

## ASX ANNOUNCEMENT

ASX:VHL

30 April 2026

## APPENDIX 4C – QUARTERLY CASH FLOW AND ACTIVITIES REPORT

For the three-month period ended 31 March 2026

### Highlights

- **24% Quarter growth** in Fee-for-Service (FFS) revenue driven by improved monetisation of existing patient programs
- **USD829K (AUD\$1.20M), or 4%** increase in total quarterly USD revenues.
- Strong client satisfaction continues to drive expansion within the existing client base, *client providing new groups of patients for enrolment*, **35,476** qualified patients already received and more anticipated
- Measurable improvement in key operating metrics in 2026 vs Dec Quarter including:
  - **15%** increase per patient per month (pppm) revenue; and
  - **35%** daily billing productivity.
- Expansion of services within existing clients, including both the addition of more patients and combining two programs, remote patient monitoring (**RPM**) and chronic care management (**CCM**) for existing patients:
  - Patient dual enrolment up **130% to 9.4%** of billed FFS patients.
- Successful design and testing of the Company's **vCare** Electronic Medical Records (EMR) platform, launched on 1 April 2026:
  - vCare introduction reduces annual OPEX base by **~USD1M**; and
  - **91%** reduction in Patient SaaS fees from **~US\$7.00 PPPM to ~US\$0.65**.
- Centers of Medicare & Medicaid Services (**CMS**) reimbursement improvements supporting increased revenue per patient and broader program eligibility including:
  - **8%** reimbursement rate increases for CCM programs
  - Reduced RPM data reimbursement criteria from **16 days to 2 days** per 30-day periods.
- Continued progress toward achieving monthly cashflow breakeven, expected in mid CY2026, with existing satisfied clients' enrolment queued patients.

### Quarterly Overview – Strengthening Scalability to Meet Demand Efficiently and Enhance Competitive Position

Vitasora Health Limited (“**Vitasora**” or “**the Company**”) provides the following update on its activities and cashflow for the quarter ended 31 March 2026.

The March 2026 quarter reflects continued progress in strengthening the Company's scalability capabilities through its operating platform and patient pathways, supporting improved performance across existing patient programs. This work has contributed to a highly satisfied client base, which is driving increased demand through the expansion of services and the provision of additional patient

cohorts. It also positions the Company to scale efficiently in response to this demand, as well as anticipated new customers expected to be secured over the coming months.

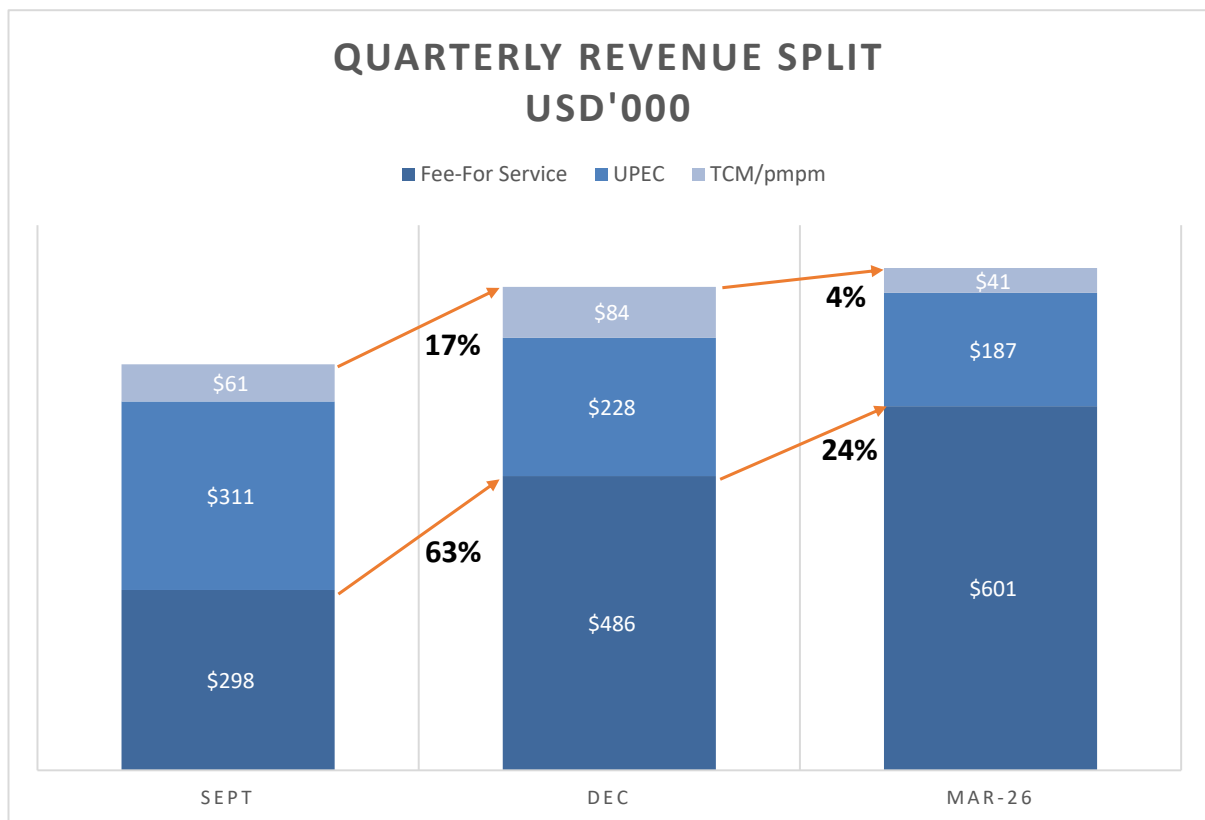
Performance during the period was driven by expansion within the existing client base, with clients increasing their participation across programs and providing additional patient cohorts. This reflects continued confidence in the Company’s service delivery and outcomes.

