Potential conflicts of interest and Safe Harbor Statement

Speaker's name: Mark Landy

☐ **I have the following** potential conflicts of interest to report:

- ☐ President and CEO MIV Therapeutics
- ☐ Stockholder of MIV Therapeutics

Except for the historical information contained herein, the matters discussed in this presentation are forward-looking statements. Such statements are indicated by words or phrases such as "believe," "will," "breakthrough," "significant," "indicated," "feel," "revolutionary," "should," "ideal," "extremely" and "excited." These statements are made under "Safe Harbor" provisions of the Private Securities Litigation Reform Act of 1995. Actual results may differ materially from those described in forward-looking statements and are subject to risks and uncertainties. See the Company's filings with the Securities and Exchange Commission including, without limitation, the Company's recent Form 10-K and Form 10-Qs, which identify specific factors that may cause actual results or events to differ materially from those described in the forward-looking statements

EUROPCR08

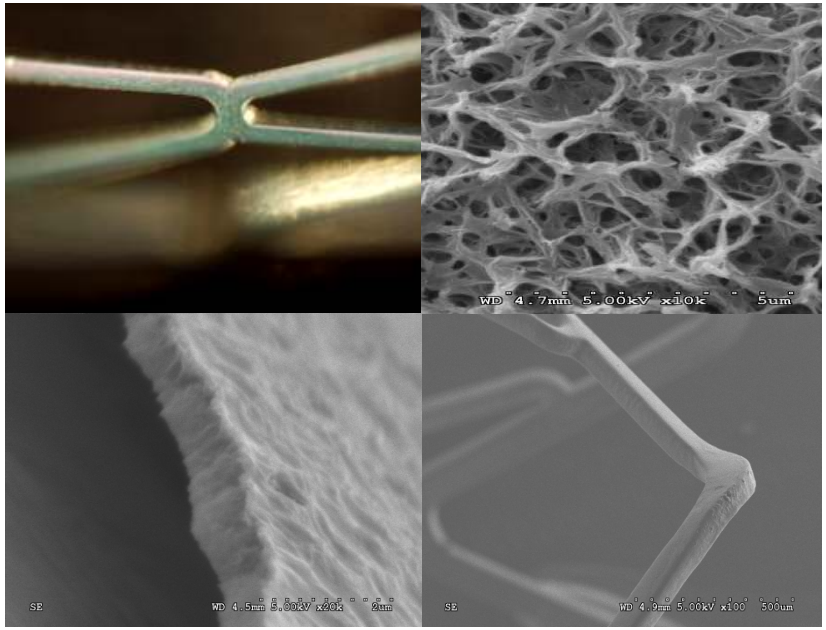
A Novel Polymer Free Hydroxyapatite Based Drug Delivery Stent

Mark Landy, President and CEO

MIV Polymer-Free DES Combine A Novel NanoPorous HAp Surface Modification With Lipid-Based Drug Delivery Technologies And Release Drug In Capsules

The HAp lattice provides the structural rigidity required to allow the use of lipid-based drug delivery technologies which deliver the drug in capsules

Drug mixtures are loaded into the hydroxyapatite pores to form an ultra-flexible drug delivery coating that is 0.6 microns thin and extremely durable



MIV DES do not require significantly more time and resources to manufacture than current DES and have current DES-like margins

Drug Encapsulation Positively Impacts Safety And Efficacy

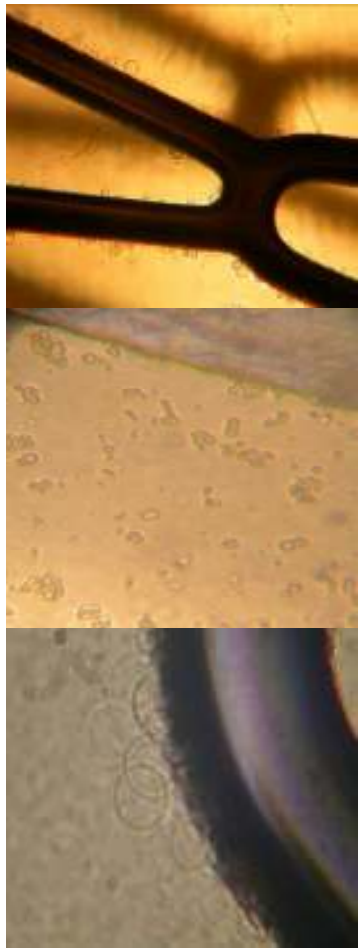
I. Improves the uptake of drug by local cells

