DOCTORS HOSPITAL
HEALTH SYSTEM

DOCTORS HOSPITAL

# ANNUAL SHAREHOLDER'S REPORT

FYE JANUARY 31ST, 2026

About Us

# One Connected System for Total Care

Doctors Hospital brings together hospitals, clinics, pharmacies, labs, and emergency transport under one trusted name. Across The Bahamas, we deliver connected, compassionate care built on excellence and safety.

ANNUAL REPORT

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# CHAIRMAN'S REPORT FYE 2026

## Felix Stubbs Chairman, Board of Directors

At Doctors Hospital Health System (DHHS), our guiding principle remains steadfast: Associates come first, because when we care for our people, they can better care for our patients. That principle was tested this year in a way few others could match, and it held.

The fiscal year ending January 31, 2026, will be remembered as the year DHHS executed one of the most significant governance transitions in its history: the planned succession of Dr. Charles Diggiss from President and CEO to President, bridging executive management with the Board, while continuing as Provost of The Institute of Learning (DH-TIOL) and as head of GLOW and LAMP. This was not a transition that happened to DHHS. It was one the Board oversaw deliberately, built over two years in partnership with Shift180 on executive succession readiness, so that when the moment came, it came on our terms and on a timeline that protected the institution. Effective February 1, 2026, Dennis Deveaux assumed the role of Chief Executive Officer. He is joined by Kendra Sturrup as Chief Financial Officer, Dr. Sheena Antonio-Collie as Chief Medical Officer, Dr. Bridgette Sherman as Chief Nursing Officer, and Randol Dorsett as Chief Legal Officer, to form the new executive leadership team. The Board extends its full confidence to this new leadership team and its gratitude to Dr. Diggiss for a transition managed with the same discipline he brought to two decades of leadership.

This year also brought DHHS its sixth consecutive Joint Commission International (JCI) accreditation, achieved in June 2025, a result that speaks directly to the quality of governance and clinical oversight this Board is charged with protecting. Consecutive accreditation of this kind is not gained on the strength of a single strong year; it requires the discipline to maintain international standards through the pressures of running a health system, and to do so consistently. It remains one of the clearest external validations available to us that our standard of care holds up against international benchmarks, year after year, and it is a direct reflection of the associates, physicians, and clinical leaders who work tirelessly to achieve that accreditation.

The board is also pleased to have advanced our seventh strategic goal of achieving systemwide operational efficiency. These efforts have streamlined processes, optimized resource use, and improved patient care across our network. Efficiency of this kind allows every other strategic priority to function more effectively. The Board views this priority as foundational. DHHS cannot sustainably expand access, invest in innovation, or weather a leadership transition if its underlying operations are inefficient, and the discipline shown here this year, gives us confidence in the organization's capacity to keep growing. We look forward to the opening of the Rockwell Hospital in Grand Bahama and the Diagnostic Imaging Center on Village Road, which both reflect our commitment to increasing accessibility and building a stronger, more connected healthcare system.

Looking forward, DHHS enters FY2027 with new operational leadership, a reaffirmed commitment to associate development through DH-TIOL and GLOW, and a Board more experienced in managing considered, deliberate change than it was a year ago. Our vision remains what it has always been: to transform healthcare in The Bahamas through expanded access, sound governance, and sustainable growth, ensuring our patients receive the best care, delivered with dignity, respect, and excellence.

I extend my deepest gratitude to my fellow Board members, to Dr. Diggiss for his stewardship through this transition, to the new executive leadership team, and to every member of the DHHS family. Together, we will continue shaping a healthier, stronger future for the communities and patients we serve.

# PRESIDENT & CEO'S REPORT FYE 2026

**Dr. Charles W. Diggiss,**
President & CEO,
Doctors Hospital Health System

At the conclusion of FYE 2026, I will step down as Chief Executive Officer as part of a planned and deliberate succession, developed over the past two years in partnership with our Board of Directors and executive leadership team. Effective February 1, 2026, Dennis Deveaux will be Chief Executive Officer, with Kendra Sturrup as Chief Financial Officer and Dr. Bridgette Sherman as Chief Nursing Officer (August 2025).

