

A woman's face is shown in profile, looking upwards and to the right. Overlaid on the right side of her face is a stylized graphic of an ear, composed of concentric circles and radial lines, resembling a cochlea or a soundwave. A horizontal soundwave line extends from the left side of the image towards the ear graphic.

MEDICAL
ENVOY

Hear for Life

**INVESTOR PRESENTATION
AUGUST 2025**

www.envoymedical.com

NASDAQ: COCH

FORWARD LOOKING STATEMENTS

This presentation includes “forward-looking statements” within the meaning of the “safe harbor” provisions of the United States Private Securities Litigation Reform Act of 1995. Forward-Looking statements may be identified by the use of words such as “estimate,” “plan,” “project,” “forecast,” “intend,” “will,” “expect,” “anticipate,” “believe,” “seek,” “target” or other similar expressions that predict or indicate future events or trends or that are not statements of historical matters, but the absence of these words does not mean that a statement is not forward-looking. Such statements may include, but are not limited to, statements regarding the expectations of Envoy Medical concerning the outlook for its business, productivity, plans and goals for future operational improvements and capital investments; the timing and results of IRB approvals, site documents, logistics or activations, enrollments, follow-up visits, data, and clinical trials of the Acclaim CI, and the participation or any changes in participation of any subjects, institutions or healthcare professionals in such trials; the Acclaim CI being the first to market fully implanted cochlear implant; the safety, performance, and market acceptance of the Acclaim CI; future market conditions or economic performance and developments in the capital and credit markets; the effect of proposed legislation on Medicare and insurance reimbursement for the Esteem device and the impact of any such change to reimbursement policy on the business and financial results of Envoy Medical, and any information concerning possible or assumed future operations of Envoy Medical. The forward-looking statements contained in this Presentation reflect Envoy Medical's current views about future events and are subject to numerous known and unknown risks, uncertainties, assumptions and changes in circumstances that may cause its actual results to differ significantly from those expressed in any forward-looking statement. Envoy Medical does not guarantee that the events described will happen as described (or that they will happen at all). These forward-looking statements are subject to a number of risks and uncertainties, including, but not limited to changes in the market price of shares of Envoy Medical's Class A Common Stock; changes in or removal of Envoy Medical's shares inclusion in any index; Envoy Medical's success in retaining or recruiting, or changes required in, its officers, key employees or directors; unpredictability in the medical device industry, the regulatory process to approve medical devices, and the clinical development process of Envoy Medical products; competition in the medical device industry, and the failure to introduce new products and services in a timely manner or at competitive prices to compete successfully against competitors; disruptions in relationships with Envoy Medical's suppliers, or disruptions in Envoy Medical's own production capabilities for some of the key components and materials of its products; changes in the need for capital and the availability of financing and capital to fund these needs; changes in interest rates or rates of inflation; legal, regulatory and other proceedings could be costly and time-consuming to defend; changes in applicable laws or regulations, or the application thereof on Envoy Medical; a loss of any of Envoy Medical's key intellectual property rights or failure to adequately protect intellectual property rights; the effects of catastrophic events, including war, terrorism and other international conflicts; and other risks and uncertainties set forth in the section entitled “Risk Factors” and “Cautionary Note Regarding Forward Looking Statements” in the Annual Report on Form 10-K filed by Envoy Medical on March 31, 2025, and in other reports Envoy Medical files, with the SEC. If any of these risks materialize or Envoy Medical's assumptions prove incorrect, actual results could differ materially from the results implied by these forward-looking statements. While forward-looking statements reflect Envoy Medical's good faith beliefs, they are not guarantees of future performance. Envoy Medical disclaims any obligation to publicly update or revise any forward-looking statement to reflect changes in underlying assumptions or factors, new information, data or methods, future events or other changes after the date of this presentation, except as required by applicable law. You should not place undue reliance on any forward-looking statements, which are based only on information currently available to Envoy Medical.

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Market, ranking and industry data used throughout this Presentation, including statements regarding market size, are based on industry sources and the good faith estimates of Envoy's management. This data involves a number of assumptions and limitations, and you are cautioned not to give undue weight to such estimates. While Envoy Medical is not aware of any misstatements regarding the industry data presented herein, its estimates involve risks and uncertainties and are subject to change based on various factors, including those discussed under the headings “Risk Factors” and “Management's Discussion and Analysis of Financial Condition and Results of Operations of Envoy Medical Corporation” in its Form 10-K filed on March 31, 2025 with the SEC.

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Additional Information and Where to Find It: On March 31, 2025 Envoy Medical filed its Form 10-K containing significant information about the business, financial condition of Envoy. This Presentation is not a substitute for the information contained in the Report. Investors and security holders are urged to read the Report to gain additional information regarding Envoy. Copies of the Report and other documents filed by Envoy, including under its prior name of Anzu Special Acquisition Corp I, with the SEC may be obtained, once available, free of charge at the SEC's website at www.sec.gov.

Risk factors: For a description of the risks relating to the business of Envoy Medical, please see the section “Risk Factors” in the Form 10-K.

INVESTMENT OVERVIEW & KEY METRICS

Envoy Medical (NASDAQ: COCH):

- Innovative hearing health company focused on fully implanted hearing devices.
 - Esteem® fully implanted active middle ear implant – FDA Approved.
 - Fully implanted Acclaim® cochlear implant* – currently in FDA trials.
- Significant technological differentiation from competitive landscape with both products.
 - Uses ear to pick up sound (no microphone).
 - 35 patents issued, 13 patents pending
- Former Envoy Chairman Emeritus Glen Taylor, former owner and chairman of the Minnesota Timberwolves, has invested over \$150 million in the company.
- Only American based hearing implant company currently listed on major US Exchange.

ENVOY MEDICAL NASDAQ: COCH	
Stock Price (August 25, 2025)	\$1.12
Cash Balance (June 30, 2025)	\$5.3M
Common Shares Outstanding (June 30, 2025)	21.33M
Market Capitalization (August 25, 2025)	\$24.1M



* CAUTION — Investigational device. Limited by Federal (or United States) law to investigational use.
Nasdaq: COCH

