function (LVEF), all with an encouraging safety profile using a steroid-only immunomodulation regimen.
  - SLDB shares traded down on the day, potentially reflecting the continued absence of functional endpoint data. This is the central unresolved question for the entire AAV-based microdystrophin gene therapy class: demonstrating protein expression in muscle biopsy has proven achievable but translating that expression into measurable functional improvement has been elusive. Sarepta's Elevidys, the only FDA-approved gene therapy for DMD, notably failed its primary functional endpoint (NSAA) in the Phase 3 EMBARK trial despite showing microdystrophin expression, and its accelerated approval remains contingent on confirmatory data.
  - As described in the US NIH's clinical database, INSPIRE DUCHENNE's functional endpoints were not expected until 12-month follow-up, so the omission is consistent with the trial schedule, but until functional data emerge, expression and biomarker results alone may be unlikely to move the stock materially. The $240M private placement completed on March 6 at $5.61/share, with the stock up roughly 37% week-over-week to $8.18 ahead of the data release, may also suggest some profit-taking after a rapid run
  - Solid has initiated dosing in the Phase 3 IMPACT DUCHENNE trial (randomized, placebo-controlled, 18-month primary endpoint of Time to Rise velocity in ambulant patients aged 7 to <12) and plans additional FDA meetings in H1 2026 to discuss a potential accelerated approval pathway.
- **Pfizer (PFE-NY, NR) reports positive Phase II data for tri-specific antibody tilrekimig in atopic dermatitis.** Pfizer's tilrekimig (PF-07275315), a first-in-class tri-specific antibody simultaneously targeting IL-4, IL-13, and TSLP, met its primary endpoint in moderate-to-severe AD, with placebo-adjusted EASI-75 response rates of 38.7%, 51.9%, and 49.4% across three monthly dose cohorts at Week 16. Pfizer plans to advance tilrekimig into pivotal Phase 3 AD testing later this year, with Phase 2 asthma and Phase 2b/3 COPD studies also ongoing. A second trispecific, ompekimig (IL-4/IL-13/IL-33), also met the primary endpoint in a parallel arm.
  - The trispecific concept has a read-through to the EoE competitive landscape relevant to our Eupraxia Pharmaceuticals coverage (EPRX-Q, Buy, PT US$11.00). Each of tilrekimig's three targets has been individually pursued in EoE: Dupixent (dupilumab; Sanofi [SNY-NY, NR]/Regeneron [REGN-Q, NR]) blocks IL-4/IL-13 via the shared IL-4R alpha subunit and is the dominant approved therapy, tezepelumab (anti-TSLP; AstraZeneca [AZN-Q, NR]/Amgen [AMGN-Q, NR]) is in Phase 3 EoE testing with data expected by July 2026, and Bristol Myers Squibb's (BMY-NY, NR) cendakimab (anti-IL-13) met both co-primary endpoints in Phase 3 EoE but was discontinued for commercial rather than scientific reasons during BMS's broader cost-cutting. As we documented in our EPRX initiation (Oct/25), multiple EoE programs targeting single Th2 pathways achieved histological eosinophil clearance but uniformly failed to improve clinical symptoms, suggesting multi-pathway suppression may be necessary.
  - Simultaneous IL-4/IL-13/TSLP inhibition could theoretically address this; however, none of these cytokine targets directly modulate the fibrotic remodeling process (TGF-beta-1-mediated fibroblast activation, collagen deposition, subepithelial fibrosis) that is increasingly understood to drive the stricture formation and dysphagia symptoms that matter most clinically in EoE. EP-104GI's fluticasone propionate, by contrast, has documented antifibrotic activity through suppression of TGF-beta-1 gene transcription and downstream collagen production, in addition to broad Th2 cytokine suppression via glucocorticoid receptor-mediated transcriptional regulation. Pfizer has shown no indication of pursuing EoE for tilrekimig; AD, asthma, and COPD are the stated priorities and all substantially larger markets. Even on an optimistic timeline, any EoE-specific development would be years out and contingent on success in those lead indications. Tilrekimig is certainly not a near-term competitive concern for EP-104GI.

