Slide #1

OTC/BB: MIVI Frankfurt: A0Q48S

September 2008

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Slide #2

Safe Harbor Statement

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

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Slide #3

Key Take-Home Messages

- The global stent market exceeds $6B quickly adopts new technology
- VESTAsync™ heals normally requires short-term anti-platelet therapy
  - VESTAsync™ will be the dominant DES when approved
  - VESTAsync™ address every drawback of the current and next generation DES
- Current DES delay healing require long-term anti-platelet therapy
  - Anti-platelet therapy is dangerous and patients require special attention
  - The requirement for long-term anti-platelet therapy reduces product utilization
- VESTAsync™ has performed exceedingly well in human trials
  - Positive 12-month VESTASYNC I FIM data
  - The VESTASYNC II trial has begun and will be used for CE-Mark approval

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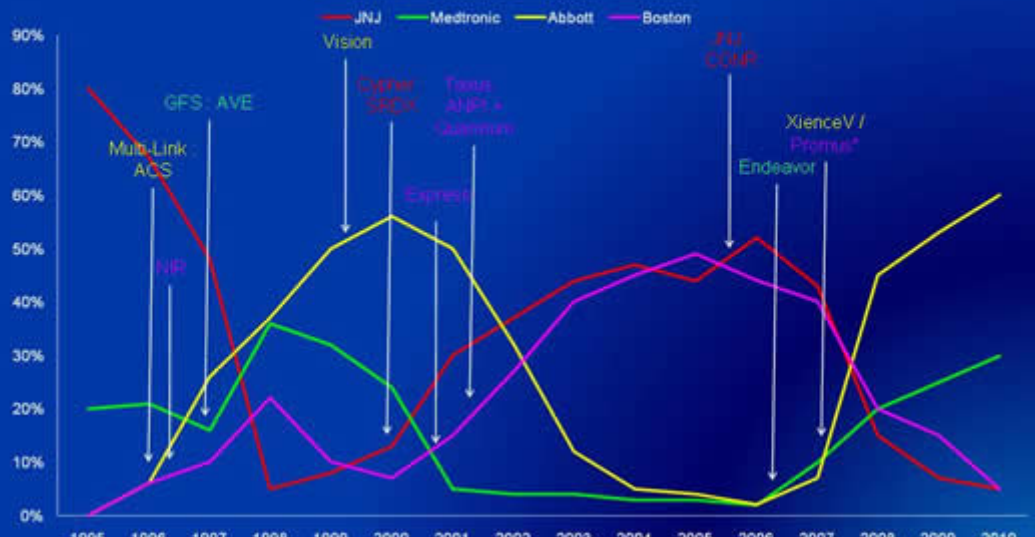
Slide #4

New Technologies Quickly Embraced Lengthening Product Life Cycles

Worldwide Stent Market Shares 1995 – 2010E



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*Promus sold by Boston under license from Abbott. For illustrative purposes share included in Abbott

Slide #5

This Presentation Has Three Simple Goals

1. Tell you who we are
2. Show you what we do and how
3. Explain why it matters and what that means

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Slide #6

MIV Is Focused On Jump Starting The Stent Market and Increasing DES Usage

- Headquarters in Atlanta, United States of America with offices in Vancouver, Canada; Surat, India; and Tel-Aviv, Israel
- Fully integrated research, development and manufacturing facilities
- Participate in a $6 billion world wide market with 80%+ gross margins that embraces new technologies
- Publicly traded on the OTC/BB / Frankfurt since 2001
- Auditors Ernst and Young

MIV's technology advantage drives a meaningful marketing message that physicians understand and appreciate: "Short-Term Anti-Platelet Therapy"

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Slide #7

MIV Is Strongly Supported By A World Class Advisory Team

- Management
  - Alan Lindsay: Chairman
  - Mark Landy: President & CEO
  - Patrick McGowan: CFO
  - Rajesh Vaishnav: CEO Biosync
  - Edward Snider: VP Finance
  - Anthony Huston: VP IR and BD
- Board of Directors
  - Alan Lindsay
  - Mark Landy
  - Patrick McGowan
- Scientific Advisory Board
  - Dr. Jeffery Moses
  - Dr. Joseph Carrozza
  - Dr. David Cohen
  - Dr. Spencer King
  - Dr. Greg Kaluza
- Clinical Advisory
  - Dr. Raoul Bonan
  - Dr. Martin Leon
  - Dr. Alexandre Abizaid
- Regulatory Advisory
  - Dr. Semih Oktay
  - Dr. Roxana Mehran

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Slide #8

Developing VESTAsync™ A Highly Biocompatible DES Which Will Be The Product Of Choice In A $6B Global Market

1. Ultra thin-strut stent with proprietary surface finish
2. Nanoporous hydroxyapatite surface modification
3. Lipid encapsulating drug delivery system