In parallel, the Company continued to refine its systems, workflows and clinical processes, with a focus on improving billing accuracy, increasing patient engagement and ensuring that clinical activity translates consistently into revenue. Enhancements to operating systems have also improved care coordinator workforce flexibility, resulting in increased efficiency and utilisation.

These initiatives are now delivering measurable improvements in operating performance.

## Business and Operations Overview

### Improving the Performance of Existing Patient Programs



The Company continued to focus on improving its performance with existing clients and patient base through enhancements to clinical workflows, documentation processes and patient outreach. This has resulted in markedly improved operating metrics during the quarter and continued revenue growth from existing patients and current workforce resources.

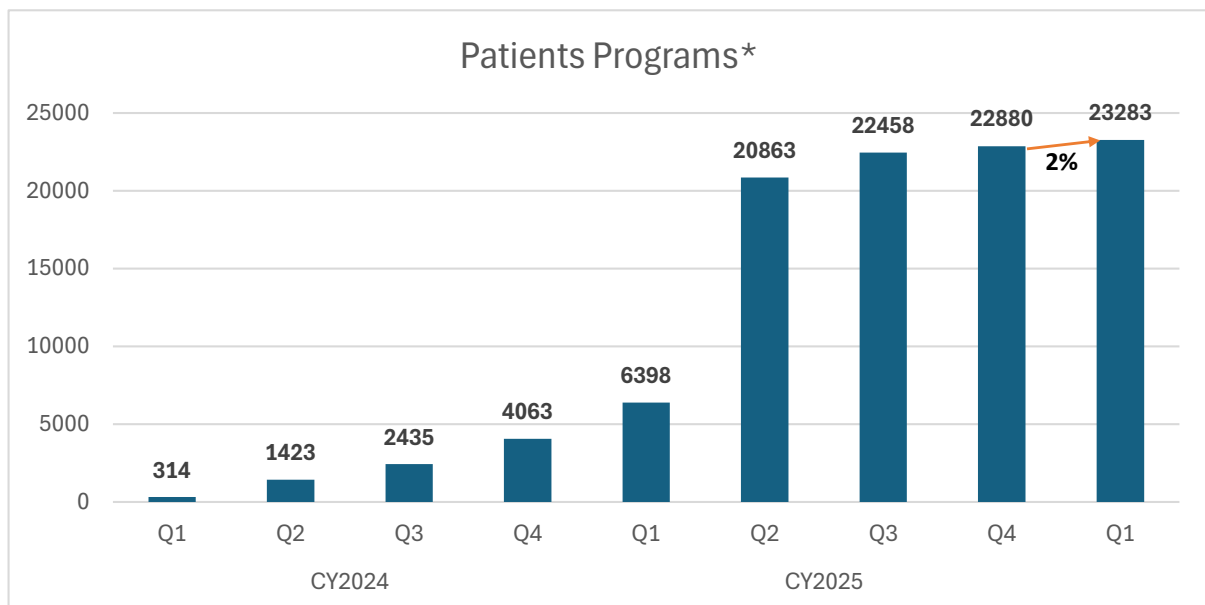
The core Fee-for-Service business continued to perform strongly, delivering quarterly growth of 24% to approximately US\$600K[AU\$865K]. Total revenue for the quarter increased by 4% on a constant USD basis. Foreign exchange movements impacted reported AUD revenue, with the March 2026 quarter at AU\$1.2M compared to AU\$1.25M in the December 2025 quarter.