Capital Markets Summary

Exhibit 17. EBITDA Or EPS-Positive Canadian Healthcare Stocks

Company	Filing Curr.	Sym.	Shrs Out. (M)	Share Price 12-Mar	Mkt Cap (M)	Mkt Cap (C$M)	Ent. Value (M)	Ent. Value (C$M)	EV/EBITDA (T12M)	EV/EBITDA FY1	EV/EBITDA FY2	Price/Earnings (T12M)	Price/Earnings FY1	Price/Earnings FY2
Profitable Canadian healthcare firms - specialty services [2]														
dentalcorp Holdings	CAD	#N/A	192.0	$11.00	2,112	2,112	3,112	3,112	NA	NA	NA	NA	NA	NA
DRI Healthcare Trust	CAD	DHT.UN	55.0	$17.00	935	935	1,329	1,329	6.3x	6.0x	5.7x	NA	7.3x	7.0x
Jamieson Wellness	CAD	JWEL	41.3	$33.93	1,400	1,400	1,777	1,777	11.3x	9.9x	8.9x	22.7x	15.9x	13.6x
K-Bro Linen	CAD	KBL	13.0	$35.01	455	455	694	694	7.8x	6.4x	6.1x	21.0x	15.4x	11.6x
Medical Facilities [1]	CAD	DR	17.8	$12.21	217	295	249	338	NA	4.4x	4.3x	NA	12.4x	11.7x
Microbix Biosystems	CAD	MBX	138.6	$0.25	35	35	31	31	NA	NA	10.7x	NA	NA	NA
Savaria	CAD	SIS	71.7	$25.22	1,809	1,809	1,956	1,956	10.7x	9.6x	8.9x	26.2x	18.2x	16.2x
Profitable Canadian healthcare firms - specialty pharmaceuticals development/sales [2]														
Aurinia Pharmaceuticals	USD	AUPH	133.0	$14.37	1,911	2,597	1,587	2,157	9.2x	7.2x	6.0x	6.6x	18.7x	14.0x
Bausch Health	USD	BHC	370.6	$5.05	1,871	2,544	30,474	41,415	6.5x	5.9x	6.0x	11.9x	1.2x	1.3x
BioSyent	CAD	RX	11.5	$15.70	180	180	158	158	11.0x	12.5x	11.1x	20.6x	18.0x	16.5x
Cipher Pharmaceuticals [1]	CAD	CPH	25.3	$10.61	268	365	371	505	NA	14.5x	11.3x	NA	17.8x	13.3x
HLS Therapeutics	CAD	HLS	31.3	$4.29	134	134	193	193	NA	6.4x	5.4x	NA	NA	NA
Knight Therapeutics	CAD	GUD	98.0	$6.10	598	598	586	586	11.4x	8.9x	9.2x	NA	NA	43.6x
Medexus Pharmaceuticals	CAD	MDP	32.3	$3.03	98	98	112	112	6.0x	5.2x	3.8x	NA	NA	9.5x
Profitable Canadian healthcare firms - eldercare services or infrastructure developers														
CareRx	CAD	CRRX	62.8	$3.61	227	227	291	291	9.6x	7.8x	7.0x	8.7x	19.7x	12.7x
Chartwell Retirement Residences	CAD	CSH.UN	316.6	$21.34	6,757	6,757	9,635	9,635	24.0x	19.1x	17.4x	NA	NA	56.2x
Extendicare	CAD	EXE	94.5	$26.42	2,496	2,496	2,478	2,478	14.1x	11.3x	9.4x	23.4x	22.7x	18.8x
Vital Infrastructure Property Trust	CAD	VITL	250.0	$5.55	1,387	1,387	2,664	2,664	NA	11.8x	11.8x	NA	NA	NA
Nova Leap Health	CAD	NLH	87.3	$0.35	30	30	32	32	12.1x	NA	NA	NA	NA	NA
Sienna Senior Living	CAD	SIA	99.3	$22.82	2,266	2,266	3,572	3,572	23.8x	18.0x	16.3x	46.6x	39.3x	33.6x
Profitable Canadian healthcare firms - medical equipment distribution/sales														
Covalon Technologies	CAD	COV	27.6	$1.79	49	49	34	34	23.3x	9.7x	6.3x	50.2x	25.6x	12.8x
Quipt Home Medical [3]	USD	QIPT	44.5	$3.65	162	221	380	516	NA	4.3x	3.9x	NA	NA	NA
Viemed Healthcare	USD	VMD	38.6	$9.08	351	351	479	651	7.1x	5.0x	4.5x	23.5x	18.5x	14.2x
Profitable Canadian healthcare firms - healthcare IT or digital IT services firms														
Healwell AI	CAD	AIDX	294.1	$0.90	265	265	341	341	NA	37.0x	22.2x	NA	NA	NA
Hydreight	CAD	NURS	53.4	$2.53	135	135	124	124	NA	5.4x	3.5x	NA	8.4x	5.2x
Kneat.com	CAD	KSI	95.8	$3.57	342	465	322	322	58.0x	18.4x	12.5x	NA	NA	NA
Vitalhub	CAD	VHI	63.2	$8.10	512	696	390	390	17.9x	11.5x	9.7x	NA	33.0x	23.4x
Well Health	CAD	WELL	254.7	$4.08	1,039	1,039	1,735	1,735	16.7x	8.4x	7.7x	NA	9.8x	10.0x
Average									**15.1x**	**10.6x**	**8.8x**	**23.8x**	**17.8x**	**17.2x**
Recently-acquired Canadian healthcare firms														
Andlauer	*CAD*	*AND*	*39.2*	*$54.97*	*2,152*	*2,152*	*2,165*	*2,165*	*13.4x*	*NA*	*NA*	*32.0x*	*NA*	*NA*
Theratechnologies	*CAD*	*TH*	*46.0*	*$4.47*	*206*	*206*	*238*	*238*	*12.3x*	*NA*	*NA*	*NA*	*NA*	*NA*