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

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Slide #9

VESTAsync™ Has Significant Advantages Compared To Other DES

Highly Biocompatibility

- Replacing polymers with naturally occurring substances
- Using lipids to encapsulate the drug and improve delivery

Promotes Early Healing

- Reducing strut and coating thickness
- Reducing drug dose for the desired effect
- Reducing platelet activation and protein deposition
- A coating that is capable of sustaining its integrity and dimensions

Demonstrated Improved Outcomes

- Easier to deliver
- A normal healing response
- Short-term anti-platelet therapy

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Slide #10

MIV Coatings Do Not Change Their Shape or Form In Aqueous Media

CYPHER®

VESTAsync™

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Slide #11

VESTAsync™ Struts Are 25% Thinner Than Those Of Xience™V

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

Strut Thickness	
65 uM	
Coating Thickness	
0.6 uM	
Coating Material	
HAp + Lipid	
Overall Thickness	
< 66 uM	
Source: MIV	

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Slide #12

Fibrin Is A Marker For Delayed Healing And Is Dose Dependent

Morphometry

Study	H-0µg	H-25µg	H-40µg	H-100µg	Cypher
Thickness (µm) *	282±91	235±93	257±110	239±79	273±90
area (mm^2) *	1.59±0.7	1.34±0.8	1.38±0.7	1.39±0.5	1.38±0.5
Fibrinoid (mm^2) **	0.007±0.004	0.03±0.03	0.06±0.03	0.08±0.03	0.12±0.06

* Injury score (p=0.006), not sirolimus (p=0.27)
** Sirolimus dose (p=0.009), trend for stent type (p=0.08)

Erasmus MC
Dept. Cardiology, Thoraxcenter

van Beusekom et al AHA 2007

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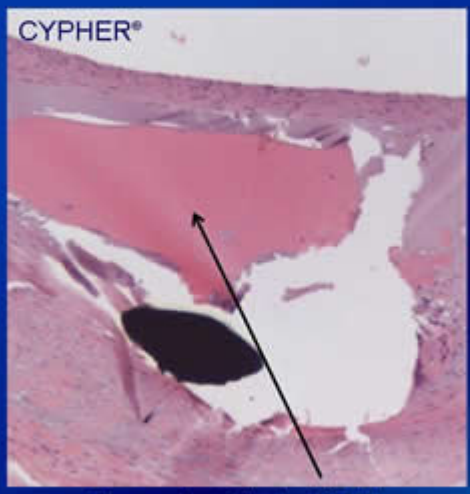
Slide #13

VESTAsync™ Has 55% Less Drug Than Cypher® Producing 50% Less Fibrin

Minimal Fibrin (.06%)



Excessive Fibrin (.12%)

van der Giessen et al EUROPCR 2007

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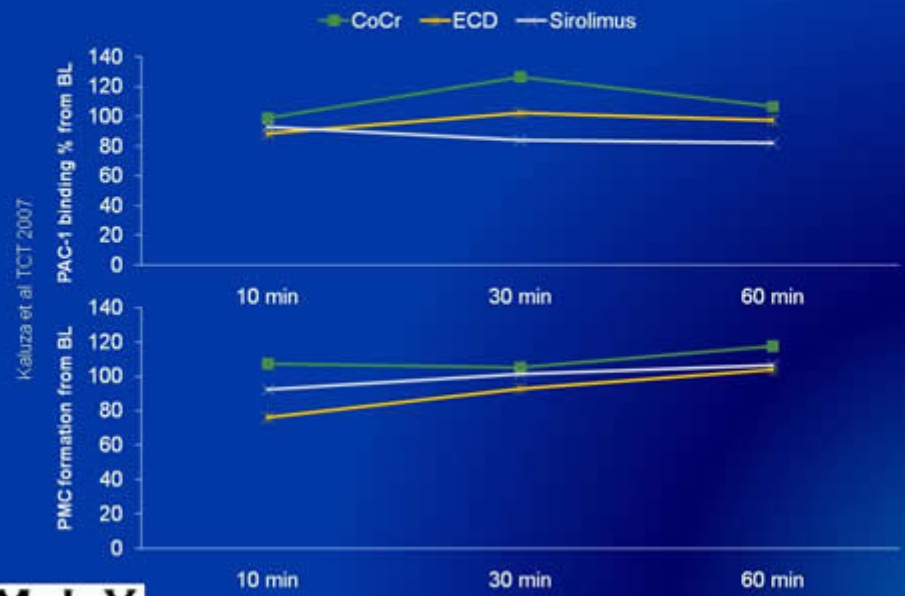
Slide #14