Average quarterly PPPM revenue increased by 15%, with the month of March 2026 achieving an approximate 20% uplift to nearly US\$67 per patient. This reflects more effective care coordinator engagement with patients, newly enhanced pathways and improved utilisation of existing programs.

Importantly, dual enrolment of appropriate existing CCM patients into RPM programs more than doubled during the quarter to almost 10%. This enhances the quality of patient care by supplementing care coordination with objective clinical device data, enabling better clinical oversight and supporting improved outcomes. It also increases revenue per patient, with combined program PPPM rising from approximately US\$60–\$90 to US\$90–\$140, representing an incremental uplift of US\$30–\$50 per patient.

Daily billing productivity improved by 35% as refined workflows increased efficiency and enabled more effective utilisation of care coordinator time. vCare is designed to further enhance these productivity gains and improve workforce flexibility across the care coordinator team.

As patient volumes increase, additional care coordinators will be required to support the enrolment and management of the ~40,000 new patients (including the 35,476 qualified patients) and further cohorts expected from existing clients. Importantly, these additional resources will operate within a more efficient and scalable model, supporting continued improvements in daily billing productivity as the business grows.



\* CCM, RPM, TCM, PMPM & RPM programs from newly expanded existing contracts

Patient programs increased by 2% during the quarter, reflecting targeted new enrolments and the expansion of three existing client agreements to include RPM program delivery to their existing CCM patients.

New patient enrolment was deliberately moderated during the period as the Company focused on optimising systems, workflows and operating processes ahead of the launch of vCare. Enrolment was therefore limited to priority patients from selected clients, ensuring alignment with clinical and operational readiness. Approximately 900 new patients were enrolled during the quarter.

This measured approach has enabled the Company to strengthen its operating platform and improve the quality of its patient programs. As outlined above, this is evidenced by higher patient engagement, increased dual enrolment into RPM programs and improved revenue per patient.

Together, these improvements support more consistent clinical activity, better utilisation of billing pathways and a more efficient operating model, positioning the Company to scale patient volumes and revenue more effectively as enrolment accelerates.

### **Expansion Within Existing Clients and Patient Pipeline**

Growth during the quarter has been driven by expansion within the Company's existing client base, both through the provision of additional patient cohorts and increased utilisation of services across those patients. The Company's existing clients remain highly satisfied with service delivery and outcomes, which is driving continued program expansion and the provision of additional patient cohorts.

This level of client satisfaction is reflected in direct feedback from senior clinical and operational stakeholders:

"Our experience with Vitasora has been very positive. We enjoy working with the team and appreciate your urgency and the care you provide our patients." *Chief Operating Officer, IRIS Medical Group*

"I like partnering with Vitasora because they really care about our patients. Looking forward to our new programs — make sure you send a picture of your team, our patients like to see who they are working with." *Chief Operating Officer, Care Alliance Health Center*

These outcomes are underpinned by strong patient engagement and trust in the Company's care model. Patients consistently view Vitasora's care coordinators as an integral part of their care journey, contributing to improved adherence, continuity of care and overall satisfaction. This is reflected in direct patient feedback, including:

"She always makes sure I get the help I need."

"I knew I could always reach you."

"You're the only one who will help get my referrals done."

"Her coaching helped me quit smoking and win the bet."

These experiences highlight the role of Vitasora's care coordinators as trusted advocates for patients, supporting better clinical outcomes and reinforcing the strength of the Company's service delivery.