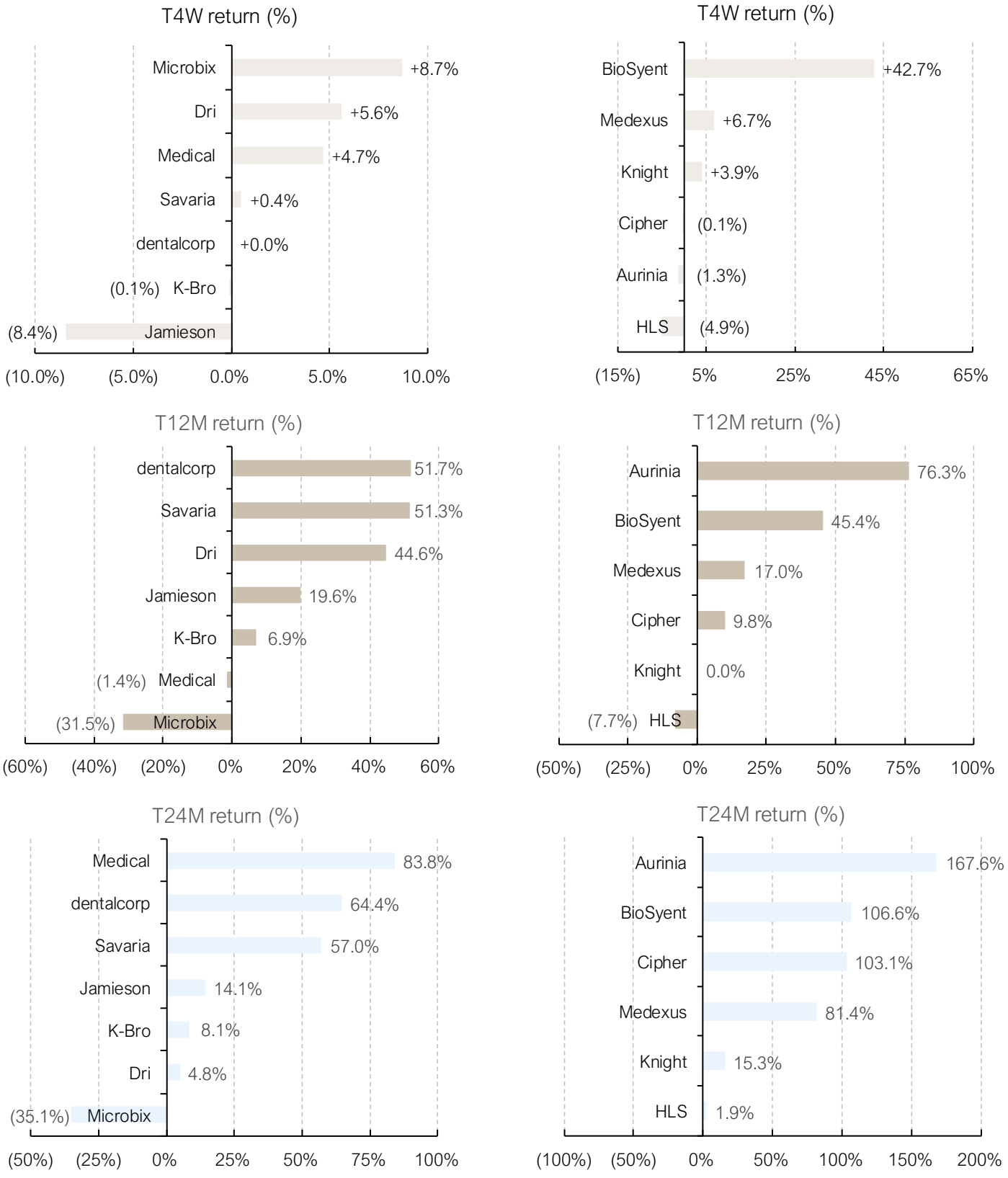
[1] Share price converted to USD for stocks reporting financial data in USD but for which share value is reported in CAD; price refers to prior day close, EV calculations based on cash/LT debt reported in most recent quarter