II. Can targets the delivery of drug against specific cells

III. Houses drug in a capsule protecting surrounding tissue

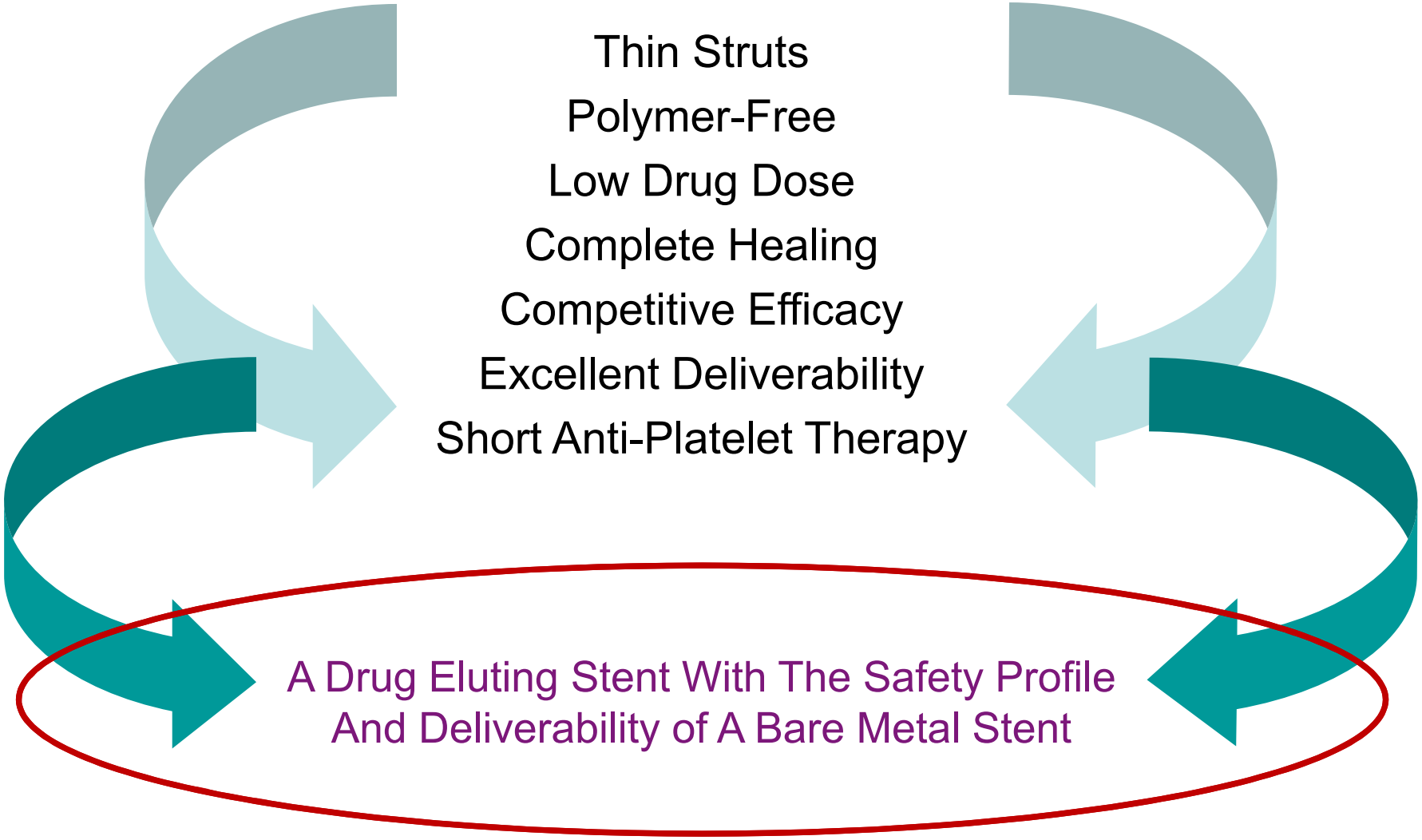
IV. Can amplify or suppress the different mechanisms of action of a single drug at different time points in the elution curve