Beyond FYE 2026, I will serve DHHS as President, and I remain fully engaged as Provost of Doctors Hospital - The Institute of Learning (DH-TIOL). I will also continue to lead GLOW, our organizational health and culture initiative, and LAMP, our Loyalty Advantage Membership Program.

## Institutional Overview

DHHS achieved its sixth consecutive Joint Commission International (JCI) accreditation in June 2025, a result that reflects the sustained discipline of our quality and clinical teams and one of the clearest external validations of the standard of care across the system.

The leadership transition described above was the defining governance event of the year. It was planned, not sudden, and it was built to protect continuity of culture and strategy through the change.

# Board Governance & Leadership Transition

## A Planned Succession

Our succession planning has been underway since FY2024, when we first engaged Jeff Manchester of Shift180 to support executive leadership readiness. Quarterly in-person sessions with our clinical and executive leadership team, interspersed with monthly virtual check-ins, will provide the foundation for a considered and well-prepared transition rather than a reactive one.

## My Continuing Role

As President, I will represent in matters of institutional strategy, governance, and stakeholder relations. I will become the Provost of DH-TIOL, and I will continue to lead GLOW and LAMP directly.

Effective February 1, 2026, the new executive team will assume operational leadership of DHHS:

**Dennis Deveaux,**
*Chief Executive Officer*

**Kendra Sturrup,**
*Chief Financial Officer*

**Dr. Sheena Antonio-Collie,**
*Chief Medical Officer*

**Dr. Bridgette Sherman,**
*Chief Nursing Officer*

**Randol Dorsett,**
*Chief Legal Officer*

I am confident in this team and will remain available to them as President and as a resource on institutional history, operations, and Board relations.

## Doctors Hospital

# The Institute of Learning (DH-TIOL)

DH-TIOL remains both DHHS's investment in growing our own talent and a training ground for the wider Bahamian healthcare workforce. The institute delivers allied health courses open to the public, building a pipeline of trained allied health professionals for DHHS and the broader healthcare landscape of the country. The institute traces its roots to the foresight of Barry Rassin, who recognized that Charlotte Johnson, transitioning from a career in critical care nursing, should lead the forerunner entity to DH-TIOL: the Department of Organizational Learning. We have since built that foundation into a full institute with a growing faculty and an expanding scope of certificate and training programs.

DH-TIOL serves both DHHS associates and external students seeking entry into healthcare careers, offering training and certification across clinical and non-clinical disciplines. As Provost, I will continue to encourage our executive leadership to take up adjunct faculty roles where their subject-matter expertise fits the curriculum, and I continue to view continuous learning as one of the clearest sources of sustained advantage we have as an institution. For this fiscal year, 187 students are slated to graduate or complete their courses through DH-TIOL's public-facing allied health certifications.

## GLOW: Grow, Learn, Outreach, WOW

**GLOW** exists to strengthen workforce resilience, develop leaders at every level, and reduce organizational people-risk, in direct support of our #1 strategic priority to be the best place to work. Then name itself carries the program's philosophy; **Grow**, **Learn, Outreach**, Wow, four tenets that reinforce DHHS's core values of being Welcoming, Empathetic, Committed, Accountable, Respectful, and in pursuit of Excellence **(WE CARE)** in every associate interaction, not just the ones patients see. This has been a consistent thread since **GLOW's** early days: the belief that an associate who is supported, developed, and heard will in turn bring that same care to patients, and that **DHHS** cannot claim to deliver the best healthcare experience without first being the best place to work.

**Contiued on page**

That belief has been tested over the years. **GLOW** has previously led associate initiatives to combat burnout, introduced the **Applied Management Accelerator Program (AMAP)** to build practical leadership skills in new and emerging leaders, and driven remediation work following associate experience surveys where our Net Promoter Score told us plainly that we had more to do. **GLOW's** role has never been to celebrate culture from a distance; it has been to measure it honestly and act on what is finds, even when the finding in uncomfortable.