[2] Legacy specialty pharmaceutical firm & coverage stock Theratechnologies (TH-T, THTX-Q) was acquired in Sept/25 by CB Biotechnology/Future Pak for cumulative consideration of US$4.20/shr; Andlauer's acquisition by UPS (UPS-NY, NR) is closed as of Nov/25

[3] Quipt Home Medical was bid to be acquired by Kingswood Capital & Forager Capital for US$3.65/shr in Dec/25, expected to close during Q226

Source: Refinitiv, company reports, Leede Financial

Exhibit 18. Trailing Four-Week, One-Year & Two-Year Relative Share Price Performance For EBITDA/EPS-Positive Canadian Healthcare Equities – Specialty Services & Specialty Pharmaceutical Firms



Source: Refinitiv, company reports, Leede Financial

Exhibit 19. Trailing Four-Week, One-Year & Two-Year Relative Share Price Performance For EBITDA/EPS-Positive Canadian Healthcare Equities – Eldercare Services & Medical Technology Distribution/Healthcare IT Services

Source: Refinitiv, company reports, Leede Financial *(Hydreight [NURS-V, NR] T24M return 729%)*

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RECOMMENDATION	NO. OF COMPANIES	%
Buy	9	56%
Speculative Buy	5	25%
Hold	1	6%
Sell	-	-
Tender	1	6%
Under Review	1	6%

Historical Target Price

Appili Therapeutics | APLI-TSXV	None
Cardiol Therapeutics | CRDL-TSX, NASDAQ	None
CareRx | CRRX-TSX	None
Cipher Pharmaceuticals | CPH-TSX	None
Eupraxia Pharmaceuticals | EPRX-TSX, NASDAQ	None
Extendicare | EXE-TSX	None
K-Bro Linen | KBL-TSX	4
Medexus Pharmaceuticals | MDP-TSX	4
Medical Facilities | DR-TSX	None
Nanalysis Scientific | NSCI-TSXV	None
Oncolytics Biotech | ONCY-NASDAQ	None
Perimeter Medical Imaging | PINK-TSXV	None
Profound Medical | PRN-TSX, PROF-NASDAQ	None
ProMIS Neurosciences | PMN-NASDAQ	2
Quipt Home Medical | QIPT-TSX, NASDAQ	None
Satellos Biosciences | MSCL-TSX	2
Sernova Biotechnologies | SVA-TSX	2