Improved Biocompatibility Reduces The Activation Of Circulating Platelets



Kaluza et al TCT 2007

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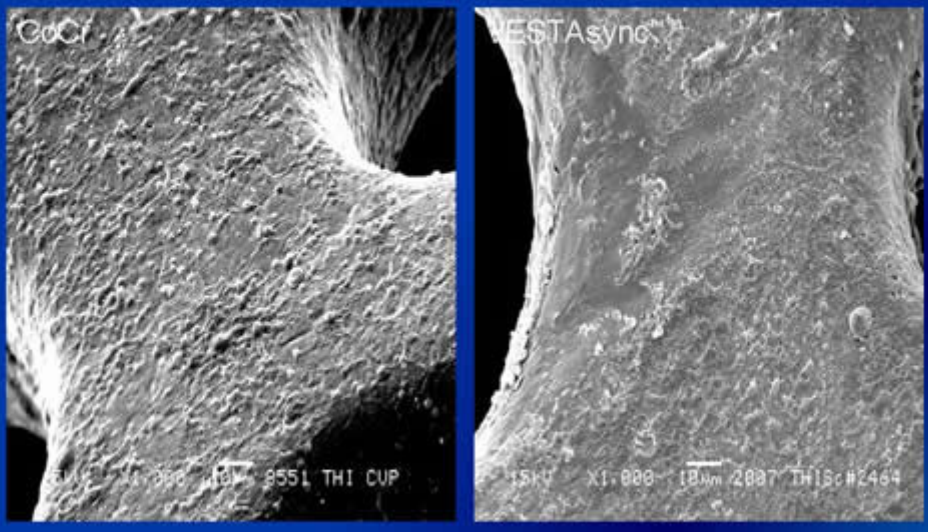
Slide #15

And Also A Reduction In The Amount of Protein Deposition



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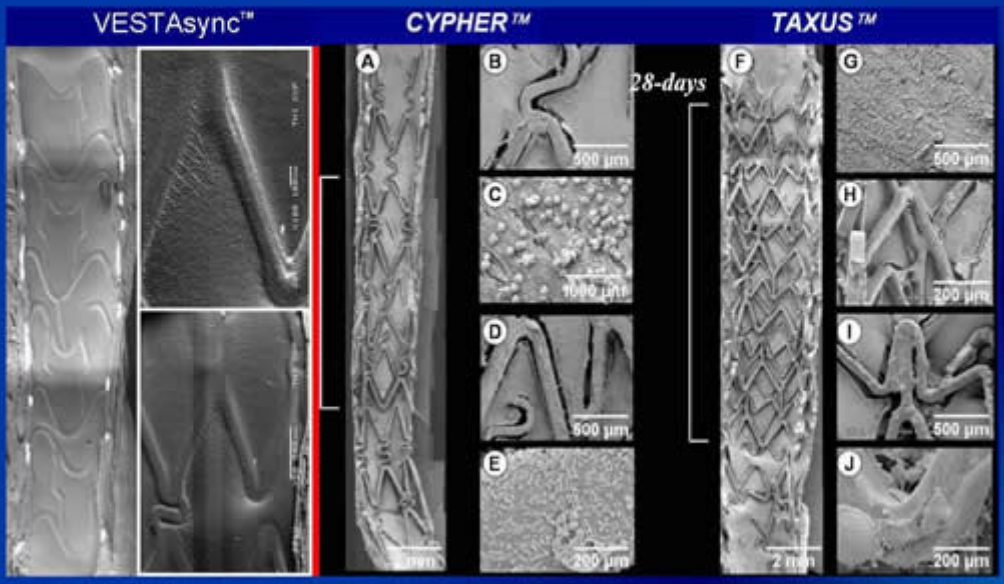
Slide #16

Pre-Clinical Testing Proves MIV Has A Significant Healing Advantage



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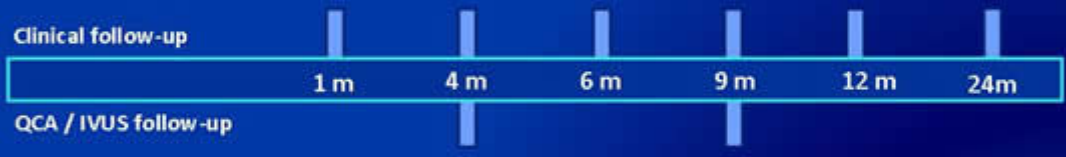
Slide #17

Positive VESTASYNC I Study

Single De novo lesions in native coronary arteries of 15 Patients
Stent diameters : 3.0 and 3.5mm
Lesion length: ≤ 14mm
Stent length: 19mm
PI: Alexandre Abizaid MD, PhD



Primary Endpoint: In-stent lumen loss at four-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 to first invasive follow-up + 1 month

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Slide #18

The VESTASYNC I FIM Study Met Its Primary Safety And Efficacy Endpoints. Matched QCA Analysis At 4 And 9 Months Showed No Change 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=15)	In-Stent 9-Month	In-Segment 9-Month
MLD, mm	2.27 ± 0.33	2.02 ± 0.29
% Diameter stenosis	15.9 ± 8.2	23.6 ± 9.5
Late lumen loss, mm	**0.36 ± 0.24**	**0.20 ± 0.31**
Restenosis*, % (n)	0.0 (0)	0.0 (0)