V. Provides a hydrophobic matrix to deliver hydrophilic drugs preventing early washout

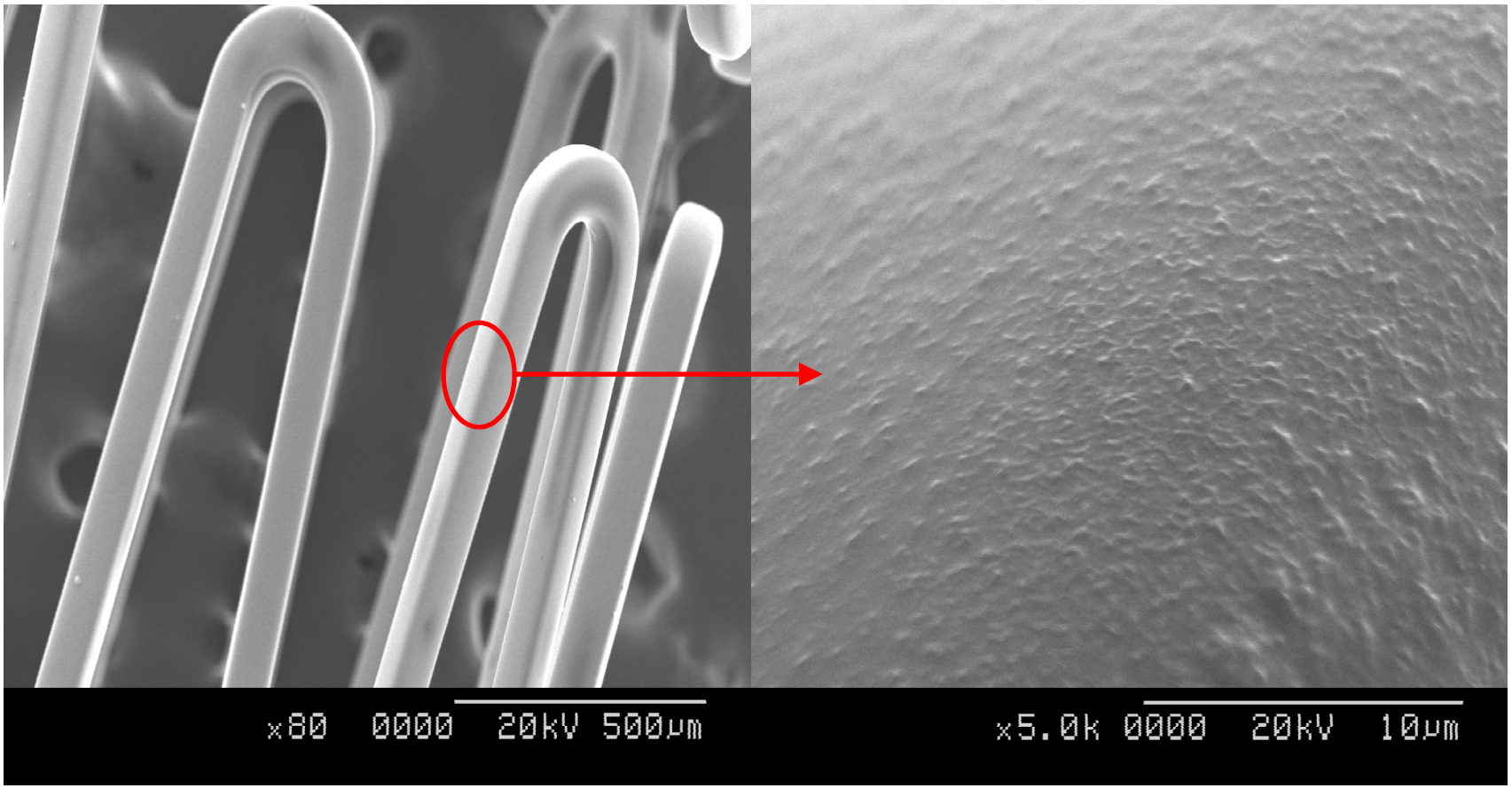


Introducing A DES With The Safety Profile of a Bare Metal Stent

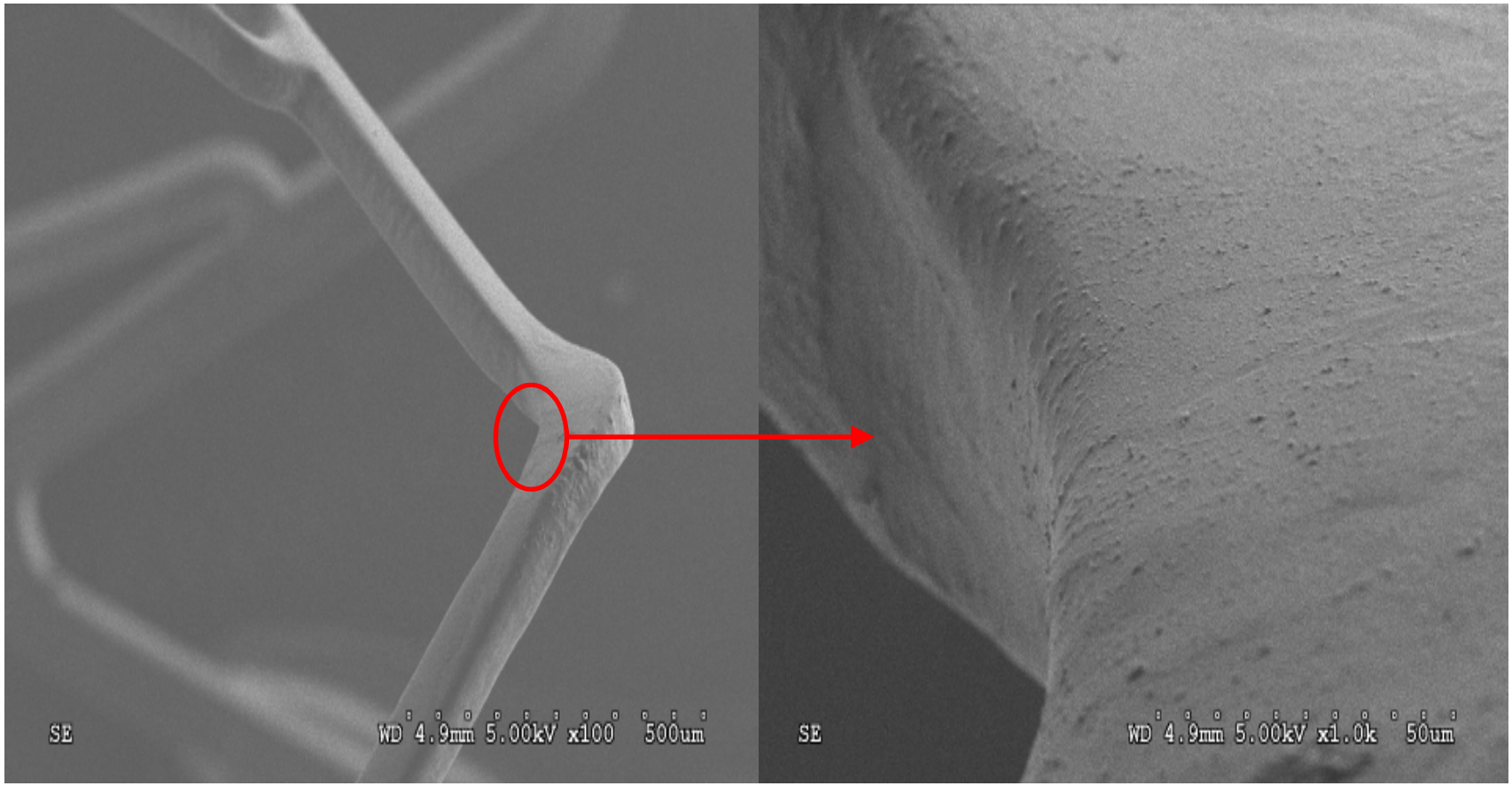
A Massive Technology Advantage



Uniform Surface Finish

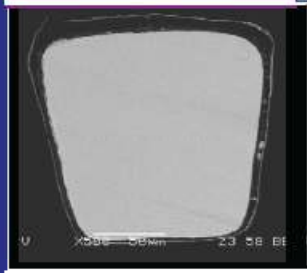