The **GLOW Pulse Survey** conducted in Q4 FYE2026 continues that tradition and gives us an honest read on where that work stands today. Associates report moderate psychological safety, meaning most feel reasonably able to speak up, raise concerns, or admit a mistake without fear of repercussion, but with real room to grow before that becomes a strength rather than a baseline. Learning and development stands out as our strongest-performing category, a direct return on years of investment in programs like **Journey to Best,** and a sign that associates feel **DHHS** is genuinely building their capabilities rather than simply requiring their attendance. These results, both the strong ones and those that still need work, are guiding where **GLOW** invests next: continued emphasis on the practices that are working, and deliberate attention to the areas where associates are telling us, through the survey and otherwise, that we still have ground to cover.

## Journey to Best (JTB)

JTB remains **GLOW's** signature program, built around the **GLOW** tenets of **Grow, Learn, Outreach**, and **WOW**. Each cohort moves associates through a structured curriculum that reinforces **DHHS's** core values alongside practical skills in communication, accountability, and service recovery, delivered over a multi-week format that combines classroom sessions and real workplace application. To date, 19 cohorts have completed the program, engaging more than 300 associates across departments and campuses, with a near-total completion rate and training effectiveness ratings consistently between 9.3 and 10 out of 10, a strong signal that the program resonates with the associates who complete it. FY2027 will mark the program's 20th cohort, a milestone worth marking in its own right, and a natural point to reflect on what five years of **JTB** have built into **DHHS's** culture, a shared vocabulary and a shared standard that did not previously exist.

## Bridge to the Future (BTTF)

Bridge to the Future is **GLOW's STEM** outreach program for students, continuing a commitment **DHHS** has maintained since introducing the STEM Bridge to the Future exhibition and graduation exercise. The program partners participating students with **DHHS** associates who mentor them through hands-on STEM projects over the course of the program, culminating in an exhibition where students present their work to peers, mentors, and **DHHS** leadership. For many participants, BTTF is a first direct exposure to healthcare as a STEM career path rather than an abstract subject. Doing double duty for **DHHS**, the program is a genuine community investment in Bahamian students, and it builds early awareness of healthcare careers among students who might otherwise never consider the field. It also feeds directly into PIP, giving the strongest BTTF participants a further opportunity.

## President's Students in the Pipeline (PIP)

PIP is a new initiative pairing Bridge to the Future alumni and current students with four-week work placements at **DHHS**, giving participating students direct exposure to the healthcare workplace ahead of career decisions. Students are assigned to departments under the guidance of **DHHS** supervisors and managers, gaining a realistic look at day-to-day healthcare operations, the procedures, the pace, and the teamwork, rather than a classroom abstraction of one. The program is deliberately positioned as a natural next step for BTTF's strongest participants, and it functions as an early-stage talent pipeline for **DHHS**.

## Lunch with the President

Lunch with the President continues as a standing forum for direct, informal dialogue between associates and the President. The format is intentionally unstructured. Associates raise what's on their minds, from day-to-day workplace concerns to bigger questions about where **DHHS** is headed, in a small-group setting that puts them across the table from the President's office rather than several layers removed from it. That proximity is the point. In an organization this size, it is easy for an associate's honest concern to get softened or lost by the time it travels up through several levels of reporting, not out of bad intent, but simply because that often happens to information as it moves through a hierarchy. Lunch with the President removes those layers for two hours at a time.

Over time, the sessions have become less about any single agenda item and more about keeping an open, low-friction channel running between leadership and the associates who keep this institution operating day to day. Some sessions bring to light a specific fix worth making. Others require nothing actionable at all, just an opportunity for associates to be heard directly and for me to hear, firsthand and without filtering, what it actually feels like to work at **DHHS.** Both outcomes matter.

A culture where leadership only hears what has already been cleaned up for them is a culture that eventually stops hearing the truth, and Lunch with the President is one of the more reliable ways I have of making sure that doesn't happen.