HOW SOUND TRAVELS THROUGH THE EAR

1

Outer ear collects sound waves and funnels them to the ear canal

2

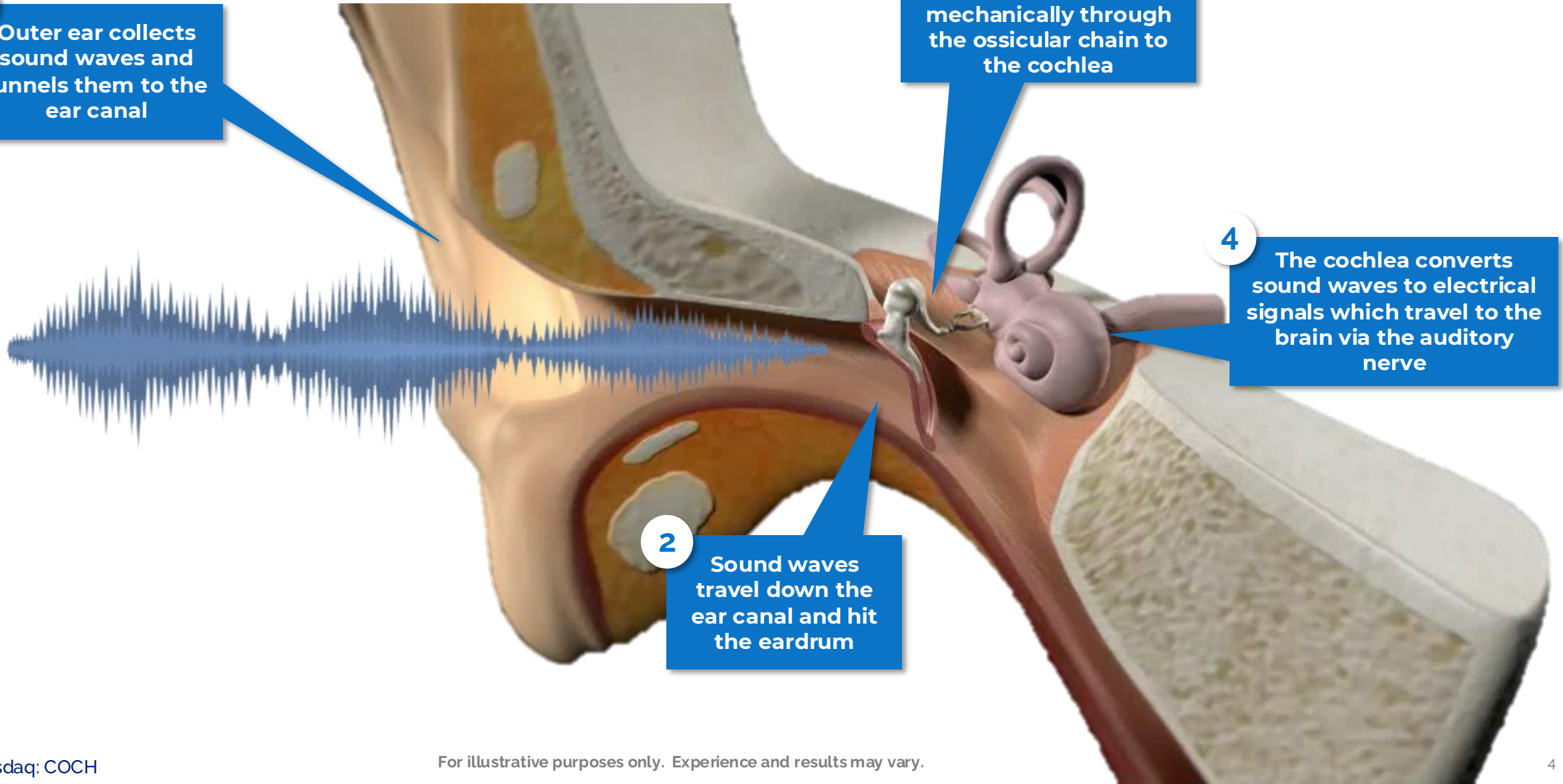
Sound waves travel down the ear canal and hit the eardrum

3

The waves are transmitted mechanically through the ossicular chain to the cochlea

4

The cochlea converts sound waves to electrical signals which travel to the brain via the auditory nerve



Cochlear implants replace the function to the inner ear by providing direct electrical stimulation of the auditory nerve.

Sound processor - External

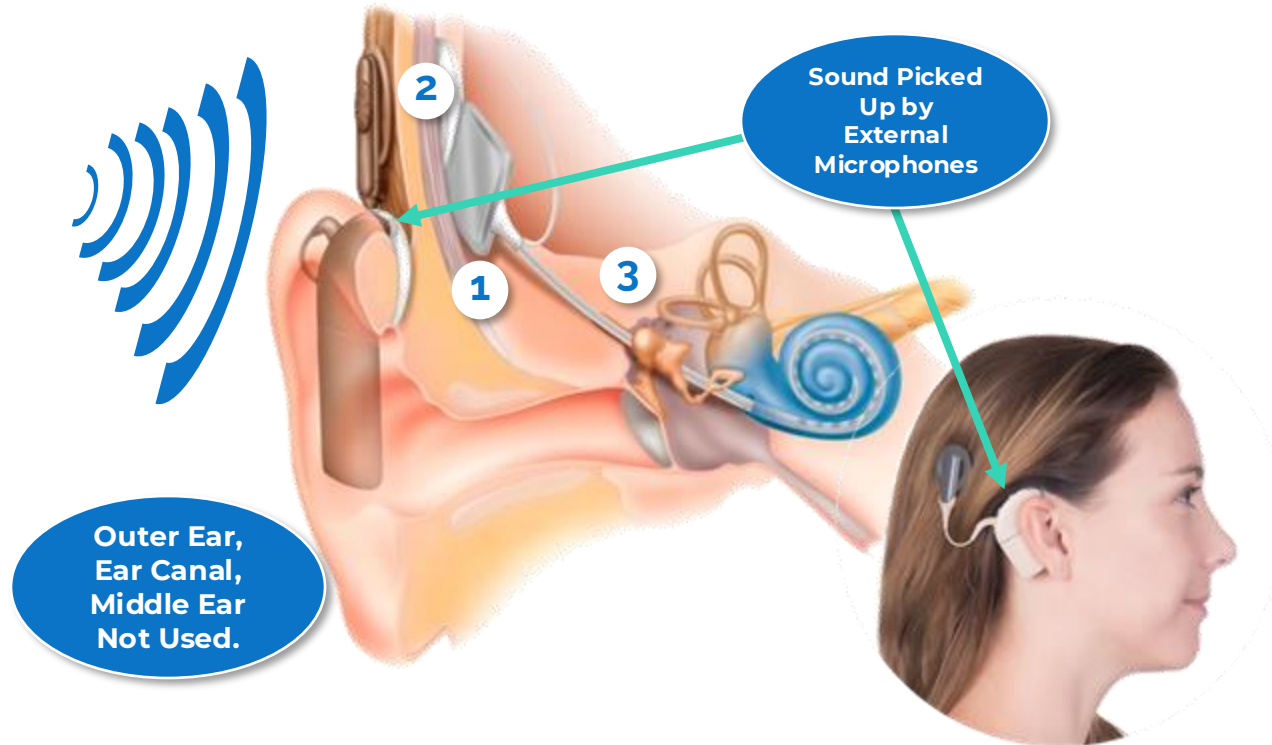
- Picks up and processes sound into digital information.

Implant - Internal

- Receives signal from the sound processor and transmits electrical stimulation to the cochlea through an electrode array.

Illustrative Device Overview:

1. Microphones on the sound processor pick up sound, and the processor converts them into digital information.
2. This information is transferred through the coil to the implant; the implant sends electrical signals into the cochlea.
3. The hearing nerve fibers in the cochlea pick up the signals and send them to the brain, giving the sensation of sound.



FULLY IMPLANTED COCHLEAR IMPLANT: AN OBVIOUS OPPORTUNITY

- Envoy Medical believes that if, given an opportunity to choose between a fully-implanted cochlear implant with no externals, and a partially-implanted cochlear implant with externals, a significant portion of patients would choose a fully implanted cochlear implant.
- Externals associated with traditional cochlear implants are obvious and can get in the way of a person's life.
- Envoy Medical has developed an important missing piece in the solution – our sensor technology.
- Envoy Medical intends to be a catalyst for change the market wants and, frankly, needs – a **fully** implanted solution.
- Envoy Medical's sensor is an elegant solution for a fully implanted device:
 - Leverages the natural outer and middle ear.
 - Low power needs.
 - Not an artificial microphone.
 - Not a sub-dermal microphone (lowers chances of body noise issues).