This combination of strong patient outcomes and client satisfaction is central to the Company's growth strategy, driving both the expansion of services and the provision of additional patient cohorts from existing clients.

During the period, three-existing CCM clients have agreed to expand their agreements to include RPM programs, with a further three clients expected to follow in the coming months. This expansion reflects strong client satisfaction with the Company's service delivery and outcomes, together with the Company's proactive introduction of RPM programs following recent CMS changes. The ability to provide both CCM and RPM services to the same patient population supports higher revenue per patient while maintaining strong clinical engagement.

Looking ahead, future growth is expected to be driven by expanding this model across a larger patient base within existing clients. The Company has already received 35,476 qualified patients, representing the majority of the previously communicated ~40,000 patient opportunity, with further client cohorts expected.

As these patients are onboarded, the Company expects to replicate the improvements achieved during the quarter, including:

- increased revenue per patient;
- higher levels of dual enrolment into RPM programs; and
- continued improvements in patient engagement and outcomes.

The Company is currently preparing these patients for enrolment, including validation of eligibility and alignment with clinical and billing requirements, ensuring they are positioned to generate revenue efficiently once onboarded. Enrolment is being undertaken in a controlled manner during April as vCare is launched and integrated, allowing the platform to be appropriately tested under operational conditions. Scaled enrolment is expected to commence in May, positioning the Company to accelerate patient onboarding and revenue growth.

This progression from improving performance within existing patients to expanding across a larger patient base provides a clear pathway to increased Fee-for-Service revenue and supports the Company's progression towards anticipated monthly cashflow breakeven.

### **vCare Platform – A Scalable Competitive Advantage with Practical AI Integration**

The Company successfully launched its proprietary vCare platform on 1 April 2026, following the completion of design, integration and rigorous testing during the March 2026 quarter. This milestone represents a transformational step in the evolution of the Company's operating model, enabling greater scalability, efficiency and margin expansion.

vCare has been purpose-built to address structural inefficiencies common across fragmented healthcare environments, including manual patient onboarding, siloed workflows and high administrative overhead. By automating patient qualification, onboarding and data integration, the platform enables faster patient enrolment and activation, improved operational consistency and more reliable conversion of billable clinical activity into revenue.

At its core, vCare unifies clinical, operational, billing and secure data management functions into a single, integrated system that seamlessly interfaces with client EMRs. This integration enhances patient management, improves documentation quality and ensures that available billing pathways are

systematically and consistently captured, improving reducing engagement leakage and improving revenue integrity.

The platform also fundamentally reshapes workforce productivity. Care coordinators are no longer constrained by individual client systems and can operate across multiple programs, clients and EMRs within a unified environment. This enables greater workforce flexibility, increased utilisation and a higher proportion of time spent on billable clinical activities, directly supporting revenue per patient growth.

The financial implications of this transition are substantial. vCare significantly reduces reliance on third-party software solutions, lowering SaaS costs from approximately US\$7.00 per patient per month to approximately US\$0.65, representing a reduction of more than 90%. In addition, the platform is expected to deliver immediate annualised operating expense savings of approximately US\$1 million, contributing meaningfully to margin improvement.

Importantly, vCare incorporates advanced AI-enabled data enrichment and patient identification capabilities. By cross-referencing client EMR data with external prescription datasets, the platform can infer likely chronic conditions even where clinical coding (e.g., ICD-10) is incomplete or absent. This capability materially improves patient qualification accuracy and increases the proportion of patients eligible for CCM and RPM programs from client-provided populations.

In practical terms, vCare enables the Company to:

- Accelerate patient onboarding and activation
- Increase the yield of appropriately qualified patients for CCM and RPM programs
- Deliver care with greater operational efficiency
- Improve capture of compliant, billable clinical activity
- Reduce cost per patient and overall operating expenses
- Enhance eligible patient identification through AI-driven data enrichment, supporting higher enrolment conversion and revenue uplift

Collectively, these capabilities position the Company to scale patient volumes while expanding margins, strengthening its competitive position and supporting its progression toward monthly cash flow breakeven.

### **Patient Activation – A Core Competitive Advantage Driving Revenue Growth**

The Company continues to enhance revenue per patient through a structured patient activation model embedded within its care delivery programs and delivered by the Care Coordinator Team.