## GLOW President's Book Club

The **GLOW President's Book Club** launched this year, with our first selections built around Start with Why by Simon Sinek and The Five Dysfunctions of a Team by Patrick Lencioni. Both titles were chosen deliberately rather than as a general reading exercise. Sinek's work asks leaders and associates to articulate the purpose behind the work, not just the mechanics of it, and that question sits close to the center of what **GLOW** has always tried to instill - that associates who understand why **DHHS** does what it does bring a different quality of commitment that those who are simply following procedure. Lencioni's framework gave the group a shared, practical vocabulary for team health.

Discussions centered on purpose-driven leadership and the behaviours, trust, healthy conflict, commitment, accountability, and results, that separate high-functioning teams from the rest. Participants worked through how those frameworks apply directly to their own departments and teams, comparing where **DHHS** teams already show these behaviours and where the gaps are, rather than treating the material as theory to be read and set aside. Participants left each session with something more concrete than a book summary, they received an honest inventory of where their own team stands against the model, and in several cases, a specific behaviour they committed to changing.

## GLOWING CONVERSATIONS

**GLOWing Conversations** is a new **DHHS** podcast, hosted by the President, launching in 2026 as part of **GLOW's** culture and communication strategy. It fills a gap that the written record cannot. The platform is dedicated to engaging discussions that highlight the history, growth, leadership, innovation, wellness, and the people who shape the culture and impact of **DHHS**. It will dive deep into the history of the **Rassin Hospital**, **Doctors Hospital,** and **Doctors Hospital Healt**h System, as well as healthcare in The Bahamas more broadly, giving associates and the wider community a fuller picture of how the institution came to be, not a polished origin story, but the actual decisions, setbacks, and people behind seventy-plus years of growth. Guests are drawn from the people who lived that history and are still shaping it. Long -serving leaders in the healthcare community, associates who have watched the institution transform, and partners who have grown alongside **DHHS**.

The intent behind the format is as deliberate as the content. The podcast will reach associates and community members who will never read a governance report but will listen to a conversation on their commute, and it reaches them in a register that a written record cannot; unscripted, personal, and honest about the parts of this institution's story that do not fit neatly into a strategic priority. That is what **GLOW's** culture and communication strategy is meant to do, and **GLOWing Conversations** is its most direct expression yet.

# LAMP: Loyalty Advantage Membership Program

**LAMP** continues to serve as **DHHS's** primary affordability and access vehicle, and it has grown substantially over the past twenty months. Between 2024 and 2026, active membership grew from 1,566 to 2,725, a 74 percent increase, while inactive membership fell 21 percent. Average monthly program revenue rose from $43,000 to $155,000, a 260 percent increase, and average monthly utilization climbed from 108 to 350 visits, up 225 percent.

| LAMP Metric (2024 - 2026) | Result |
|---|---|
| Active members | 1,566 → 2,725 (+74%) |
| Inactive members | 2,320 → 1,843 (−21%) |
| Average monthly revenue | $43,000 → $155,000 (+260%) |
| Average monthly utilization (visits) | 108 → 350 (+225%) |

# Corporate Strategy and Retention

We are moving away from offering a single **LAMP** plan per corporate group toward a la carte packaging, mixing **LAMP Insured**, **Ultimate**, and **Primary** within one group plan so coverage fits each employee's needs rather than a one-size fits all default. This packaging lets each employee opt into the tier that best suits their own healthcare usage and budget, which should improve both satisfaction and retention at the individual level, not just at the corporate account level.

Our corporate relationships, previously managed informally by email, are being formalized into signed multi-year contracts, an important step given competitive interest from other providers on several accounts. Locking in multi-year terms now, while **LAMP's** growth and value proposition are strong, is as much a defensible move as a commercial one.

Attrition remains elevated at 10 to 12 percent against a 5 percent target and closing that gap is a near-term priority. A new recurring-payment feature in the member portal, launching shortly, is expected to address what we believe is largely payment friction rather than intentional cancellation, members lapsing because a manual payment was missed, not because they decided **LAMP** wasn't worth keeping. If that diagnosis is correct, this is a solvable problem with a relatively simple fix that will meaningfully strengthen the membership base.