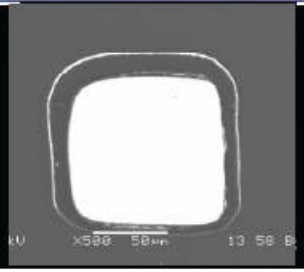
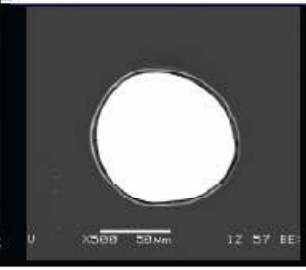
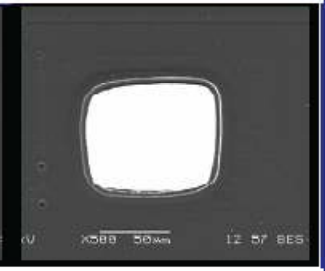


Superb Coating Integrity



25% Thinner Struts Than Xience™ V
60% Less Drug Than Cypher®

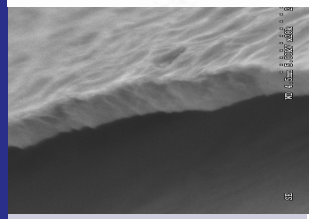
Minimizing Strut and Polymer Thickness to reduce Injury and aid re-endothelialization