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PRODUCT OVERVIEW

Fully Implanted Acclaim® Cochlear Implant

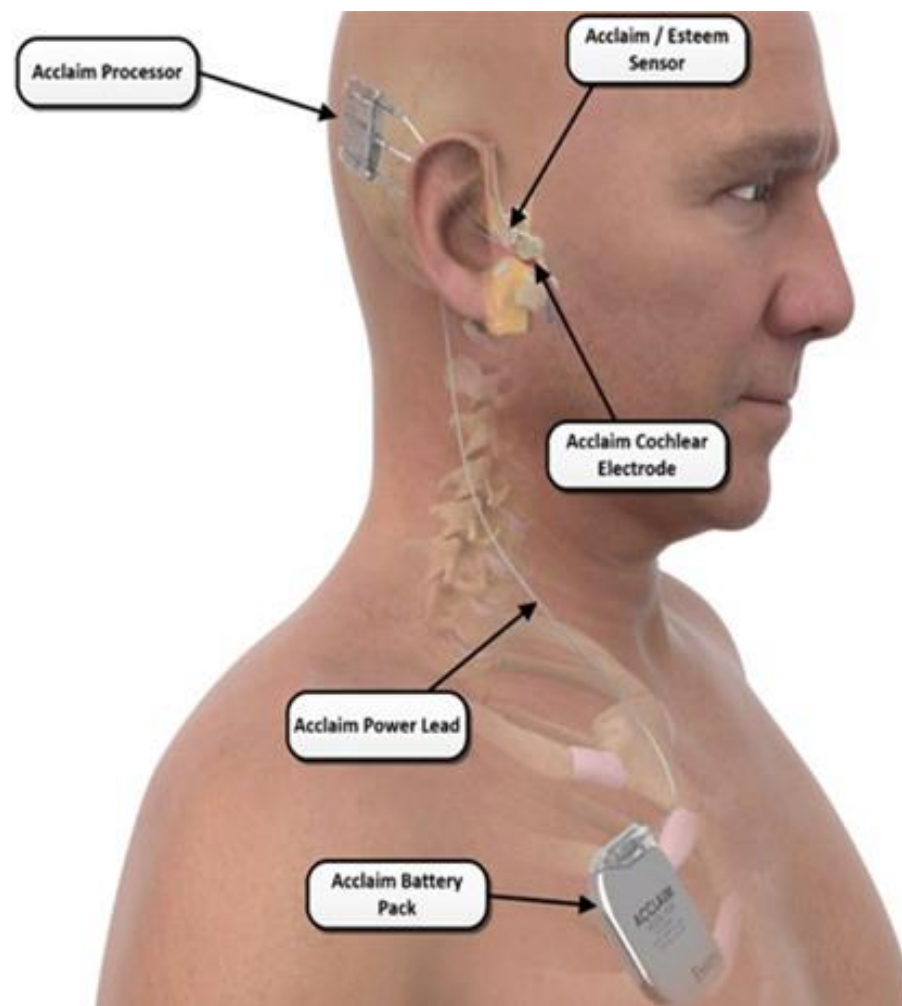
- Positioned to become first of-its-kind fully implanted cochlear implant on the market.
 - Breakthrough Device Designation (FDA 2019).
 - A fully implanted cochlear implant that represents a paradigm shift in cochlear implants.
- Addressable market (US only) estimated at \$84 billion.
 - Assumes ~2.8 million U.S. adult candidates (one ear only) and a device price of \$30K.
- Pivotal Clinical Trial in process.
 - First Phase (10 Patients) Enrolled and Activated.
 - Second Phase (46 Patients) expected to begin end of 2025.

We are different because our devices:

- Leverage the natural ear to pick up sound.
- Do not rely on artificial microphones.
- Allow the outer ear to be used by the patient.

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*Note: No external components are required. Rendering is for illustrative purposes only, and may not be indicative of individual characteristics, placement, size, functionality, or use.

ACCLAIM® CI EXPECTS TO BE FIRST OF-ITS-KIND FULLY IMPLANTED COCHLEAR IMPLANT (FICI) DEVICE

DISCREET

- No need for externally worn components.
- Designed to use the ear to pick up sound. No external artificial microphone needed.

DEPENDABLE

- Designed to allow true 24/7 hearing.
- For use in many environments and activities.

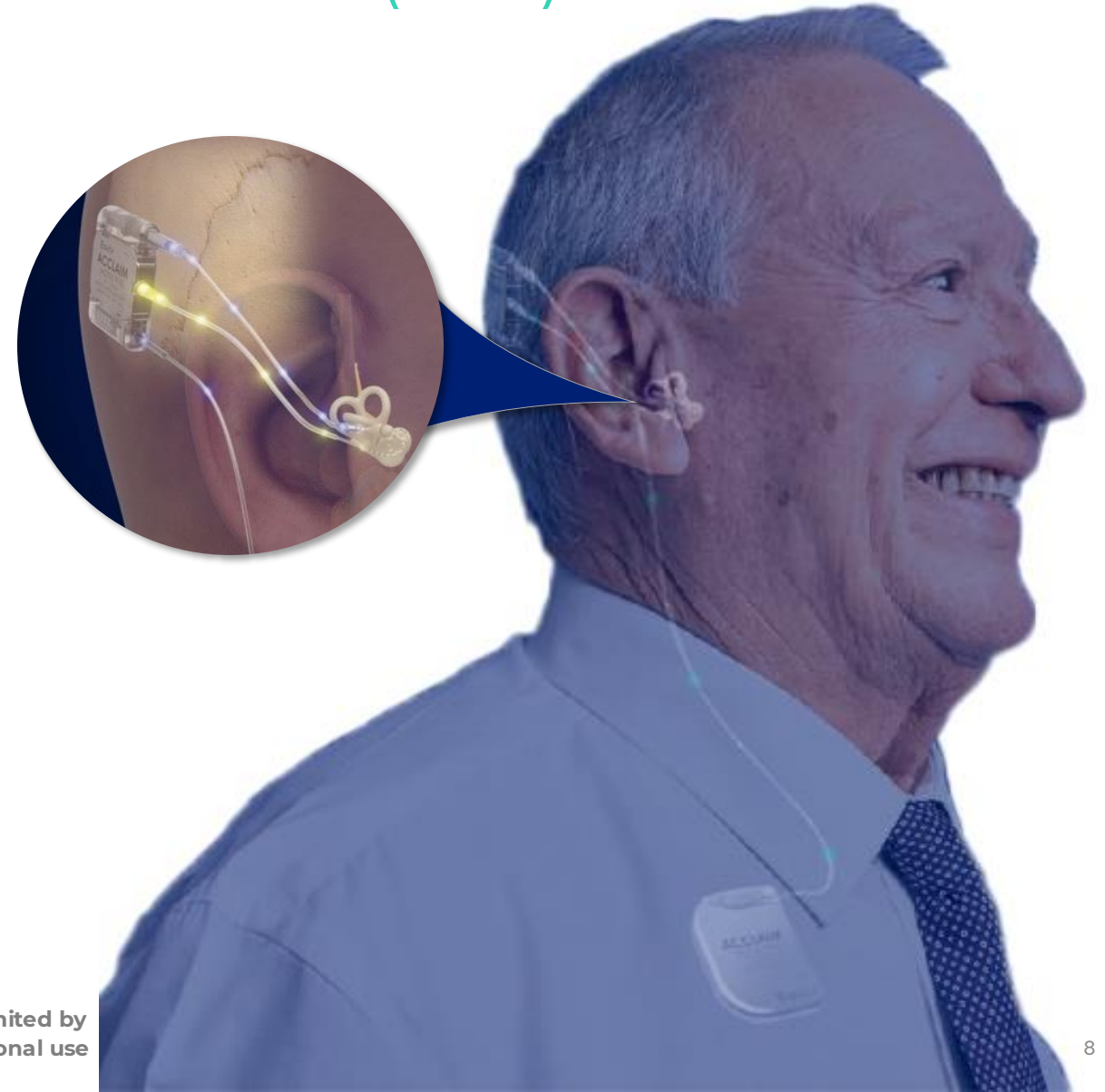
EASE OF USE

- No expensive external sound processors to replace when lost or damaged.
- No frequent battery changes or charging. Rechargeable battery expected to last several days between charges and designed to last 8-12 years.
- No magnets. Designed to be MRI compatible.*

*MRI testing and compatibility not yet determined.