# Personal Note
## from the President & CEO

Stepping back from the CEO role after this many years is not a small thing, but it is the right thing, and it was my decision to make it a deliberate one. I did not want this transition to happen to **DHHS**; I wanted it to happen for **DHHS**, on a timeline and in a manner that protected everything we have built. I have every confidence in the executive leadership team, and in the operational and clinical teams they now lead. They inherit an institution in a strong position, and they have earned the trust that comes with that inheritance, not by default, but through the work that got us to this point in the first place.

The areas I will continue to be responsible for, **DH-TIOL, GLOW**, and **LAMP**, are the parts of this institution closest to its people and its long-term character: how we train our own and our community, how we support our associates, and how we make care affordable and accessible. These are not the parts of **DHHS** that show up first in a quarterly or annual report, but they are the parts that determine who we are twenty years from now, long after this year's metrics are forgotten. I intend to keep investing there with the same seriousness I have applied to the CEO role for the past several years.

Thank you for the trust you have placed in me, and in this institution, across a year of real change. Change of this kind tests an organization and **DHHS** has met that test, not by avoiding the difficulty of transition, but by working through it openly and deliberately. **DHHS** is in strong hands, and I remain glad to be one of them.

# Management Discussion And Analysis

FYE 2026 Financial Results

# HIGHLIGHTS:

- Demand (utilization as measured by patient visits) now continues to grow in FYE 2026 increasing YoY by +9.5% on a comparable basis and +6.3% across all sites.
- Top-line expansion (Net Patient Services Revenue) post comparable gains with consolidated revenues of 134.3M driven by sustainable demand for inpatient healthcare services, higher participation in professional fees (driven by physician billings), organic growth in dialysis and related services, and a surge in the company's Loyal Advantage Membership Program.
- Capital investments in FYE 2026, will continue to present a sustainable growth outlook into FYE 2030 and beyond.

## FINANCIAL DIGEST

### 1. Revenue and Utilization drivers

**Consolidated snapshot**

Total consolidated revenues grew to $134.3m for the fiscal period ending January 31, 2026 ("FYE 2026") or ("period end") vs $121.5m in the prior period, representing growth of +10.5%. Revenues were bolstered in part by a financing lease with the Government of the Bahamas ("GOTB") which contributed +$7.4m to top-line in FYE 2026 as gain on the finance lease. All other revenues grew by 5.4M, on a normalized basis equivalent to a 4.4% uptick.

*Table 1 – Revenue Bridge ($000s)*

| | | |
|---|---|---|
| FYE 2025 Consolidated Revenues | 121,508 | Movement% |
| Organic YoY Growth | 5,392 | 4.4% |
| Revenue Excluding Harbourside Effects | 126,900 | 4.4% |
| Harbourside Effects | 7,400 | 6.1% |
| **FYE 2026 Consolidated Revenues** | **134,300** | **10.5%** |

***Outpatient (pre-hospital) segment in focus***

The Group continued to see sustained use of its outpatient clinics, retail pharmacy and access centers in FYE 2026, reflecting the network's established position in community-based ambulatory care.

The Group recorded 39,785 outpatient clinic visits, or +6.3% versus the prior year, across its network comprising nine (9) locations, including two (2) in Grand Bahama and one primary care, laboratory and specialist clinic in Exuma. Doctors Hospital West ceased clinic operations in November 2025 and Royal Beach Club On-Site Medical Services opened in December 2025, leaving the network at nine sites at both the start and the end of the year. Adjusting for these movements, growth on a comparable-site basis stood at +9.5%, indicating both new patient acquisition and sustained loyalty among existing patients.

A prominent driver of higher outpatient clinic activity remains The Group's Loyalty Advantage Membership Program ("LAMP") which presents a more affordable alternative than conventional insurance, effectively lowering barriers to access for average Bahamians. LAMP provides access to primary care and select diagnostic modalities to provide the first line of defense in managing chronic and non-communicable diseases. LAMP encourages members to utilize primary care and relevant diagnostic services to prevent certain easily managed medical conditions from worsening. LAMP revenues are capitation based and have no traditional insurance mechanisms to reduce access to necessary care.