CYPHER®	TAXUS® Liberté	ENDEAVOR™	XIENCE™ V
			
Strut Thickness:	Strut Thickness:	Strut Thickness:	Strut Thickness:
140 um	132 um	91 um	81 um
Polymer Thickness:	Polymer Thickness:	Polymer Thickness:	Polymer Thickness:
13.7 um	16.4 um	4.8 um	7.8 um
PEVA+PBMA	SIBBS:	PC	Fluoropolymer
Sirolimus	Paclitaxol	ABT 578	Everolimus
154 uM	148 uM	96 uM	89 uM

Photos & data on File at Abbott Vascular

CVPath

VESTAsync™



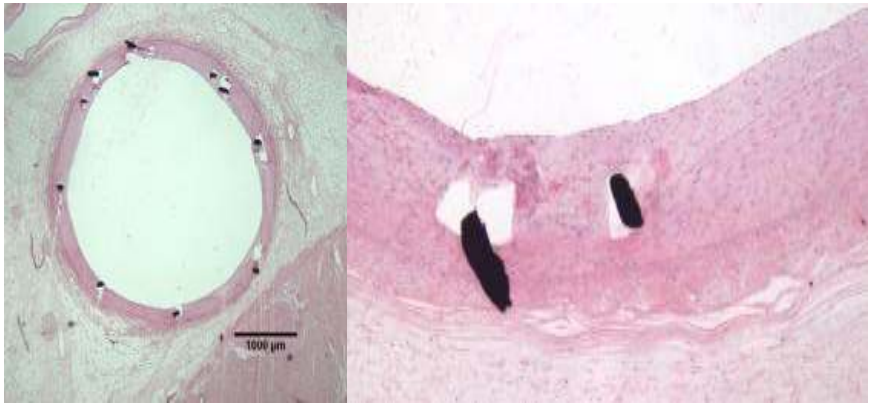
Strut Thickness
65 uM
Coating Thickness
0.6 uM
Coating Material
HAp + Lipid
Drug Dose
57 ug Sirolimus *
DES Strut Thickness
66 uM
Source
MIV

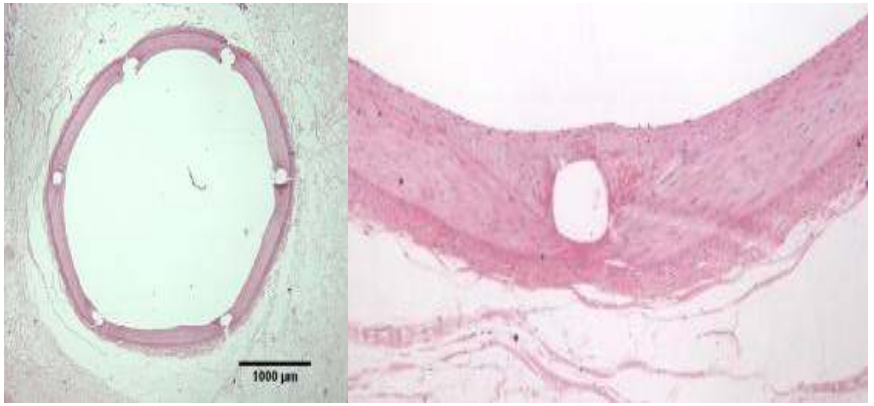
** VESTAsync™: 57ug/19mm stent or 3.0ug/mm Vs. Cypher: 140ug/19mm stent or 7.4 ug/mm*