Nasdaq: COCH

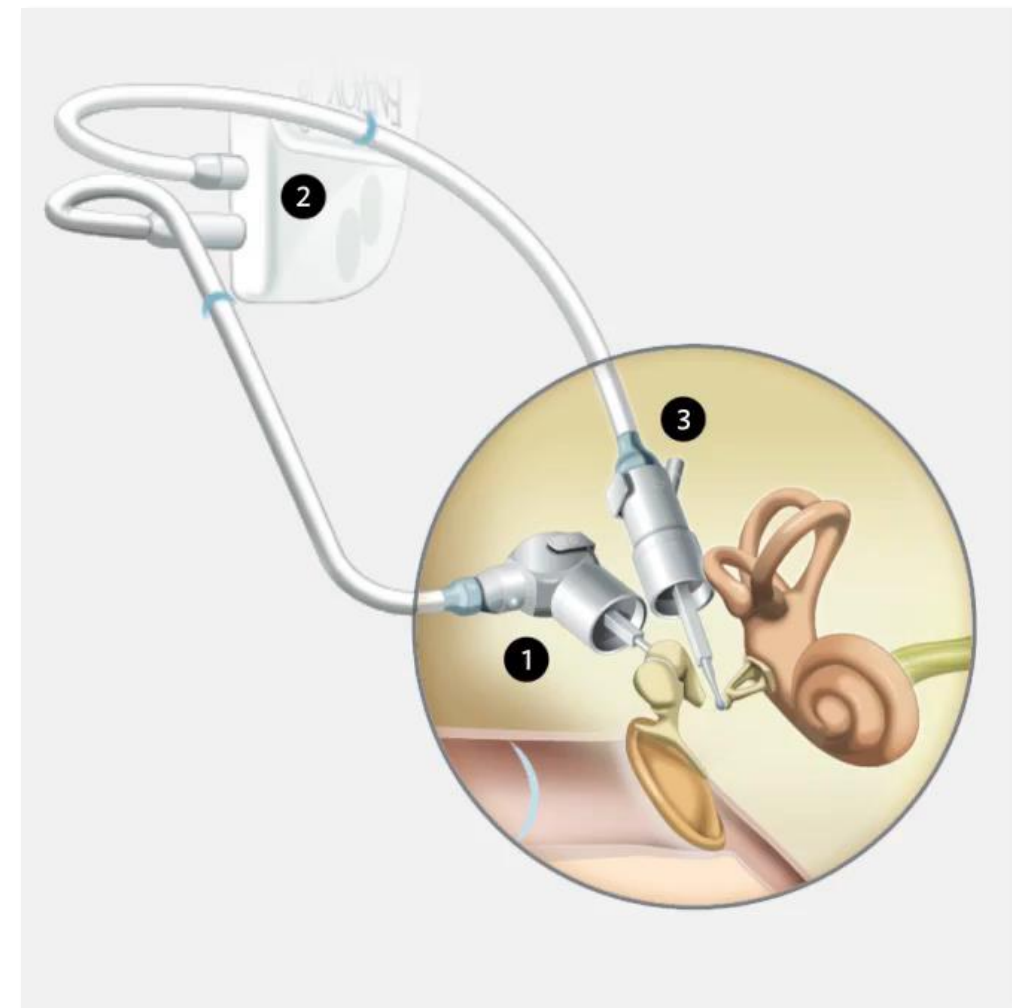
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PRODUCT OVERVIEW

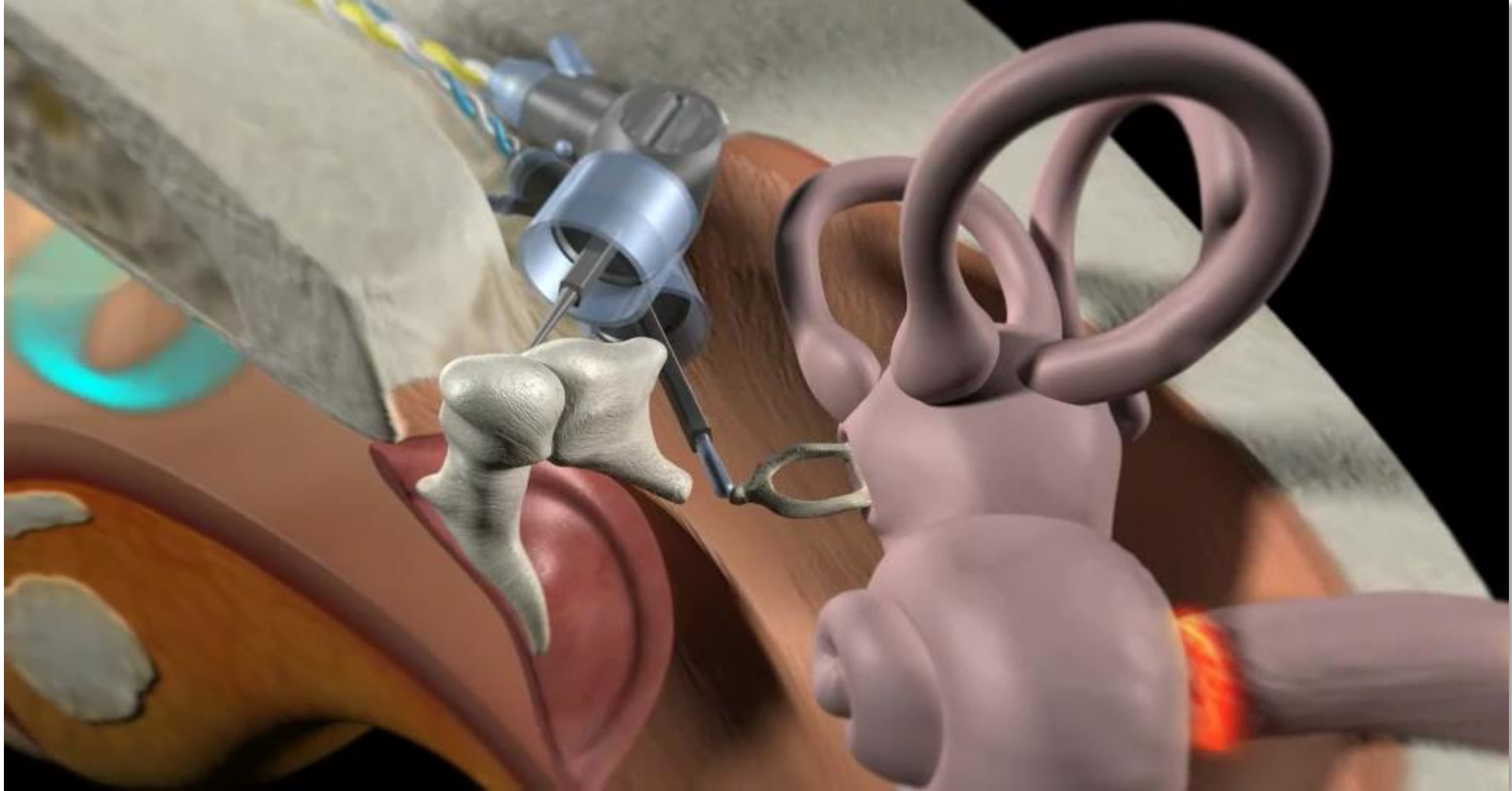
Esteem® FI-AMEI

- The only fully implanted active middle ear implant (FI-AMEI) to successfully obtain FDA PMA approval (2010).
- The **Envoy Sensor (1)** converts the vibrations into electrical signals that are sent to the implanted Esteem Sound Processor.
- The **Esteem Sound Processor (2)** receives, adjusts and intensifies the signals to fit individual hearing needs.
- The **Esteem Driver (3)** directly transfers these signals to the inner ear where the hair cells are stimulated, causing you to hear.
- Implanted in approx. 1,000 patients.
- Significant progress being made to obtain reimbursement for previously un-reimbursed device.
 - If reimbursement were to change, market size could become similar to market size of cochlear implants over time.