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

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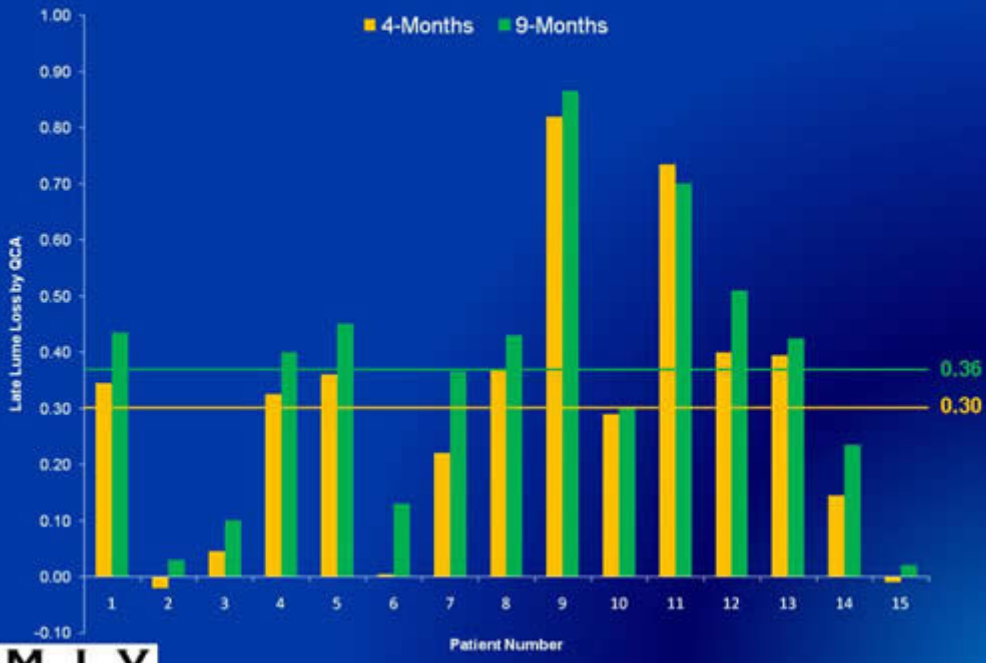
Slide #19

LLL By QCA At 4 And 9 Months



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Slide #20

Matched IVUS Analysis Of 14 Patients At 4 And 9 Months Showed No Change In NIH Volume Or Percentage Obstruction (P=0.8)

Variable	Matched Baseline n=14*	Matched 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	Matched 9-Month N= 14*	9-Month N= 15
Vessel Volume (mm3)	288.3 ± 81.3	288.3 ± 81.3
Stent Volume (mm3)	142.2 ± 40.0	140.6 ± 39.0
Lumen Volume (mm3)	136.8 ± 38.2	134.8 ± 35.1
NIH Volume (mm3)**	**6.0 ± 4.4**	**6.1 ± 4.3**
Mallapposition Volume (mm3)	0.10 ± 0.3	0.09 ± 0.31
% Stent Obstruction**	**3.8 ± 2.2**	**4.0 ± 2.2**

** IVUS consul malfunction has prevented retrieval of data for one patient at 4-month follow-up*

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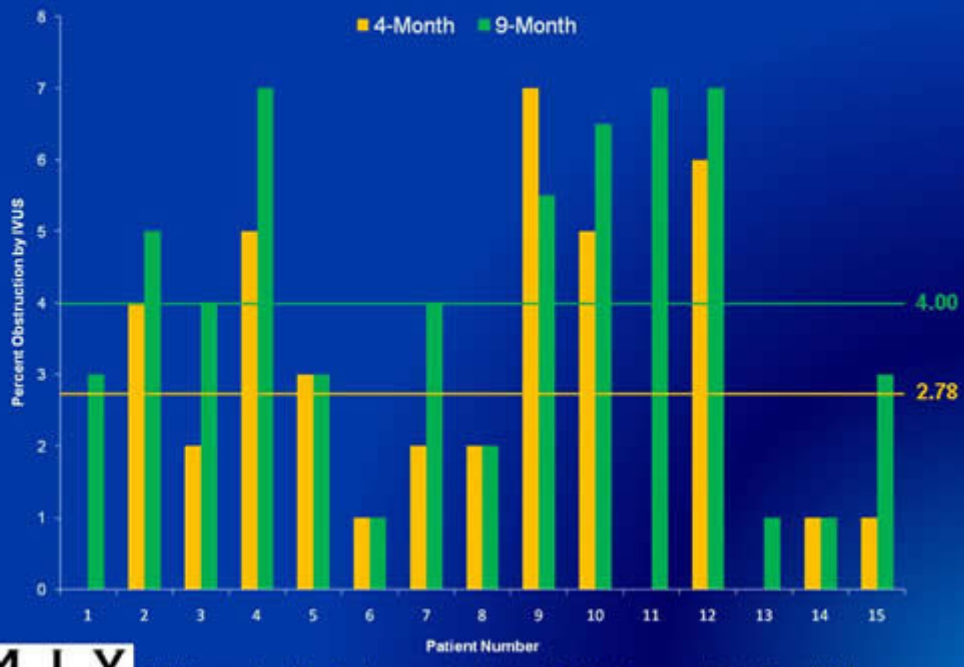
Slide #21

