HSTA HEALTH INC.

A Hestia Insight Inc. Company (OTC: HSTA)

Neuroscience Clinic

Focus on Depression & Anxiety Symptoms Solution

November 16, 2020





Vision





Mental Illness and Mortality

Mortality Risk:

2.2 times the general population



8 million deaths annually

10 years of potential life lost



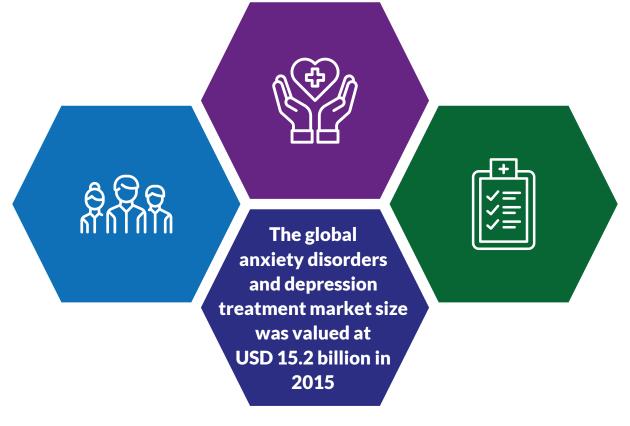
Association Between Physical & Mental Problems in Primary Care Patients

Studies show prevalence of mental health problems:

PRIME-MD: average 26% have psychiatric disorder while another 13% have significant functional impairment

WHO: average of 21% had psychiatric disorders

10-20% of general population will seek primary care for a Mental Health problem



2/3 of primary care patients with psychiatric diagnosis have significant physical illness



HHI Team

EDWARD C. LEE

Chairman and CEO

 Edward C. Lee is an entrepreneur and veteran investment banker with over 25 years of experience in investment banking and managing emerging growth for public and private companies globally

JOHN Z. LIN, MD

Vice President and COO

- Dr. John Lin received MD/MBA degrees and worked in LSU & MD Anderson Cancer Center more than 17 years research experience.
- Starting in the year 2001, John entered the business world as partner and senior executive for biopharma in global market.
- He possesses comprehensive skills and extensive experience in business development for emerging growth companies in the healthcare relative sectors.

ROBIN HULT

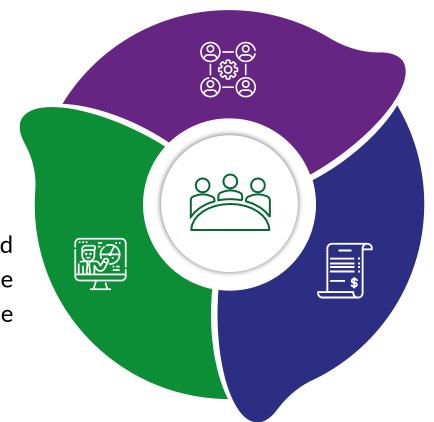
Vice President of Finance

- Robin Hult brings more than 30 years of experience as a CPA to the company.
- He is an expert in financial statements, business valuation, tax compliance, and the analysis of business and real estate opportunities.
- Mr. Hult has been a CPA for Price
 Waterhouse & Co. and has both audited
 and been a business advisor for several
 large, publicly traded companies.



HHI Team

Team up with Patient Access Solutions, Inc (OTC: PASO)



PASO will bring in extensive connections and experience to help HHI to achieve the near-term goals

A provider of medical billing and financial processing solutions for the healthcare industry over a decade



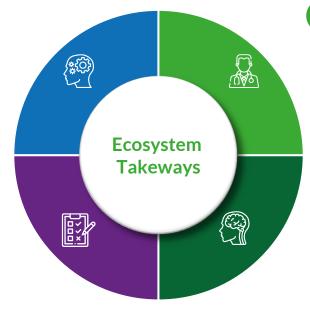
EMBPTM Neuromodulation Process

1 Evaluation

EEG data taken

4 Progress evaluation

Additional EEGs may be indicated to assess progress & modify protocol



2 Analysis & protocol

Variable pulse intervals setting

Analyzing the EEG data by comparing them with a normative database, using an Artificial intelligence (AI) process