Excellent Morphometric Data

VESTAsync™		
Injury Score	S/A Ratio	NI Stent (um)
0.3 ± 0.5	1.1 ± 0.1	236 ± 93

Cypher		
Injury Score	S/A Ratio	NI Stent (um)
0.4 ± 0.5	1.1 ± 0.1	282 ± 102

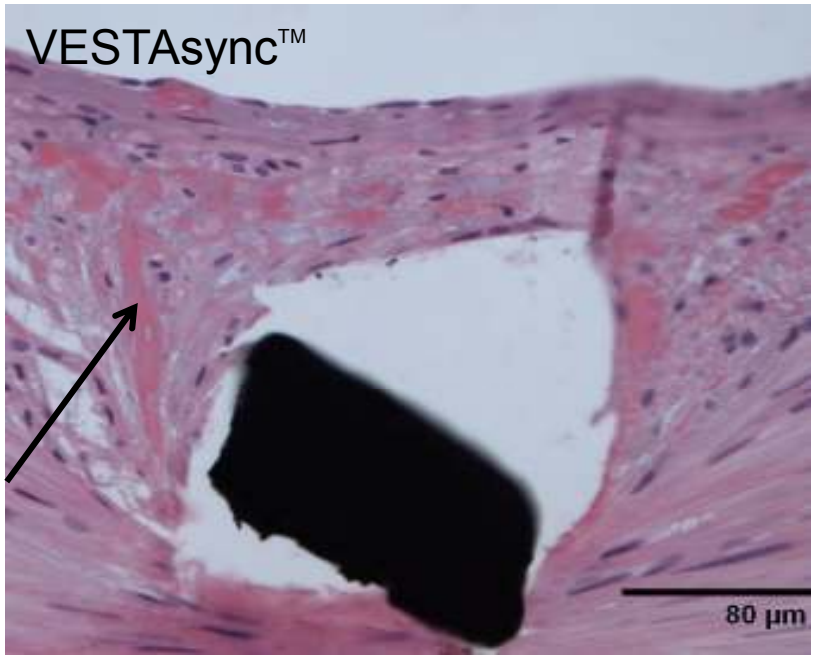




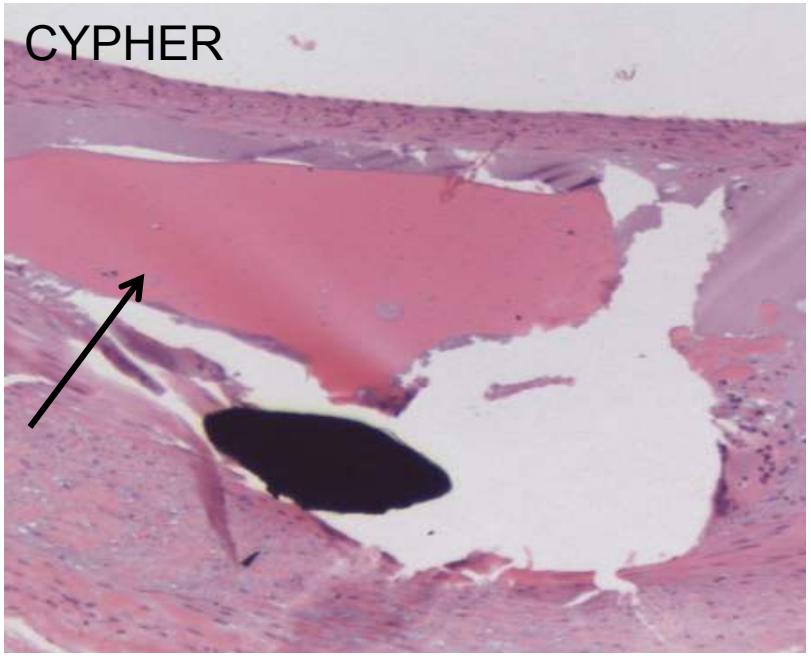
At 28 days the VESTASYNC showed good neointimal healing with complete strut coverage and little inflammation versus incomplete healing with uncovered struts and high levels of inflammation for the Cypher

Source: van der Giessen EUROPCR 2007

75% Less Fibrinoid Material



Minimal Fibrinoid (.03%)