IVUS % Obstruction 4 And 9 Months



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* IVUS consul malfunction has prevented retneval of data for one patient at 4-month follow-up

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Slide #22

VESTASYNC I FIM 12-Month Clinical Follow-Up (June 2008) N=15

MACE	0
Myocardial Infarction	0
Total Lesion Revascularization	0
Total Vessel Revascularization	0
Stent Thrombosis	0

- No Major Cardiac Events to date
- Plavix therapy was stopped October 2007

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Slide #23

VESTAsync™ Is Competitive

Table 10: Comparing the Major DES Trials

		Cypher Trials		Taxus Trials				Endeavor Trials	
	RAVEL	SIRIUS	E-SIRIUS	Taxus II	Taxus IV	Taxus V	Taxus VI	Endeavor II	Endeavor III
Enrollment									
No. of Patients	N=120	N=533	N=175	N=267	N=652	N=577	N=217	N=592	N=323
RVD (mm)	2.60	2.78	2.56	2.74	2.75	2.68	2.82	2.74	2.75
Lesion Length (mm)	9.6	14.4	14.9	10.3	14.4	17.2	21.0	14.1	15.0
Percent Diabetics	15.8%	24.6%	18.9%	10.7%	27.7%	31.0%	18.0%	18.0%	29.7%
Angiographic Data									
Follow-up	6 months	8 months	8 months	6 months	9 months	8 months	9 months	8 months	8 months
Late loss (mm)									
In-stent	-0.01	0.17	0.20	0.31	0.39	0.48	0.39	0.62	0.60
In-segment	NA	0.24	0.19	0.22	0.23	0.33	0.24	0.36	0.34
Binary restenosis									
In-stent	0.0%	3.2%	3.9%	3.5%	5.5%	13.7%	9.1%	9.5%	9.2%
In-segment	0.0%	8.9%	5.9%	7.1%	7.9%	18.9%	12.4%	13.3%	11.7%
Clinical Data									
Follow-up	6 months	9 months	9 months	6 months	9 months	8 months	9 months	9 months	9 months
TLR	0.0%	4.1%	4.0%	3.9%	3.0%	8.8%	6.8%	4.6%	6.3%
TVR	0.8%	7.3%	NA	6.6%	4.7%	4.8%	9.1%	5.7%	12.3%
TVF	NA	8.6%	NA	NA	7.6%	NA	NA	8.1%	12.0%
MACE	3.3%	7.1%	8.0%	8.2%	8.5%	15.0%	16.4%	7.4%	7.6%

Source: TCT 2006

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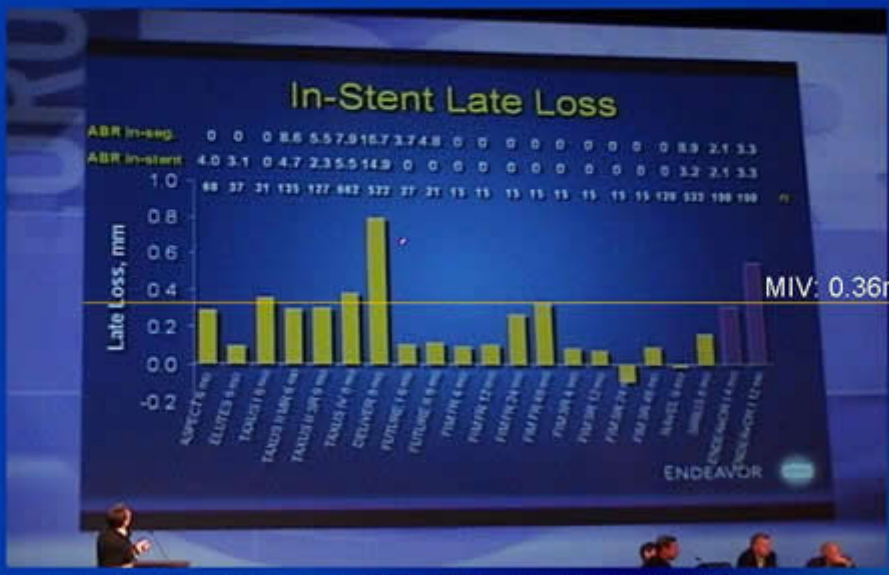
Slide #24

VESTAsync™ Hits The "NIH-LLL Sweet-Spot" Being Highly Competitive Versus The Most Successful DES Trials Over The Past 7 Years