In the period, the Group shifted its sales focus to company sponsored medical plans driving LAMP direct revenues up $0.7m, or +92.7% YoY.

The Group remains favourably positioned to service the healthcare needs of large resorts with embedded delivery models. In December 2025, Royal Beach Club On-Site Medical Services opened to serve Royal Caribbean International's Paradise Island development, extending the strategy established with the Paradise Island clinic and urgent care centre.

Emergency room (ER') visits fell modestly, contracting (418) visits YoY. Reduced ER visits may present optimistically given that higher primary care as well as urgent care access in addition to utilization through LAMP inherently drives more medical episodes to a lower acuity and less costly setting for patients, keeping patients out of the ER.

Core utilization, a proxy for Group level activity, is broadly defined as outpatient clinic and emergency room visits and inpatient days. As a gross metric, core utilization rose by +3.2%. See table 2 – Core Utilization Statistics.

*Table 2 – Core Utilization Statistics*

| | FYE 2025 | FYE 2026 | Change | % Change |
|---|---|---|---|---|
| Outpatient Clinic Visits | 37,413 | 39,785 | 2,372 | 6.3% |
| Comparable Sites Only | 33,345 | 36,511 | 3,166 | 9.5% |
| ER Visits* | 12,015 | 11,597 | (418) | -3.5% |
| Inpatient Days* | 11,178 | 11,188 | 10 | 0.1% |
| **Sub-total** | **60,606** | **62,570** | **1,964** | **3.2%** |

**2. Significant capital projects**

TThe pipeline of projects to drive sustainable growth through expanded healthcare offerings remains active as a basis for sustainable growth toward 2030. These offerings are transformational in nature and will further reshape the national healthcare landscape.

Two significant capital projects remained in progress at period end:

- Construction continued on The Group's 25-bed hospital in Grand Bahama. At period end, total borrowings

related to this project stood at $16.8m for construction and direct soft-costs.

- Construction also continued on The Group's 20,000+ square foot advanced imaging center on Village Road in New Providence. Construction in progress at period end was $5.0m related to this project. Total spending is projected at $7.7m. No borrowings were undertaken for this project.

**3. Uncompensated care**

Due to broad issues with inpatient capacity nationally which often trigger spillover surges in bad debt (as was the case in FYE 2024), management strengthened its upfront criteria in FYE 2025 for access to the emergency room and inpatient admissions with sustained efforts in FY 2026.

In the period, the provision for expected credit losses ("ECL") under IFRS 9 fell sharply to $2.9m, compared to $6.6m in the prior period, a reduction of approximately 56%. These changes also contributed to partial softening in revenues and utilization of the ER.

The 'structural' rate of uncompensated care remains a material risk impacting financial performance, for both self-pay customers as well as partial payments or denials from thirty party payors.

**4. Cash and Liquidity**

On a consolidated basis, cash and cash equivalents were $2.5m at period end. Fixed income investments were $3.3m, held mostly in Bahamas Government Registered Stock ("BGRS") either directly or through a 3rd party financial institution.

The Group's overdraft facility was undrawn during the period.

**5. Fiscal Position and Outlook of The Group At January 31, 2026 Remains Optimistic**

Through FYE 2026, the Group's turnover approached double pre-COVID levels on a sustained basis, with the corresponding increase in utilization evident. Excluding the one-time effects of the GOTB finance lease, the Group's profit structure improved by $6.9M YoY, with normalized return on sales approaching 5%.

The Group's strategic posture remains focused on significant investments in both inpatient and outpatient capacity that will fundamentally reshape the healthcare delivery landscape nationally through 2030 and beyond. While FYE 2025 experienced net income pressures from several short-term headwinds, these have been identified and are not indicative of the underlying trajectory of the business.

The investments underway are expected to have a material favorable impact on net income from FYE 2027 and beyond, while also contributing meaningfully to addressing healthcare needs for Bahamians and tourists alike. Beyond the financial impact of the Group's transformation and expanding role in the healthcare landscape, the Group remains focused on reducing the burden of disease, particularly cardiovascular disease and other chronic non-communicable diseases, in The Bahamas.