3 Delivery of treatment protocol

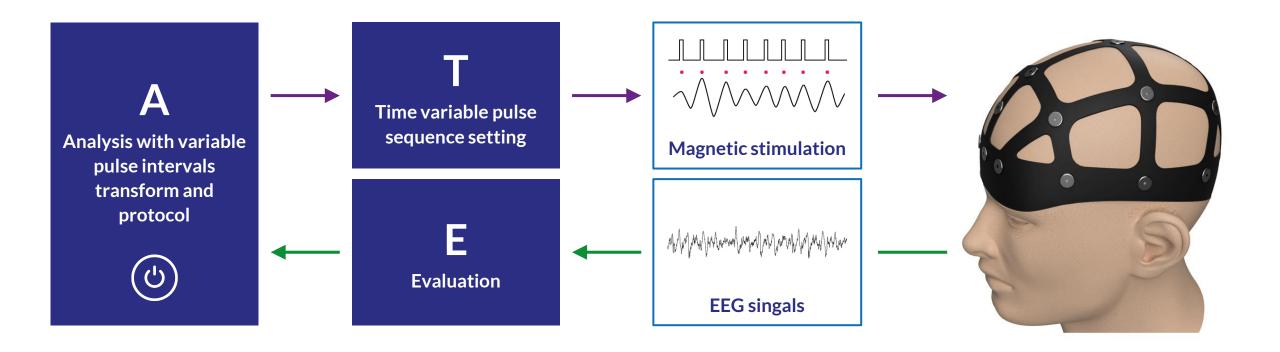
Provide magnetic stimulation with variable pulse intervals

The EMBP treatments are administered daily (M-F only)

- An EEG is conducted on a patient experiencing physiological and/or medical conditions in need of treatment.
- The raw EEG data are analyzed with a Variable Pulse Intervals transform algorithm resulting in a unique patient EEG variable pulse intervals signal.
- The pattern of the EEG signal is used to program the transistor-transistor logic (TTL) pulses, or other triggers, generated by the transcranial magnetic stimulation (TMS) medical device into variable pulse intervals.
- TMS is administered to the patient with variable pulse intervals for a time sufficient to modulate brain activity which results in an improvement of the physiological or clinical condition being treated



EMBPTM – **Electromagnetic brain pulse interface**





EMBPTM Treatment Procedure

Phase 1

Phase 2

Phase 3

Phase 4

Phase 5

Consultation

EMBP Trial Primary EMBP
Treatment

Secondary EMBP
Treatment

EMBP Maintenance











Orientation of diagnosis and treatment options

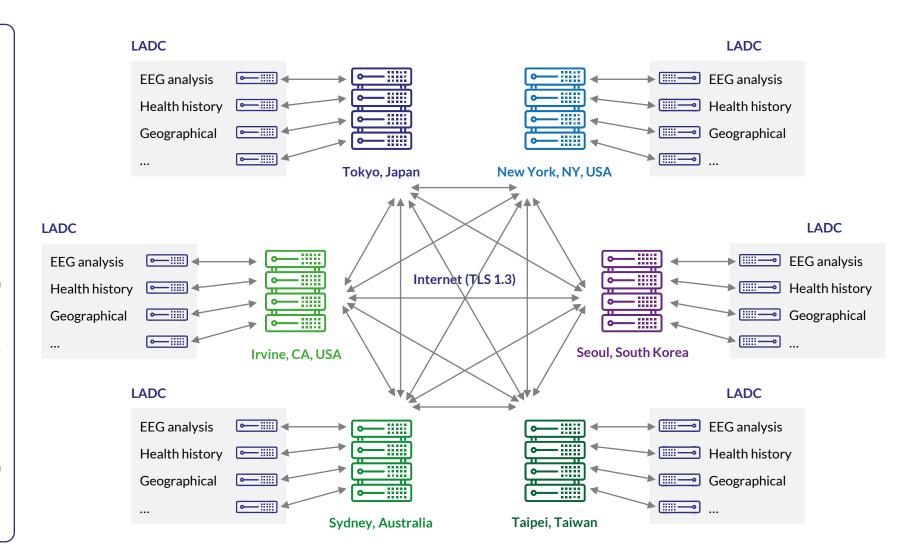
4 daily EMBP treatments followed by an EEG and a clinical evaluation Month-long daily EMBP treatment and weekly EEG and clinical evaluations Additional EMBP treatments and EEGs determined by physicians

Less frequent EMBP treatment for efficacy maintenance



Noether TechTM Ecosystem

- All public servers are cross connected with each other and share identical data (with geographic exceptions, such as China). They are essentially mirrors and allow seamless failover from any clients that connect to them
- All communication between public servers are encrypted (via TLS 1.3)
- The location and number of public servers are irrelevant – there can be as many of few as needed to serve the tasks at hand. Storage, number of servers, and internet link speed can be adjusted to the needs
- The local analysis data center (LADC) can be both physical or logical (as in on a local LAN, VPN, or via the internet) but generally would be located at the same facility as the public server. The listed tasks for each server is unimportant, rather the idea of having a scalable number of servers for any task is the important takeaway
- LADC is also where 3rd party connectivity would come in. The entry point for 3rd party connectivity would be through a LADC server, not directly through the public server. The reason for this is to provider isolation so that data is not accidentally (or maliciously) provided to unauthorized parties