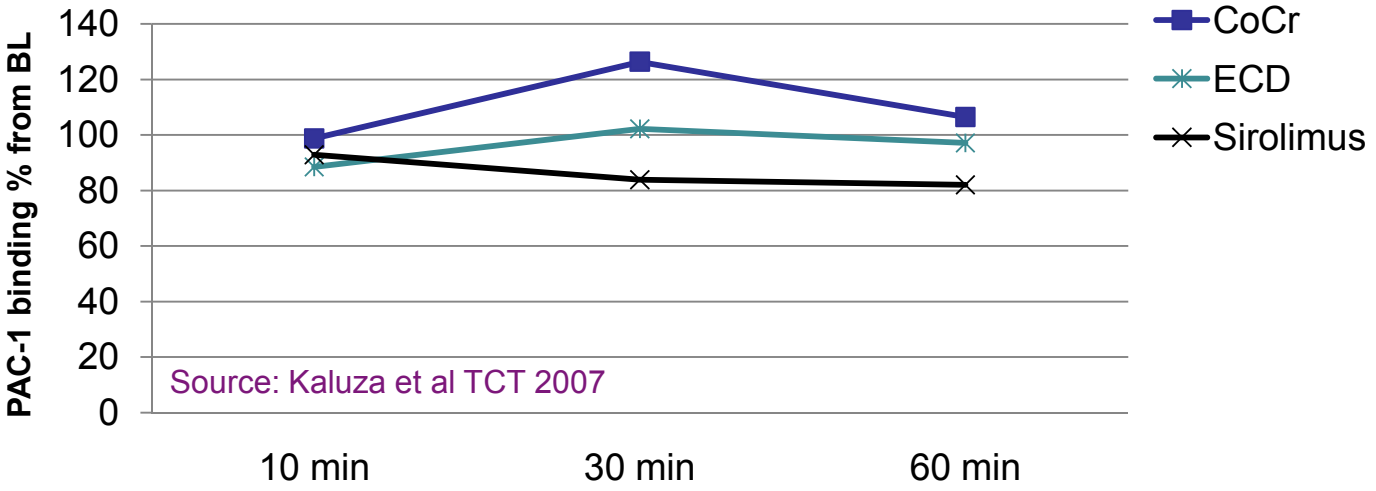


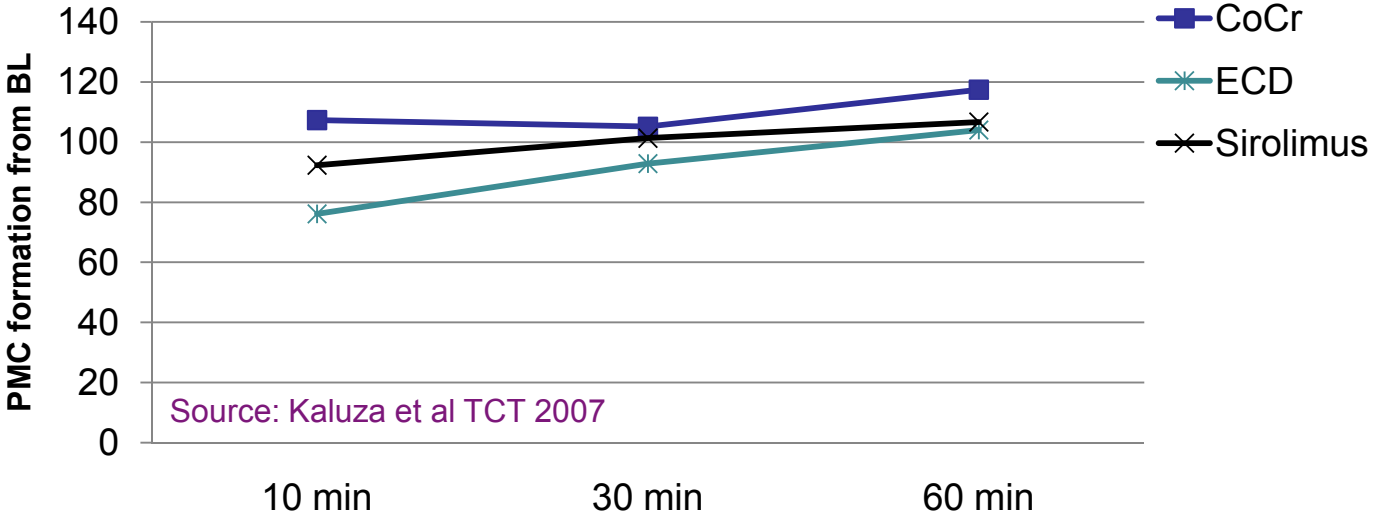
Excessive Fibrinoid (.12%)

At 28 Days the VESTASYNC exhibited a statistically significant (P=0.004) lower amount of fibriniod material, a marker for delayed healing

Source: van der Giessen et al EUROPCR 2007

BMS-Like Platelet Activation

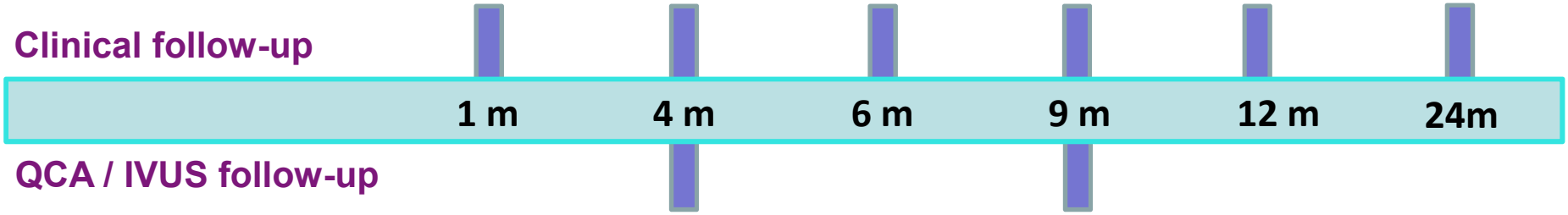




Positive VESTASYNC-I FIM Study

Single De novo lesions in native coronary arteries of 15 patients
RVD: 3.0 - 3.5 mm
Lesion length: ≤ 14mm
Stent diameters : 3.0 and 3.5mm
Stent length: 19mm
Pre dilatations mandatory