# DOCTORS HOSPITAL HEALTH SYSTEM LIMITED

## Consolidated Financial Statements For The Year Ended January 31, 2026 And Independent Auditors' Report

KPMG (Bahamas) Ltd.
PO Box N-123
Marina Hall
Sandyport Olde Towne
Seasky Lane
Nassau,The Bahamas

## Independent Auditors' Report

## To the Shareholders of Doctors Hospital Health System Limited

### *Opinion*

We have audited the Consolidated financial statements of Doctors Hospital Health System Limited and its subsidiaries (the "Group"), which comprise the Consolidated statement of financial position as at January 31, 2026, the consolidated statements of profit or loss and other comprehensive income, changes in equity and cash flows for the year then ended, and notes, comprising material accounting policies and other explanatory information.

In our opinion, the accompanying Consolidated financial statements present fairly, in all material respects, the consolidated financial position of the Group as at January 31, 2026, and its consolidated financial performance and its consolidated cash flows for the year then ended in accordance with IFRS Accounting Standards as issued by the International Accounting Standards Board ("IFRS Accounting Standards").

### *Basis for Opinion*

We conducted our audit in accordance with International Standards on Auditing ("ISAs"). Our responsibilities under those standards are further described in the "*Auditors' Responsibilities for the Audit of the Consolidated Financial Statements"* section of our report. We are independent of the Group in accordance with the International Ethics Standards Board for Accountants International Code of Ethics for Professional Accountants (including International Independence Standards) ("IESBA Code") together with the ethical requirements that are relevant to our audit of the Consolidated financial statements in the Bahamas, and we have fulfilled our other ethical responsibilities in accordance with these requirements and the IESBA Code. We believe that the audit evidence we have obtained is sufficient and appropriate to provide a basis for our opinion.

### *Key Audit Matters*

Key audit matters are those matters that, in our professional judgment, were of most significance in our audit of the consolidated financial statements of the current period. These matters were addressed in the context of our audit of the consolidated financial statements as a whole, and in forming our opinion thereon, and we do not provide a separate opinion on these matters.

KPMG

***Impairment of trade receivables***

Refer to Note 8 to the financial statements

As at January 31, 2026, the Doctors Hospital (Bahamas) Limited's trade receivables and related allowance for expected credit losses ("ECL") are of $58,384,411 and $17,446,939 respectively.

| ***The key audit matter*** | ***How the matter was addressed in our audit*** |
|---|---|
| Impairment of trade receivables was considered to be a key audit area primarily for the following reasons:<br><br>Inadequate allowance for impairment losses could have a material financial impact on the Group's consolidated financial statements, should a material impairment loss occur without adequate allowance for ECL being made.<br><br>The impairment assessment of trade receivables i.e. measurement of ECL requires the use of subjective estimates and significant judgments such as estimating Probability of Default ("PD"), Loss Given Default ("LGD"), Exposure at Default ("EAD"), Significant Increase in Credit Risk ("SICR"), discount rate and Forward Looking Information ("FLI"). | In assessing the impairment of trade receivables, our main audit procedures included:<br><br>Obtained an overall understanding of the Group's methodology to determine the allowance for ECL including the associated processes and systems used. Further tested design and implementation of the controls used by the Group to determine the accuracy of the allowance for ECL;<br><br>On a sample basis, we validated the accuracy of the ECL data inputs. To validate the data inputs, we inspected source documents and compared the information from source documents to inputs used in the ECL calculation. The primary data inputs included monthly trade receivable aging, roll rate, loss rate, write-offs and recoveries;<br><br>Using our own Financial Risk Management specialists:<br><br>a) we evaluated the appropriateness of the Group's ECL model and methodology and the reasonableness of the Group's subjective estimates and significant judgements made in applying the ECL requirements in accordance with the relevant accounting standards which included the selection and application of significant assumptions and data sources used in the ECL model, including PD, LGD, EAD, SICR, discount rate and FLI;<br><br>b) we evaluated the reasonableness and reliability of the FLI by performing benchmarking analysis in reference to Gross Domestic Product ("GDP") growth rate, unemployment rate and inflation rate. |

| | |
|---|---|
| | Evaluated the completeness, accuracy and relevance of ECL related disclosures required by the relevant accounting standards, including disclosures about assumptions concerning the future, and other major sources of estimation uncertainty. |