This approach leverages behavioural science principles, including Motivational Interviewing, to drive patient-led problem solving and more meaningful engagement. Patients are supported to identify and overcome their own barriers to better health, resulting in more sustained behavioural change.

The model is further strengthened through personalised engagement strategies, with patient activation levels assessed and used to tailor coaching approaches. This ensures that each patient is engaged in a way that maximises participation and responsiveness.

Importantly, this framework addresses a key gap in traditional healthcare delivery, where physicians often lack the time to focus on behavioural change. The Company's CCM and RPM programs provide the structure and time required to deliver this support at scale.

The result is higher patient engagement, improved clinical outcomes and increased utilisation of billable services, supporting stronger and more sustainable revenue per patient as the business scales.

### **CMS Environment**

CMS reimbursement changes introduced in January 2026 are now positively impacting program economics and supporting improved revenue outcomes.

These changes include an approximate 8% increase in reimbursement rates for CCM CPT codes, together with a significant reduction in RPM data qualification thresholds from 16 days to 2 days within a 30-day period.

The practical effect has been to materially increase patient eligibility, reduce non-billable periods and improve revenue per patient. Importantly, this has enhanced the unit economics of RPM services, making them a more attractive and scalable addition to CCM programs.

As a result, RPM can now be more readily deployed across appropriate existing and newly onboarded CCM patients, improving patient management while driving higher revenue per patient through integrated care delivery.

### **Quarterly Cash Outflows**

Net operating cash outflows for the March 2026 quarter decreased to US\$1.35 million (AU\$1.9 million), compared to US\$1.41 million (AU\$2.1 million) in the December 2025 quarter.

Excluding non-recurring and one-off items, operating costs and expenses declined quarter-on-quarter, reducing from US\$2.22 million (AU\$3.17 million) in the December 2025 quarter to US\$2.19 million (AU\$3.12 million) in the March 2026 quarter. This reflects improved cost discipline and enhanced scalability within the Company's core operating model.

The average monthly net BAU cash burn for the March 2026 quarter improved to US\$0.45 million (AU\$0.65 million), compared to US\$0.47 million (AU\$0.70 million) in the December 2025 quarter, and remains below the year-to-date average of US\$0.47 million (AU\$0.70 million). This trend highlights increasing operating leverage, with revenue growth progressively offsetting underlying BAU costs.

Trade receivables have reduced to US\$695k (AU\$1.18 million) post quarter end, from US\$990k (AU\$1.68 million) at the March quarter end [half year: US\$967k (AU\$1.64 million)], reflecting strong cash collection performance. Debtor ageing has also improved materially, with balances over 90 days decreasing by 48% since the December half year.

Overall, the reduction in BAU expenses, combined with improving revenue performance, supports the Company's continued progress toward achieving sustainable cash breakeven on a BAU basis.

AUD amounts have been translated using the applicable monthly average foreign exchange rates.

### **Related Party Transactions**

As per Section 6.1 of the accompanying Appendix 4C, related party payments during the quarter totalled AU\$0.18 million, comprising Director fees and remuneration.

### **Commentary and Outlook**

The March 2026 quarter reflects another clear step forward in the Company's execution, with measurable improvements in operating performance and validation of its growth strategy.

Growth during the period has been driven from within the existing client base, with highly satisfied clients expanding program participation and providing additional patient cohorts. This reflects strong confidence in the Company's delivery model, clinical outcomes and ability to drive value from its services.

At the same time, the Company has demonstrated a marked improvement in how it monetises its patient base. Increases in revenue per patient, billing productivity and patient engagement, together with growing dual enrolment into RPM programs, highlight a more efficient and higher quality revenue model.

Importantly, the Company has delivered against its previously communicated patient pipeline, with 35,476 qualified patients already received and additional cohorts expected from existing clients. These patients are being prepared for enrolment in a controlled manner, with vCare now operational and supporting more efficient onboarding and revenue capture.

With the successful launch of vCare, the Company has transitioned to a more scalable and cost-efficient operating platform. This, combined with favourable CMS reimbursement changes and continued expansion within existing clients, positions the Company to convert its patient pipeline into meaningful Fee-for-Service revenue growth.