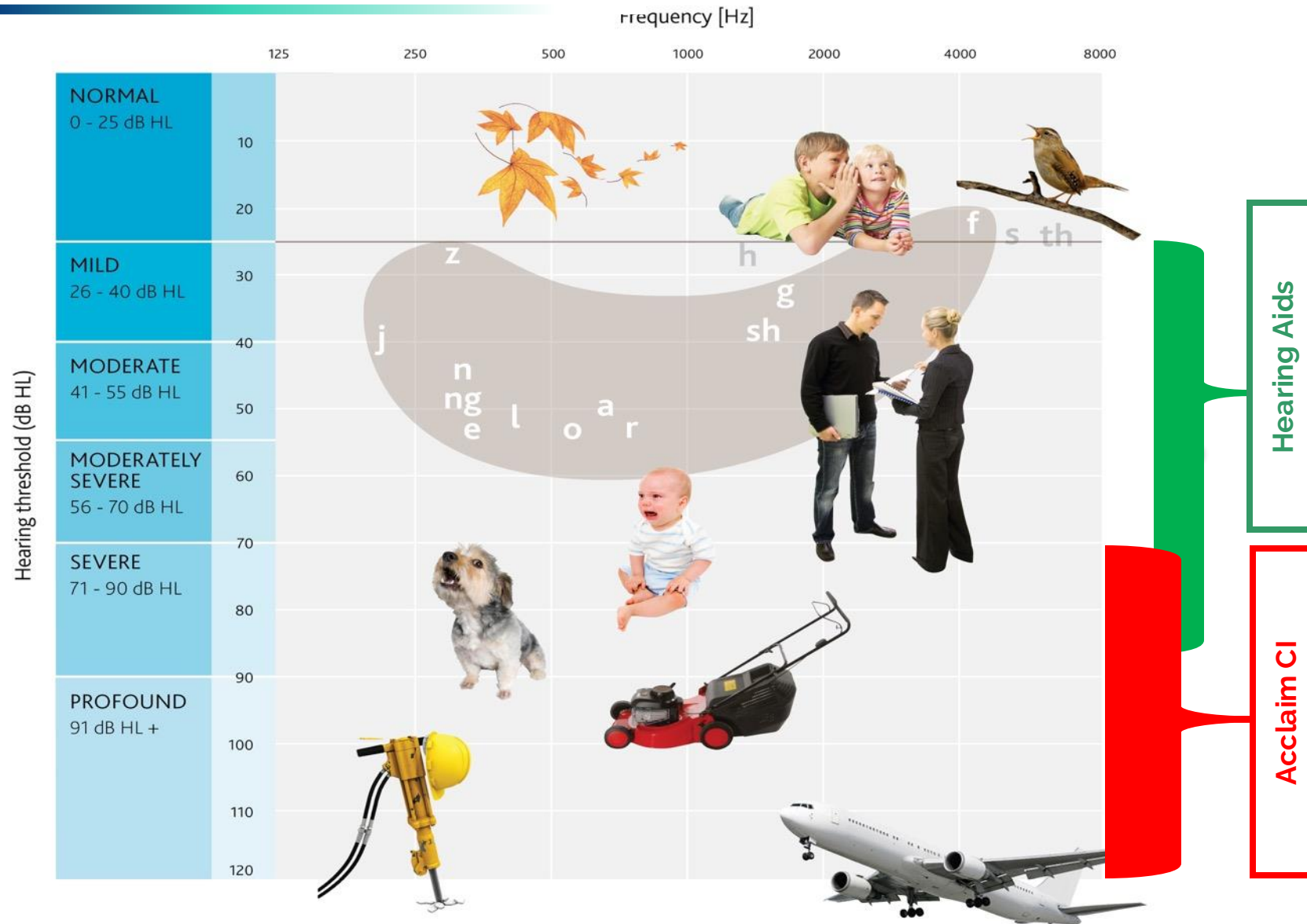
Animation is for illustrative purposes only, and may not be indicative of individual characteristics, size placement, functionality, or use.

HOW THE ESTEEM FI-AMEI HEARING IMPLANT WORKS



For illustrative purposes only. Experience and results may vary.

LEVELS OF HEARING LOSS



Where Envoy Fits In

Hearing Aids

Esteem FI-AMEI

Acclaim CI

~2.8M U.S. Adults may be candidates for cochlear implants¹

Only ~5%-8% of the people that could benefit from an implantable hearing solution have received one.²

Our View: a primary reason adults do not get cochlear implants is the external hardware.

- “Hearing loss is the third most common chronic physical condition in the United States and is twice as prevalent as diabetes or cancer.”⁵
- Approximately 48 million Americans have some form of hearing loss. Over the next four decades, that number may increase to approximately 80 million.⁶
- As Americans live longer, more people will experience hearing loss.⁶
 - 68% of people in their 70s experience hearing loss.⁷
 - 90% of people 80 or older experience hearing loss.⁷
- Age-related hearing loss has been estimated to have an economic cost to society of approximately \$297,000 (USD) per affected person over their lifetime.⁸
- ***Approximately 55,000 cochlear devices are currently being sold annually around the globe – Envoy needs to sell only 1,000 – 2,000 per year to become a significant player in this space.***

~\$84B

**and growing
untapped potential
cochlear implant
U.S. market
opportunity^{3,4}**

NOTES:

1. Goman, Adele M., and Frank R. Lin. "Prevalence of hearing loss by severity in the United States." American journal of public health 106.10 (2016): 1820-1822.; Goman, Adele M., Nicholas S. Reed, and Frank R. Lin. "Addressing estimated hearing loss in adults in 2060." JAMA Otolaryngology–Head & Neck Surgery 143.7 (2017): 733-734
2. Cochlear Limited Annual Report 2022
3. S2N Market Model prepared for Envoy Medical Corporation
4. Assumes device price of ~\$30,000 for 2.8M U.S. population of potential candidates for cochlear implants

5. CDC citing Blackwell DL, Lucas JW, Clarke TC. Summary health statistics for US adults: National Health Interview Survey, 2012. Vital Health Stat 10. 2014;260:1-161.
6. Everett, Carla. National Council on Aging. (2023) <https://www.ncoa.org/adviser/hearing-aids/hearing-loss-america/>
7. Goman, Adele M. and Lin, Frank R. Prevalence of Hearing Loss by Severity in the United States. American Journal of Public Health. 2016. Found on the internet at <https://www.ncbi.nlm.nih.gov/pmc/articles/PMC5024365/>
8. National Academies of Sciences, Engineering, and Medicine. Hearing health care for adults: Priorities for improving access and affordability. Washington, DC: The National Academies Press; 2016. (doi:10.17226/23446)

COMPLACENT EXISTING PARTICIPANTS



Market Share: ~65%

(ASX: COH)
\$1.52B Revenue
~\$11.59B Market Cap¹

SOURCE: Cochlear Ltd.



Market Share: ~10%

(SWX: SOON)
\$4.36B Revenue
~\$19.1B Market Cap

SOURCE: Advanced Bionics



Market Share: ~15%

Privately Held

COMPANIES	DESCRIPTION	Revenue (USD) ¹	Gross Margin (%) ¹	Market Cap (USD) ¹
	Cochlear is the leading cochlear implant device manufacturer with around 60% global market share. Developed markets contribute 80% of group revenue where cochlear implants are the standard of care for children with severe to profound hearing loss. The company also actively targets the growing cohort of seniors in developed markets. Main products include cochlear implants, bone-anchored hearing aids, and associated sound processors.	\$1.52B TTM Total As of 30-May-2025	75%	~\$11.59B
	Sonova is one of the world's largest manufacturers and distributors of hearing aids. The company is based in Switzerland and distributes its products in more than 100 countries through its internal sales team and independent retailers. It also sells cochlear implants through its advanced bionics subsidiary.	\$4.36B TTM Total As of 30-May-2025	72%	~\$19.1B



Current Market Cap of Envoy Medical (COCH) is less than 1% of the existing players.