Dr Ian Meredith, el al PCR 2004 (results are not normalized for time to follow up)

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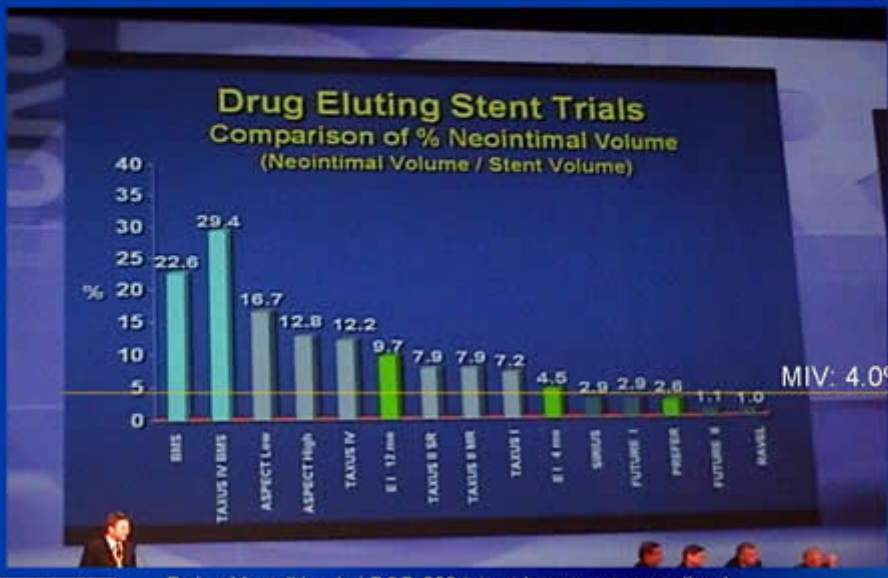
Slide #25

VESTAsync™ Percent Obstruction Ranks In The Top Third When Compared To The Most Successful DES Trials Over The Past 7 Years



Dr Ian Meredith, el al PCR 2004 (results are not normalized for time to follow up)

Slide #26

VESTASYNC II Study Began May 2008

Single de novo lesions in native coronary arteries of 120 patients
Multi-center randomized 3:1 VESTAsync™: VESTAcor™
Dual anti-platelet therapy for 3 months
Stent diameters : 3.0 and 3.5mm
Lesion length: ≤ 14mm
Stent length: 19mm

PI: Alexandre Abizaid MD, PhD

Primary Endpoint: .35mm difference in in-stent LLL at 8 months by QCA in all patients

Secondary Endpoints:

TLR and TVF at 9 months
Volumetric obstruction by IVUS and OCT at 8 months
Major adverse cardiac events at 3, 6, 9, 12 months
Stent thrombosis at 1, 3, 6, 9, 12, 24 months

Slide #27

The Increased Risk Of Blood Clots And The Need For Long-Term Anti-Platelet Therapy Is Well Documented Even In The General Media

Technology & Health • Media & Marketing

MARKETPLACE

THE WALL STREET JOURNAL.

FRIDAY, OCTOBER 22, 2004 B1

Some Doctors See Long-Term Clot Risk in Stent Patients

By Sylvia Pagan Westphal

DOCTORS REPORT an increase in potentially deadly blood clots in patients' arteries that have been implanted with drug-coated stents.

Stents have revolutionized cardiac care: The tiny wire-mesh tubes, which prop open arteries that have been cleared of blockages caused by fatty deposits, save many patients from the risk and trauma of open-heart bypass surgery. The newest kind, coated with drugs, prevents the growth of scar tissue inside the stent.

Signs of increased clotting could reduce cardiologists' and patients' enthusiasm for drug-coated stents, which are by far the most popular kind. Since they hit the market in 2003, drug-coated stents have been implanted in three million people worldwide.

The risk of blood clots forming in both bare-metal and drug-coated stents has been known for some time. Until recently, the risk was considered a short-term problem, controllable with a prescription for anticlotting drugs for as long as six months.

This week, the principal investigators for clinical trials of two dominant drug-coated stents—Johnson & Johnson's Cypher stent and Boston Scientific Corp.'s Taxus stent—presented new evidence of longer-term blood clots before a large gathering of cardiologists at the Transcatheter Cardiovascular Therapeutics meeting in Washington.

Separately, the investigators presented data from four trials of each stent, involving a total of about 1,100 patients in the eight trials. The researchers said the drug-coated stents seemed to cause clots at the same rate as earlier-generation bare-metal stents—about 0.7%—for the first 16 months after implantation. For the period from 16 months to three years, drug-coated stents add a "small but real increase" in clots, amounting to an additional one in 200 patients, or 0.5%, said Gregg Stone, of Columbia University Medical Center in New York, who is Boston Scientific's lead investigator. "This is a problem that we have to deal with," Dr. Stone said.