The pathway to monthly cashflow breakeven in mid CY2026 is underpinned by:

- expansion within existing client relationships
- onboarding of already identified patient cohorts
- continued improvements in revenue per patient
- and a lower, more efficient operating cost base

The Company is also progressing a number of late-stage contract opportunities, which are expected to complement this growth.

Overall, the Company is now well positioned to scale, with a clear line of sight from operational improvements to revenue growth and cashflow breakeven.

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***This ASX announcement has been authorised for release by the Board of Directors of Vitasora Health Limited.***

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**About Vitasora Health Limited – A Revolutionary Remote Healthcare Solutions Provider**

Vitasora Health Limited (ASX:VHL, OTCQB:VHLUF) is redefining digital Connected Care in the U.S. healthcare market. We combine cutting-edge technologies and expert clinical teams to deliver a turnkey solution for providers. Our remote patient monitoring (RPM) and chronic care management (CCM) services improve outcomes, reduce costs, and help healthcare clients thrive in a value-based world. Partnering with healthcare providers and organisations we empower our clients to extend exceptional care into the community, making a real difference to patients' lives.

We are revolutionising healthcare one patient at a time with our disruptive business model, which provides personalised and responsive care. Our cutting-edge R&D sets us apart, offering comprehensive Connected Care Management programs for all major chronic conditions, including our exclusive remote wheeze detection for respiratory disorders.

Through strategic partnerships, we seamlessly integrate our advanced solutions into existing systems and workflows, boosting efficiency and significantly reducing overall healthcare costs. Our data-driven programs and superior clinical expertise position us at the forefront of chronic disease management, ensuring patients' healthcare needs are met consistently and effectively across the continuum of care.

Learn more at [www.vitasorahealth.com.au](http://www.vitasorahealth.com.au)

**About the wheezo® Medical Device**

wheezo®, a world-first FDA-approved Class II medical device, is the sole WheezeRate detector capable of integrating into RPM programs. Developed by Vitasora, wheezo® utilises innovative technology to analyse breath sounds for wheeze. The device works with the user-friendly respi™ app, enabling users to log symptoms and triggers. The wheezo® system creates a comprehensive and individualised patient profile, fostering informed dialogues between patients and physicians. For details on our US offering, visit <https://respi.co/us/> or for [wheezo®](#)

Vitasora Health Limited is headquartered in Melbourne with offices in Los Angeles.

wheezo® is a registered trademark of Vitasora Health Limited

**Forward Looking Statements**

Certain statements made in this announcement are forward-looking statements. These forward-looking statements are not historical facts but rather are based on Vitasora's current expectations, estimates and projections about the industry in which Vitasora operates, and its beliefs and assumptions. Words such as "anticipates," "expects," "intends," "plans,"

"believes," "seeks," "estimates," "guidance" and similar expressions are intended to identify forward looking statements and should be considered an at-risk statement. Such statements are subject to certain risks and uncertainties, particularly those risks or uncertainties inherent in the process of developing technology and in the endeavour of building a business around such products and services. These statements are not guarantees of future performance and are subject to known and unknown risks, uncertainties, and other factors, some of which are beyond the control of Vitasora, are difficult to predict and could cause actual results to differ materially from those expressed or forecasted in the forward-looking statements. Vitasora cautions shareholders and prospective shareholders not to place undue reliance on these forward-looking statements, which reflect the view of Vitasora only as of the date of this release. The forward-looking statements made in this announcement relate only to events as of the date on which the statements are made. Vitasora will not undertake any obligation to release publicly any revisions or updates to these forward-looking statements to reflect events, circumstances or unanticipated events occurring after the date of this announcement except as required by law or by any appropriate regulatory authority.

## Appendix 4C

### Quarterly cash flow report for entities subject to Listing Rule 4.7B

**Name of entity**

Vitasora Health Limited (ASX: VHL)