Our belief is that difference will not continue to be as great over time.

NOTE:

1. PitchBook Data, as of May 2025; Market share data shown are estimates based on publicly available information and are subject to change.

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DISRUPTING A MULTI-\$B COCHLEAR MARKET

ENVOL MEDICAL

Cochlear®

MED^{EL}

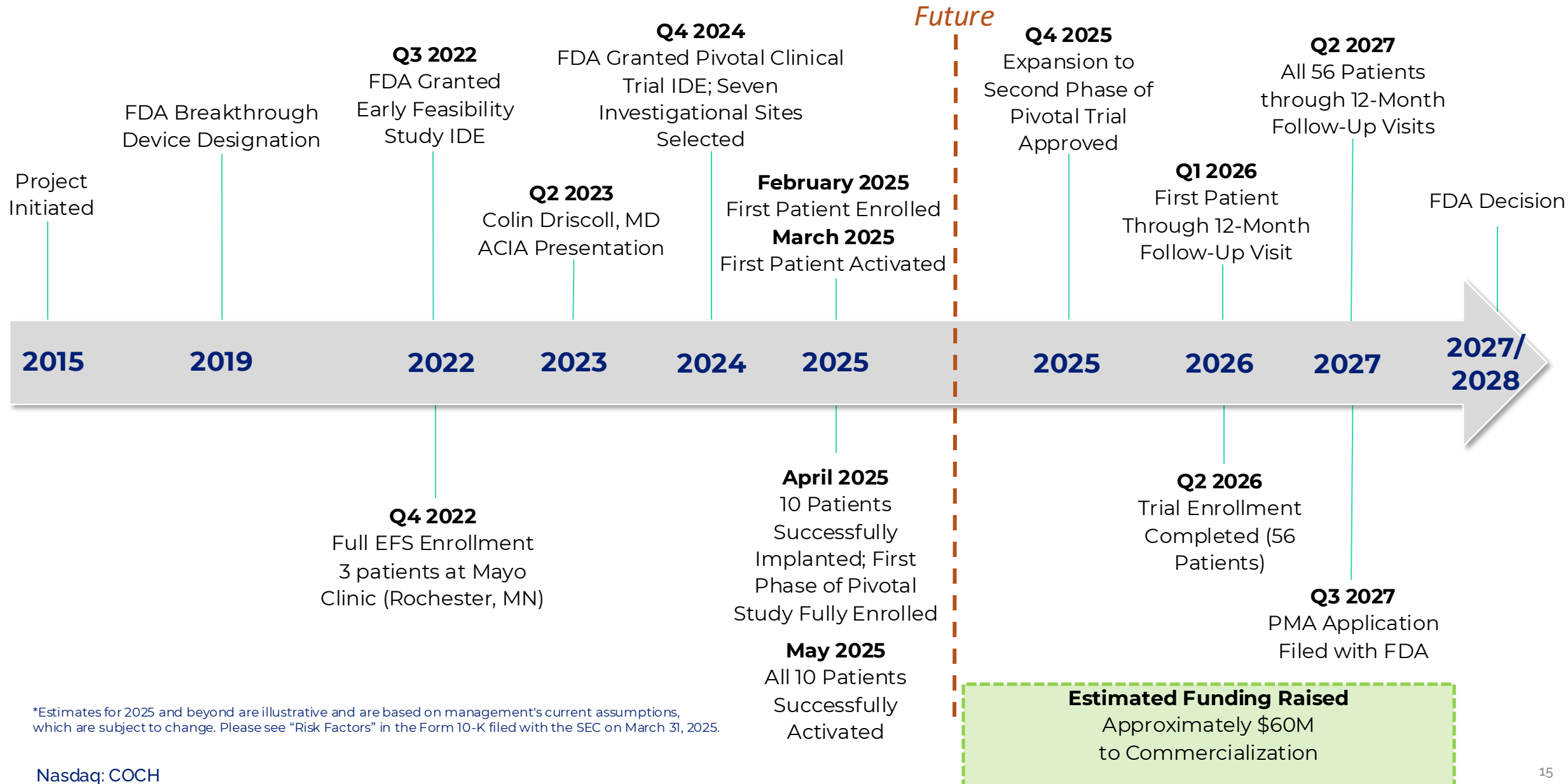
ADVANCED
BIONICS
part of sonova

	● (USA)	● (Australia)	● (Europe)	
Feasibility Study on Record	● (USA)	● (Australia)	● (Europe)	X
Breakthrough Device Designation from U.S. FDA for Fully Implanted Cochlear Implant	●	X	X	X
Investigational Device Exemption (IDE) application approved by FDA to begin Pivotal Clinical Trial in US.	●	?	?	X
Enrollment of Pivotal Clinical Trial underway.	●	?	?	X
FDA Approval for Commercial Sales in U.S.	X	X	X	X

SOURCE: Envoy Medical management

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TIMELINE TO COMMERCIALIZATION



*Estimates for 2025 and beyond are illustrative and are based on management's current assumptions, which are subject to change. Please see "Risk Factors" in the Form 10-K filed with the SEC on March 31, 2025.

TARGETED SITES FOR IMPLANTATION

- 35 Targeted Sites
 - All pivotal trial sites.
 - The sites of CIAB members.
 - Valued and committed Esteem sites.
 - New sites with highly recommended CI programs that we have gotten to know over the years.
- These 35 sites accounted for roughly 4,000 cochlear implants in 2023, or just over 13% of all cochlear implants in the US.
- Low overhead as only 10 people needed to provide technical support to all 35 sites.
 - 5 surgical
 - 5 audiologists



- The strategy is for the seven sites used for Pivotal Study will become the backbone of the commercial launch.
 - Mayo Clinic, Rochester, MN
 - Cleveland Clinic, Cleveland, OH
 - Community Hospital/Hearts for Hearing, Oklahoma City, OK
 - University of Florida, Gainesville, FL
 - Medical University of South Carolina, Charleston, SC
 - Shohet Ear Associates, Seal Beach, CA
 - Center for Neurosciences, Tucson, AZ
- All seven sites are top cochlear implant centers and have the staff, capacity, and expertise on both the surgery and audiology side to support successful commercialization.
- Four of them are affiliated with medical schools and residency and fellowship programs for otologists and neurotologists.

- There are approximately 55,000 new cochlear implants a year worldwide, which is expected to grow thanks to increased awareness, aging population, and expanding candidacy.
 - Our current goal is to have 3-5% market share by 2030.
- 4% market share would equate to roughly 2,250 implants a year.
 - Assuming an ASP of \$30K equates to potential revenue of \$67.5M.
 - Gross profit ~\$45M (65-70% gross margin).
 - Low overhead. 10 people needed to run audiology/surgical centers (5 audiologists & 5 surgeons).
- We can achieve our goals by providing high-level training and product technical support to a limited number of experienced and high-quality implant centers.
 - 2,250 implants/year $\approx$ 188 implants/month. $\approx$ 44 implants/week.
 - Top 20% of CI centers perform between 100 and 300 implants/year or 2 to 6 implants/week.
 - 30 centers averaging 1.5 implants a week by 2030 would get us 2,340 implants/year.
 - We currently have manufacturing capacity for roughly 2,500 implants a year (if we go to multiple shifts and add technicians).