Things we are working on at our site

- ✓ Monitoring of key Brain Health Indicators: EEG/EMBP
- Implement specific EMBP's, including MeRT, PTSD, MI, CBT, Depression, Anxiety & Autism plus 2 more
- Formal referral /coordination, co-location of services, screening, multidisc team meetings, MD consults, ongoing staff training and development.
- Relationships with long-term care clients
- Oata exchange in cloud computing
- ✓ Mobile crisis/Telehealth
- Detox, ambulatory detox, MAT for SA
- Supplement products as a research-based usages





*HHI 5-Years Financial Projection

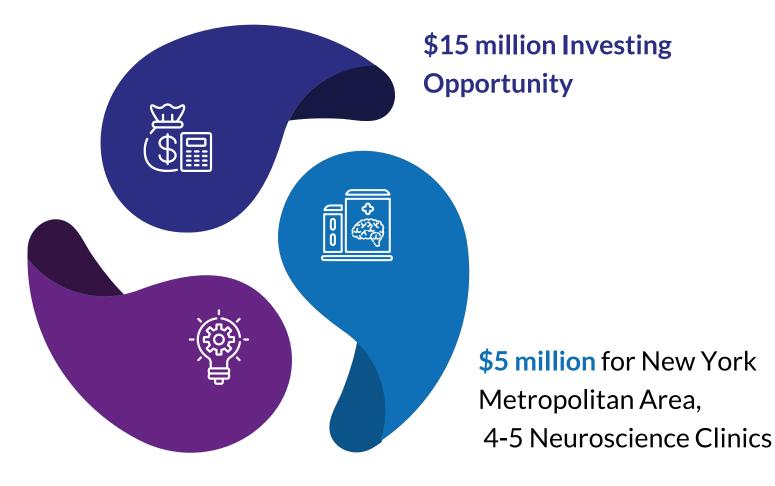
| | FY 1 | FY 2 | FY3 | FY 4 | FY 5 |
|-----------------------------|-------------|--------------|--------------|--------------|--------------|
| Revenue | \$8,169,500 | \$11,898,400 | \$17,329,600 | \$25,240,000 | \$36,761,000 |
| Direct Expenses | \$2,167,400 | \$3,156,700 | \$4,597,700 | \$6,696,300 | \$9,752,900 |
| Gross Profit | \$6,002,100 | \$8,741,700 | \$12,731,900 | \$18,543,700 | \$27,008,100 |
| Gross Profit (%) | 73.5% | 73.5% | 73.5% | 73.5% | 73.5% |
| Other Expenses | \$2,739,700 | \$2,842,800 | \$2,997,641 | \$3,143,233 | \$3,295,949 |
| EBITDA | \$3,262,400 | \$5,898,900 | \$9,734,260 | \$15,400,467 | \$23,712,151 |
| Depreciation | \$1,000,000 | \$1,000,000 | \$1,000,000 | \$1,000,000 | \$1,000,000 |
| Amortization | \$0 | \$0 | \$0 | \$0 | \$0 |
| Preliminary Exp Written off | \$0 | \$0 | \$0 | \$0 | \$0 |
| Interest Expense | \$0 | \$0 | \$0 | \$0 | \$0 |
| Income Tax Expense | \$792,000 | \$1,714,700 | \$3,057,000 | \$5,040,200 | \$7,949,300 |
| Net Income | \$1,470,400 | \$3,184,200 | \$5,677,260 | \$9,360,267 | \$14,762,851 |



* Starting from opening date Slide 12

Fund

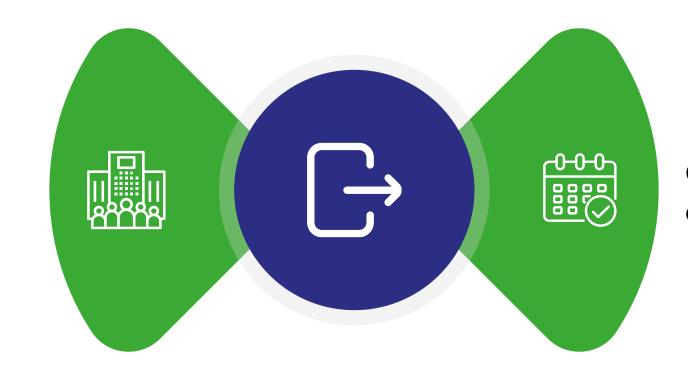
\$10 million for an innovative technology's partnership investment, transfer and commercialization





Exit

Merger and acquired by other healthcare company



Going to public company in 2-3 years



Thank you for your attention!

Contact Person



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VP Development



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