**ABN**

98 009 234 173

**Quarter ended ("current quarter")**

31 March 2026

<b>Consolidated statement of cash flows</b>	<b>Current quarter \$A'000</b>	<b>Year to date (9 months) \$A'000</b>
<b>1. Cash flows from operating activities</b>		
1.1 Receipts from customers	967	3,020
1.2 Payments for		
(a) research and development	(45)	(84)
(b) product manufacturing and operating costs	(1,040)	(3,736)
(c) advertising and marketing	(5)	(105)
(d) leased assets	-	-
(e) staff costs	(1,689)	(5,361)
(f) administration and corporate costs	(930)	(2,822)
1.3 Dividends received (see note 3)	-	-
1.4 Interest received	2	10
1.5 Interest and other costs of finance paid	-	-
1.6 Income taxes paid	-	-
1.7 Government grants and tax incentives	-	548
1.8 Other (provide details if material)	-	-
<b>1.9 Net cash from / (used in) operating activities</b>	<b>(2,740)</b>	<b>(8,530)</b>
<b>2. Cash flows from investing activities</b>		
2.1 Payments to acquire or for:		
(a) entities	-	-
(b) businesses	-	-
(c) property, plant and equipment	-	-
(d) investments	-	-
(e) intellectual property	-	-
(f) other non-current assets	-	-

<b>Consolidated statement of cash flows</b>		<b>Current quarter \$A'000</b>	<b>Year to date (9 months) \$A'000</b>
2.2	Proceeds from disposal of:		
	(a) entities	-	-
	(b) businesses	-	-
	(c) property, plant and equipment	-	-
	(d) investments	-	-
	(e) intellectual property	(212)	(212)
	(f) other non-current assets	-	-
2.3	Cash flows from loans to other entities	-	-
2.4	Dividends received (see note 3)	-	-
2.5	Other (provide details if material)	-	-
<b>2.6</b>	<b>Net cash from / (used in) investing activities</b>	<b>(212)</b>	<b>(212)</b>
<b>3. Cash flows from financing activities</b>			
3.1	Proceeds from issues of equity securities (excluding convertible debt securities)	1,260	9,952
3.2	Proceeds from issue of convertible debt securities	-	-
3.3	Proceeds from exercise of options	-	-
3.4	Transaction costs related to issues of equity securities or convertible debt securities	(330)	(487)
3.5	Proceeds from borrowings	-	-
3.6	Repayment of borrowings	-	-
3.7	Transaction costs related to loans and borrowings	-	-
3.8	Dividends paid	-	-
3.9	Other	-	-
<b>3.10</b>	<b>Net cash from / (used in) financing activities</b>	<b>930</b>	<b>9,465</b>
<b>4. Net increase / (decrease) in cash and cash equivalents for the period</b>			
4.1	Cash and cash equivalents at beginning of period	3,096	394
4.2	Net cash from / (used in) operating activities (item 1.9 above)	(2,740)	(8,530)
4.3	Net cash from / (used in) investing activities (item 2.6 above)	(212)	(212)

Appendix 4C  
Quarterly cash flow report for entities subject to Listing Rule 4.7B

<b>Consolidated statement of cash flows</b>		<b>Current quarter \$A'000</b>	<b>Year to date (9 months) \$A'000</b>
4.4	Net cash from / (used in) financing activities (item 3.10 above)	930	9,465
4.5	Effect of movement in exchange rates on cash held	(6)	(49)
<b>4.6</b>	<b>Cash and cash equivalents at end of period</b>	<b>1,068</b>	<b>1,068</b>

<b>5.</b>	<b>Reconciliation of cash and cash equivalents</b> at the end of the quarter (as shown in the consolidated statement of cash flows) to the related items in the accounts	<b>Current quarter \$A'000</b>	<b>Previous quarter \$A'000</b>
5.1	Bank balances	1,068	3,096
5.2	Call deposits	-	-
5.3	Bank overdrafts	-	-
5.4	Other (provide details)	-	-
<b>5.5</b>	<b>Cash and cash equivalents at end of quarter (should equal item 4.6 above)</b>	<b>1,068</b>	<b>3,096</b>

<b>6.</b>	<b>Payments to related parties of the entity and their associates</b>	<b>Current quarter \$A'000</b>
6.1	Aggregate amount of payments to related parties and their associates included in item 1	176
6.2	Aggregate amount of payments to related parties and their associates included in item 2	-
Fees of Executive Director and Non-Executive Directors (excluding GST)		

<b>7. Financing facilities</b>	<b>Total facility amount at quarter end \$A'000</b>	<b>Amount drawn at quarter end \$A'000</b>
<i>Note: the term "facility" includes all forms of financing arrangements available to the entity. Add notes as necessary for an understanding of the sources of finance available to the entity.</i>		
7.1 Loan facilities	-	-
7.2 Credit standby arrangements	-	-
7.3 Other (please specify)	-	-
<b>7.4 Total financing facilities</b>	-	-
<b>7.5 Unused financing facilities available at quarter end</b>		-
7.6 Include in the box below a description of each facility above, including the lender, interest rate, maturity date and whether it is secured or unsecured. If any additional financing facilities have been entered into or are proposed to be entered into after quarter end, include a note providing details of those facilities as well.		