- Fully implanted hearing solutions position Envoy to capture significant market share.
 - **Acclaim® Cochlear Implant*** – first of its kind, fully implanted cochlear device without bulky external components, currently in FDA clinical trials.
 - **Esteem® FI-AMEI** – FDA approved middle ear implant potentially poised to increase market share following reintroduction of Hearing Device Clarification Act. Passage of this Act would reclassify the Esteem® active middle ear implant as a prosthetic device, not a hearing aid, thus making it eligible for Medicare coverage.
- 55,000 cochlear implants are sold annually globally – Envoy only needs to sell approximately 1,000 to 2,000 per year to become a significant player in the growing cochlear implant space.
- Envoy Medical has made significant progress in the clinical trials of its fully implanted Acclaim® Cochlear Implant. The first stage – 10 participants – has fully enrolled and all 10 have gone through activation and follow-up visits are on track.
- Management and Board have significant experience in med-tech space.
 - Former Chairman Emeritus Glen Taylor, also founder and chairman of Taylor Corporation, one of the nation's largest privately held companies, and former owner of Minnesota Timberwolves, has invested over \$150M into Envoy Medical.
- Only American-based hearing implant company currently listed on major US Exchange. Envoy also proudly manufactures its products in the United States.

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Nasdaq: COCH



MEDICAL ENVOY

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The background features a close-up of a person's face, primarily the ear and cheek area, which is partially obscured by a series of thin, white, concentric circles. These circles are centered on the right side of the image, creating a ripple effect that extends across the frame. The overall color palette is a mix of deep blues and purples, with a horizontal band of a slightly different shade of blue running across the middle. The word 'APPENDIX' is centered within this band.

APPENDIX

HEARING LOSS: GLOBAL MARKET

Key Facts from the World Health Organization¹:

- More than 1.5 billion people may have some form of hearing loss during their lifetime.
- Approximately 430 million of those individuals have “disabling hearing loss” that requires intervention.²
- By 2050, these numbers are expected to jump significantly.
 - 2.5 billion people are projected to have some degree of hearing loss.
 - 700 million may have “disabling hearing loss” that requires hearing rehabilitation.
- It is estimated that nearly \$1 trillion (USD) may be lost every year globally due to a failure to address hearing loss properly.
- Hearing loss is significantly more common with increased age. Approximately 1 in 4 (25%) of people over the age of 60 are impacted by “disabling hearing loss.”

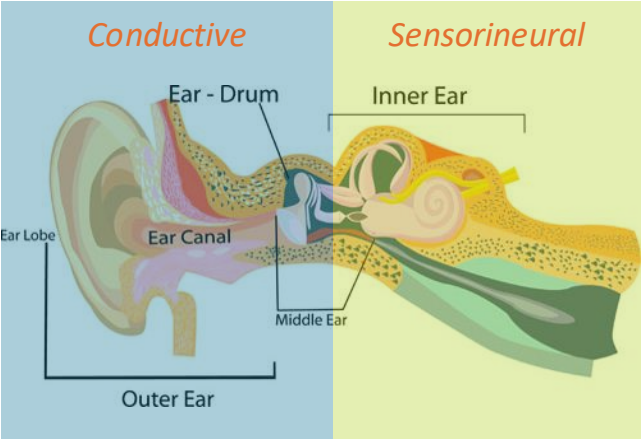
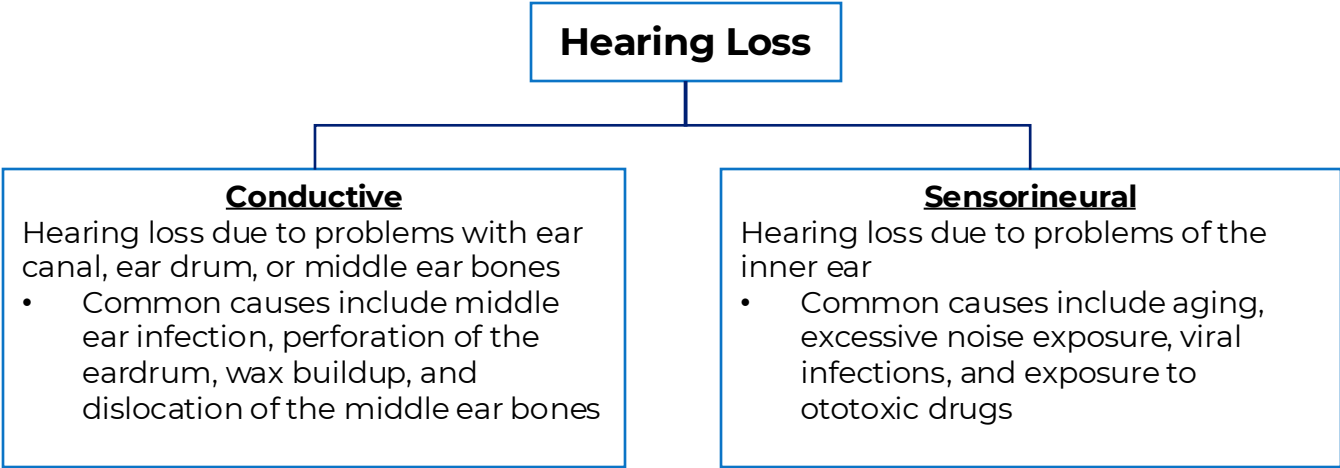
NOTES:

(1) World report on hearing. Geneva: World Health Organization; 2021. License: CC BY-NC-SA 3.0 IGO.

(2) “Disabling hearing” refers to a level of hearing loss that is 35 decibels (dB) or more in the better hearing ear.

HEARING LOSS: TYPES AND SEVERITY OVERVIEW

Hearing loss can be due to damage of the outer/middle (conductive) or inner (sensorineural) ear and can range from mild to profound.



Severity of Hearing Loss

Category	dB Loss	example
Normal	0-20dB	n/a
Mild	20-40dB	Difficulty hearing soft spoken people
Moderate	40-70dB	Often can hear speech but not understand
Severe	70-90dB	Cannot hear speech
Profound	90+dB	Unable to hear loud sounds like fire alarms

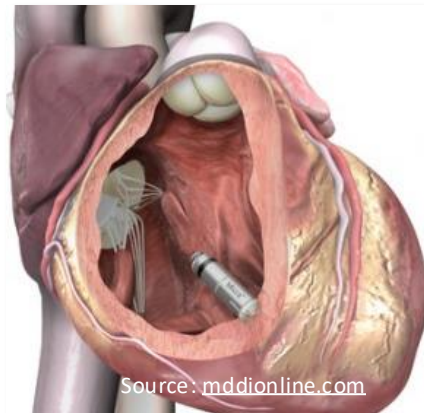
DISCREET AND IMPLANTABLE MEDICAL TECHNOLOGY CONTINUES TO INNOVATE MARKETS 0

Sleep Apnea



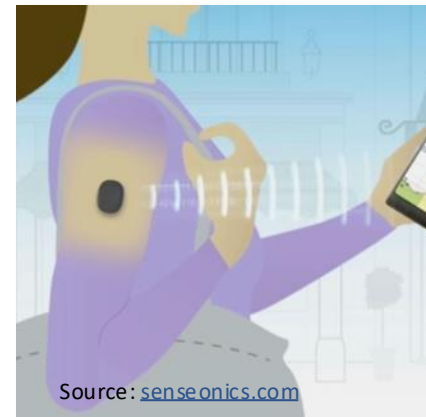
FDA Approves Inspire® Upper Airway Stimulation (UAS) Therapy for Obstructive Sleep Apnea

Pacemaker



FDA approves the first leadless pacemaker to treat cardiac arrhythmias

Glucose Monitoring



FDA approves first continuous glucose monitoring system with a fully implantable glucose sensor and compatible mobile app for adults with diabetes

Fully Implanted Cochlear Implants



FDA Breakthrough Designation granted for Envoy's fully implantable cochlear implants