The evidence presented at the Washington meeting isn't statistically significant, Dr. Stone said, because the total number of patients in the trials was relatively low. But in a follow-up consideration of the eight studies "were to be combined into one dataset, which has not been done, the difference may indeed become statistically significant."

Several doctors at the meeting said they weren't concerned yet and believe, like J&J and Boston Scientific, that drug-coated stents are safe and the clot rates for both types are essentially the same.

But some doctors say they are troubled by clots they are seeing in patients as many as two years after receiving drug-coated stents. At the Cleveland Clinic, cardiology chief Eric Topol says many patients have come in 15 months, 18 months or 24 months after the stent procedure with a clot. "It never happened in the bare-metal era," he said.

Dr. Topol and others say they now tell patients they must take anticlotting drugs after stent operations for a much longer period of time than previously was deemed necessary—sometimes indefinitely.

They are doing so with apprehension. Some patients are resistant to the drugs. Others told to take them don't comply, because the drugs—usually aspirin or a newer drug, Plavix—can cause serious side effects, such as stomach bleeding and rashes. Patients often have to stop taking anticlotting drugs for dental work, minor surgery or after an accident or stroke, to prevent hemorrhaging, which is another of the drugs' possible side effects. As a

Please Turn to Page B3, Column 1

Growing Concern

Recent studies may indicate more risk of blood clots from drug-coated stents.

- Increased risk of blood clots in drug-coated stents, compared to metal stents, after 18 mos: **0.5%**
- Mortality rate from blood clot in stent: **up to 45%**
- Patients with drug-coated stents world-wide: **3 million**
- More drug-coated stent brands: **Cypher** (J&J) and **Taxus** (Boston Scientific)

Sources: Journal of the American Medical Association, May 2003; Boston Lead, Columbia University Medical Center

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Slide #28

Anti-Platelet Therapy Has Numerous Significant Negative Side-Effects

- BMS need 30 – 90 days anti-clotting therapy - polymer DES require a minimum of one year and in most cases lifetime therapy
- Anti-platelet therapy significantly increases a patient's risk for bleeding complications
- Anti-platelet therapy creates ongoing problems for physicians as these patients require specialized medical and dental treatment
- The risk of thrombosis increases significantly if patients stop taking or even miss a dose of their anti-clotting mediation
- The long-term safety issues and requirement for long-term anti-platelet therapy has driven a $1 billion reduction in DES sales.

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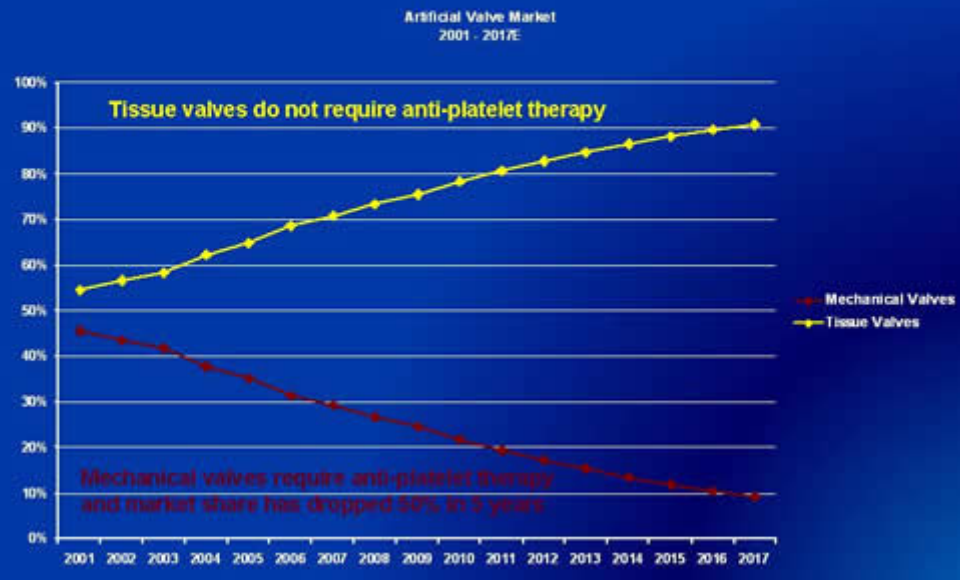
Slide #29