<b>8. Estimated cash available for future operating activities</b>	<b>\$A'000</b>
8.1 Net cash from / (used in) operating activities (item 1.9)	(2,740)
8.2 Cash and cash equivalents at quarter end (item 4.6)	1,068
8.3 Unused finance facilities available at quarter end (item 7.5)	-
8.4 Total available funding (item 8.2 + item 8.3)	1,068
<b>8.5 Estimated quarters of funding available (item 8.4 divided by item 8.1)</b>	0.39
8.6 If item 8.5 is less than 2 quarters, please provide answers to the following questions:	
8.6.1 Does the entity expect that it will continue to have the current level of net operating cash flows for the time being and, if not, why not?	
Answer: Yes. The Company expects current net operating cash flows to be broadly maintained in the near term, with improving operating metrics, higher revenue per patient and increased utilisation across existing US healthcare clients supporting cash inflows.	
8.6.2 Has the entity taken any steps, or does it propose to take any steps, to raise further cash to fund its operations and, if so, what are those steps and how likely does it believe that they will be successful?	
Answer: Yes. The Company's primary focus is funding operations through expected continued growth in US Fee for Service revenues, however, the Board also proposes to take steps to raise further capital to improve its cash position. The expected revenue growth is driven by expansion within existing clients, onboarding of identified patient cohorts, and improved monetisation through RPM and CCM programs. Based on contracted patient pipelines and recent performance improvements, the Company believes these initiatives are likely to be successful. The Company currently has no reason to believe that efforts to raise further capital will be unsuccessful.	

8.6.3 Does the entity expect to be able to continue its operations and to meet its business objectives and, if so, on what basis?

Answer: Yes. The Company expects to continue operations and meet its business objectives based on continued growth in US revenues, operating leverage from the vCare platform and progress toward anticipated monthly cashflow breakeven in mid 2026.

*Note: where item 8.5 is less than 2 quarters, all of questions 8.6.1, 8.6.2 and 8.6.3 above must be answered.*

## Compliance statement

- 1 This statement has been prepared in accordance with accounting standards and policies which comply with Listing Rule 19.11A.
- 2 This statement gives a true and fair view of the matters disclosed.

Date: ...30 April 2026.....

Authorised by: By the Board of Vitasora Health Limited

## Notes

1. This quarterly cash flow report and the accompanying activity report provide a basis for informing the market about the entity's activities for the past quarter, how they have been financed and the effect this has had on its cash position. An entity that wishes to disclose additional information over and above the minimum required under the Listing Rules is encouraged to do so.
2. If this quarterly cash flow report has been prepared in accordance with Australian Accounting Standards, the definitions in, and provisions of, *AASB 107: Statement of Cash Flows* apply to this report. If this quarterly cash flow report has been prepared in accordance with other accounting standards agreed by ASX pursuant to Listing Rule 19.11A, the corresponding equivalent standard applies to this report.
3. Dividends received may be classified either as cash flows from operating activities or cash flows from investing activities, depending on the accounting policy of the entity.
4. If this report has been authorised for release to the market by your board of directors, you can insert here: "By the board". If it has been authorised for release to the market by a committee of your board of directors, you can insert here: "By the [name of board committee – eg Audit and Risk Committee]". If it has been authorised for release to the market by a disclosure committee, you can insert here: "By the Disclosure Committee".
5. If this report has been authorised for release to the market by your board of directors and you wish to hold yourself out as complying with recommendation 4.2 of the ASX Corporate Governance Council's *Corporate Governance Principles and Recommendations*, the board should have received a declaration from its CEO and CFO that, in their opinion, the financial records of the entity have been properly maintained, that this report complies with the appropriate accounting standards and gives a true and fair view of the cash flows of the entity, and that their opinion has been formed on the basis of a sound system of risk management and internal control which is operating effectively.