ENVOY'S RECHARGEABLE BATTERY EXPECTED TO LAST SEVERAL DAYS BETWEEN CHARGES

ENVYOY^{MEDICAL}

Rechargeable Implanted Batteries

Remain mobile while charging with the charging system

Battery charging system only worn while charging, a few hours every 4+ days**

Envoy's battery is similar to other medical devices with implanted, rechargeable batteries

Device not to scale

**Estimated average based on initial data

Nasdaq: COCH

ENVYOY^{MEDICAL}

Cochlear Implant



Boston Scientific

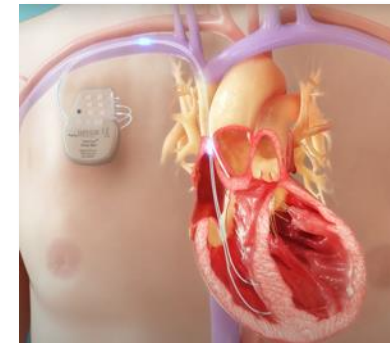
Deep Brain Stimulation System



Source: [BostonScientific](#)

IMPULSE
DYNAMICS

Cardiac Contractility Modulation Therapy



Source: [Impulse Dynamics](#)

LivaNova

Sleep Apnea Implant Therapy



Source: [LivaNova](#)

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KEY LEADERS – MANAGEMENT TEAM

Executive Summary



Brent T. Lucas, CEO

Mr. Lucas has been the Chief Executive Officer of Envoy Medical Corporation for the last seven years and brings **over 15 years of experience in the active implantables in the hearing health industry**. He has served in various roles and gained a tremendous amount of specialized experience, working his way up from an intern to CEO. Mr. Lucas received his Bachelor's Degree from the University of St. Thomas and JD from the Mitchell Hamline School of Law.



Karin Simonson, Vice President, General Counsel & Secretary

Karin Simonson has served as our Vice President, General Counsel & Corporate Secretary since December, 2023. From April, 2023 to December, 2023, Ms. Simonson was General Counsel for Monarch Healthcare Management. She has almost 20 years of diverse in-house counsel experience supporting clinical, regulatory, sales, marketing, compliance, data privacy, research and development, HR, IT, contracts and commercial operations with increasing responsibilities at both small and large companies including, Coloplast, Medtronic, American Medical Systems and Carlson Hotels Worldwide. Ms. Simonson has a BS, magna cum laude, from the University of Minnesota-Twin Cities and a JD, magna cum laude, from Mitchell Hamline School of Law.



Tom Hoegh, VP of R&D

Mr. Hoegh has over **30 years of experience in the medical device industry, primarily in the development and on-market support of active implantable devices** such as neuromodulation systems for spinal, sacral, deep brain, and hypoglossal nerve stimulation. Mr. Hoegh's previous experiences consist of leading engineering teams at Nuvectra, ICU/Smiths Medical, Medtronic, and Apnex Medical. Mr. Hoegh received a dual Bachelor of Science degree in Mechanical Engineering and Chemistry from Valparaiso University and a Master of Science degree in Technology Management from the University of St. Thomas.



ENVOY MEDICAL, INC. Board of Directors



Chuck Brynelsen

Independent Director,
Board Chair

- Most recently serving as Senior VP and President of Abbott Vascular from 2017 to 2021.
- Since 2015 he has also been a Venture Partner of Spring Rock Ventures, an investment firm that focuses on digital health, devices, services.
- Served on private companies boards of directors, including Alebra Technologies since 2010 and Neuspera Medical from 2022 to 2023.
- Served as SVP and President of Medtronic Early Technologies from 2015 to 2016, as the Global President of Covidien Early Technologies from 2013 to 2015, and as the CEO of IntraPace from 2005 to 2012.
- MBA from Kellogg School of Management at Northwestern University and his BA from Bradley University.



Susan Kantor

Independent Director,
Audit Committee Chair

- An Advisory Partner for PwC from 2011 to 2016, a Partner and CFO & Treasurer of PRTM Management Consultants from 1997 to 2011.
- Previously a CFO at corporate strategy and operations consulting firms Monitor Group and BCG, as well as Parexel International, a CRO.
- Board member and Audit Committee chair of Anzu, Teknor Apex Company, a \$1.2 billion dollar privately-held material science company, Guest Services Inc., a privately-held hospitality company, and the International Council on Clean Transportation.
- Ex-board director and the Audit Committee Chair for Lionbridge Technologies Inc. when it was a \$550 million publicly-held company. Sold to private equity in 2016.
- Bachelor's degree from Grove City College in Accounting and Business Administration and her CPA in MA.



Janis Smith-Gomez

Independent Director,
NomGov Committee
Chair

- Over 30 years of executive experience at Johnson & Johnson, Mars, Kraft and PepsiCo.
- Most recent role with J&J, Janis led the brand identity efforts to evolve the \$27B medical devices business into a leading patient-centered, customer-focused, digitally powered MedTech innovator.
- Previously accountable P&L owner of businesses as large as \$3B, managing budgets from \$10M to \$215M.
- On non-profit boards of New York Academy of Medicine and Black Public Media.
- Graduate of University of Chicago with an MBA in Marketing & Business Policy and a Bachelor's degree in Business.



Michael Crowe

Independent Director

- Michael Crowe is currently SVP Operations at Bioventus. In this role he oversees Operations, Supply Chain, Customer Service, Data Integrity, Facilities, Sustaining Engineering, and the Office of Project Management & Alliances reporting to him.
- Began his career at General Electric, and has served in management at medical device powerhouses Johnson & Johnson, Covidien Surgical Devices (now part of Medtronic), and Abbott Vascular.
- Holds a BS in electrical engineering from the University of Louisville and an MBA from Duke.
- Certified master black belt in Six Sigma and lean manufacturing and is a trained facilitator and continuous improvement champion.



Mona Patel

Independent Director,
Compensation
Committee Chair

- Over 30 years of experience in medical devices in marketing, market development, clinical education and mergers and acquisitions.
- Former VP of Marketing and Clinical Education at Boston Scientific in their neuromodulation division where she helped build the start-up into a market leader with ~\$1B in sales.
- Introduced the first rechargeable spinal cord stimulator into a market and helped convert the market from non-rechargeables to rechargeables.
- Launched the first rechargeable in Deep Brain Stimulation for Parkinson's.
- BSE in Mechanical Engineering from the University of Michigan and an M.B.A. from the Wharton School of Business.



Brent Lucas

CEO of Envoy
Medical

- Served as CEO of Envoy for the past seven years and brings over 15 years of experience in the active implantables in the hearing health industry.
- Served in various roles with Envoy and gained a tremendous amount of specialized experience, working his way up from an intern to CEO.
- Received his bachelor's degree from the University of St. Thomas and Juris Doctor degree from the Mitchell Hamline School of Law.



Who Are We?

Audiologists



Jannine “Jan” Larky, M.A. | Stanford Ear Institute (Palo Alto, CA)



Dr. Aniket Saoji, Ph.D. | Mayo Clinical (Rochester, MN)



Dr. Melissa Hall, Au.D. | University of Florida (Gainesville, FL)



Dr. Camille Dunn, Ph.D. | University of Iowa (Iowa City, IA)



Surgeons



Dr. Colin L. Driscoll, M.D. | Mayo Clinic (Rochester, MN)



Dr. Elizabeth “Liz” Toh, M.D. | Lahey Hospital & Medical Center (Boston, MA)



Dr. Theodore “Ted” McRackan, MD | Medical University of South Carolina (Charleston, South CA)



Dr. John Kveton, M.D. | Ear Nose and Throat Medical and Surgical Group, LLC (New Haven, CT)



Dr. Jack Shohet, M.D. | Shohet Ear Associates Medical Group, Inc. (Seal Beach, CA)