PI: Alexandre Abizaid MD, PhD



Primary Endpoint	In-stent lumen loss at 4-month follow-up by QCA
Secondary Endpoints	MACE up to 24 months Acute success TLR and TVR up to 24 months In-stent and in-segment NIH volume at 4 months
Single Center: Brazil (Instituto Dante Pazzanese)	**Dual anti-platelet therapy for 5 months**

The VESTASYNC-I FIM study met its primary safety and efficacy endpoints. Matched QCA analysis of 12 pts at 4 and 9 months showed no increase in LLL (P=0.9)

Variable (n=15)	In-Stent 4-Month	In-Segment 4-Month
MLD, mm	2.34 ± 0.36	2.02 ± 0.37
% Diameter stenosis	13.8 ± 7.0	23.6 ± 8.8
Late lumen loss, mm	**0.30 ± 0.25**	**0.16 ± 0.29**
Restenosis*, % (n)	0.0 (0)	0.0 (0)

Variable (n=12**)	In-Stent 4-Month	In-Segment 4-Month	In-Stent 9-Month	In-Segment 9-Month
MLD, mm	2.33 ±0.34	2.05±0.37	2.27 ± 0.33	2.02 ± 0.29
% Diameter stenosis	±	±	15.9 ± 8.2	23.6 ± 9.5
Late lumen loss, mm	**0.31 ± 0.26**	**0.17 ± 0.32**	**0.37 ± 0.24**	**0.20 ± 0.31**
Restenosis*, % (n)	0.0 (0)	0.0 (0)	0.0 (0)	0.0 (0)

** Defined as diameter stenosis ≥ 50% at angiographic follow up*

*** 3 patients refused 9-month follow up*

Source: Abizaid et al ACC 2008

Matched IVUS analysis of 11 patients at 4 and 9 months showed no increase in NIH volume or percentage obstruction (P=0.8)

Variable	Baseline n=14*	4-Month n=14*
Vessel Volume (mm^3)	276.7 ± 117.1	276.6 ± 84.8
Stent Volume (mm^3)	145.7 ± 14	142 ± 0.5
Lumen Volume (mm^3)	145.8 ± 47.5	138.8 ± 33.5
NIH Volume (mm^3)	N/A	**3.9 ± 3.3**
Mallapposition Volume (mm^3)	0.15 ± 0.5	0.09 ± 0.3
% Stent Obstruction	N/A	**2.6 ± 2.22**
Variable	**4-Month N= 11 P***	**9-Month N= 11 P***
Vessel Volume (mm3)	286.9 ± 87.4	296.8 ± 85.6
Stent Volume (mm3)	140.5 ± 36.7	143.1 ± 41.4
Lumen Volume (mm3)	136.3 ± 34.2	136.8 ± 38.2
NIH Volume (mm3)**	**4.3 ± 3.5**	**6.1 ± 4.9**
Mallapposition Volume (mm3)	0.14 ± 0.34	0.13 ± 0.36
% Stent Obstruction**	**2.8 ± 2.2**	**3.8 ± 2.3**

*IVUS consol hard drive malfunction prevented retrieval of data for patient #14 ** 3 Patients refused 9-month follow up*

Source: Abizaid et al ACC 2008

VESTASYNC-1 FIM Nine-Month MACE

Variable	Patients (n=15)
In-hospital	
Death, n(%)	0
MI, n(%)	0
TLR, n(%)	0
Stent thrombosis, n(%)	0
4-month follow-up	
Death, n(%)	0
MI, n(%)	0
TLR, n(%)	0
TVR, n (%)	0
Stent thrombosis, n(%)	0
9-month follow-up	
Death, n(%)	0
MI, n(%)	0
TLR, n(%)	0
TVR, n (%)	0
Stent thrombosis, n(%)	0

Source: Abizaid et al ACC 2008

Summary

I. Differentiated approach and a strong patent position

II. Strong proof of concept in animals and humans

III. Opportunity to revolutionize DES therapy and significantly expand the stent market and usage