Heart Valves Illustrate The Negative Impact Anti-Platelet Therapy Has On Sales



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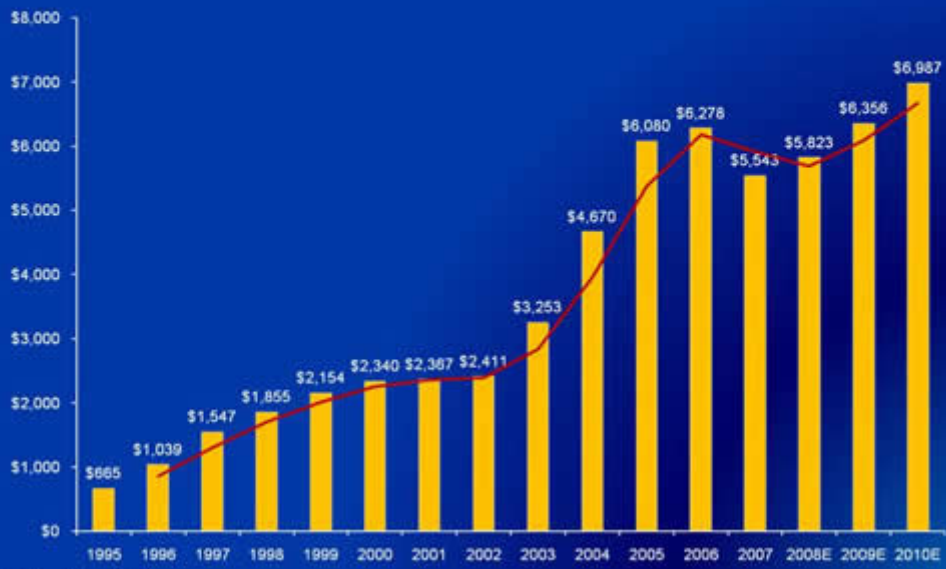
Slide #30

VESTAsync™ Will Be The Dominant DES In A $6B Market When Approved



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Worldwide Stent Market 1995 – 2010E

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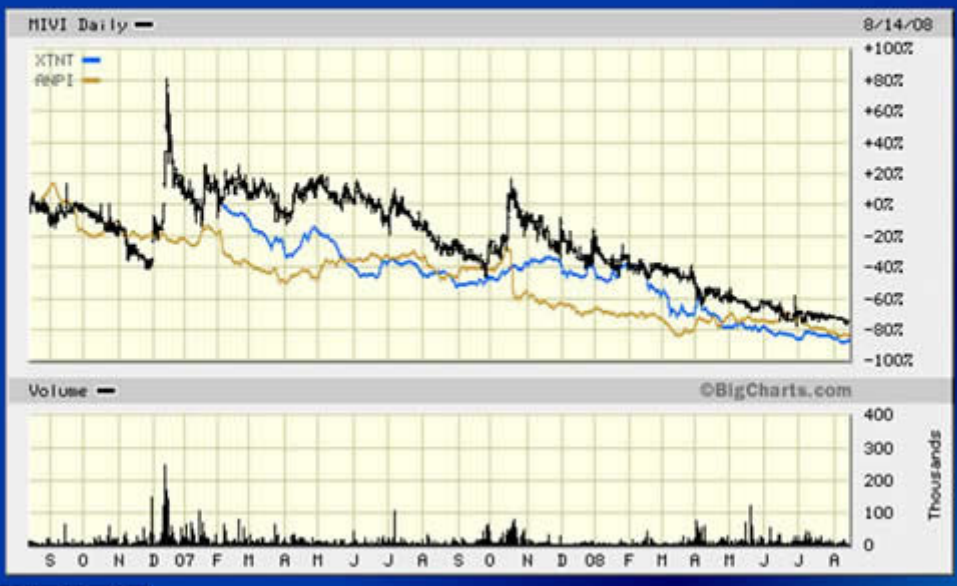
Slide #31

Stent Stocks Have Had A Tough Time Over The Past 2 Years But MIVI Has Outperformed Its Well Covered Public Competitors



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Slide #32

Projected Income Statement CY2008 - CY2011 USD Millions

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Slide #33

Financial Data as of 2/29/08

- Shares issued*: 11.3 million
- Fully diluted*: 17.5 million
- Diluted market cap: $30 million
- Revenues**: $0.74 million
- Cash: $3.31 million
- Monthly burn***: $0.65 million

* Reflects 1:10 share consolidation effective June 30, 2008
** Calendar 2007
*** Excluding capital expenditures and animal and human trials

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Slide #34

MIV Continues To Win Recognition In Leading Media

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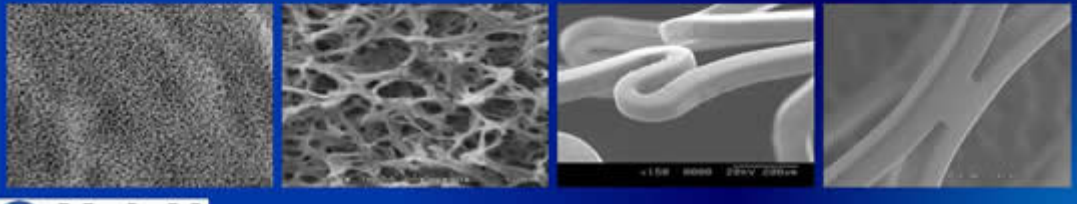
Innovation Drives Valuation

- Differentiated approach and a strong patent position
- Strong proof of concept in animals and humans
- Opportunity to revolutionize DES therapy and significantly expand the stent market and usage



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