***Impairment of goodwill arising from the acquisition of KCL***

Refer to Note 14 to the financial statements

As at January 31, 2026, the Group has goodwill relating to the acquisition of KCL amounting to $2,974,984. Goodwill is subject to impairment testing on an annual basis and at any time during the year if an indicator of impairment exists.

| ***The key audit matter*** | ***How the matter was addressed in our audit*** |
|---|---|
| The annual impairment testing of goodwill includes determination of the assumptions to be used to estimate the recoverable amount. The recoverable amount of the cash-generating unit ("CGU"), which is based on the value in use has been derived from discounted cash flow models. These models use several key assumptions, including estimates of future patient services revenue, operating costs, growth rate, terminal value and the weighted-average cost of capital (discount rate). | In assessing the Group's annual goodwill impairment test, our main audit procedures included:<br><br>· Obtained an overall understanding of the Group's methodology over the Group's goodwill impairment process.<br><br>· Using our own valuation specialists, we evaluated the appropriateness of the discount rates applied, which included comparing the weighted-average cost of capital with sector averages for the relevant markets in which the CGU operates.<br><br>· Evaluated the appropriateness of the assumptions applied to key inputs such as patient services revenue, operating costs and growth rates, which included comparing these inputs with externally derived data as well as our own assessments based on our knowledge of the Group and the industry.<br><br>· Performed sensitivity analysis, which included assessing the effect of reasonably possible reductions in growth rates, discount rate and forecast cash flows.<br><br>· Evaluated the adequacy of the financial statement disclosures, including disclosures of key assumptions and judgments. |

### *Other Information*

Management is responsible for the other information. The other information comprises the information included in the 2026 Annual Report but does not include the consolidated financial statements and our auditors' report thereon. The 2026 Annual Report is expected to be made available to us after the date of this auditors' report.

Our opinion on the Consolidated financial statements does not cover the other information and we do not express any form of assurance conclusion thereon.

In connection with our audit of the Consolidated financial statements, our responsibility is to read the other information and, in doing so, consider whether the other information is materially inconsistent with the Consolidated financial statements or our knowledge obtained in the audit, or otherwise appears to be materially misstated. If, based on the work we have performed, we conclude that there is a material misstatement of this other information, we are required to report that fact. We have nothing to report in this regard.

### *Other matter relating to supplementary information*

We draw attention to the fact that the supplementary information included in Schedule 1 does not form part of the audited consolidated financial statements. We have not audited this supplementary information and, accordingly, we do not express an opinion on this supplementary information.

### *Responsibilities of Management and Those Charged with Governance for the Consolidated Financial Statements*

Management is responsible for the preparation and fair presentation of the Consolidated financial statements in accordance with IFRS Accounting Standards, and for such internal control as management determines is necessary to enable the preparation of Consolidated financial statements that are free from material misstatement, whether due to fraud or error.

In preparing the Consolidated financial statements, management is responsible for assessing the Group's ability to continue as a going concern, disclosing, as applicable, matters related to going concern and using the going concern basis of accounting unless management either intends to liquidate the Group or to cease operations, or has no realistic alternative but to do so.

Those charged with governance are responsible for overseeing the Group's financial reporting process.

### *Auditors' Responsibilities for the Audit of the Consolidated Financial Statements*

Our objectives are to obtain reasonable assurance about whether the Consolidated financial statements as a whole are free from material misstatement, whether due to fraud or error, and to issue an auditors' report that includes our opinion. Reasonable assurance is a high level of assurance, but is not a guarantee that an audit conducted in accordance with ISAs will always detect a material misstatement when it exists. Misstatements can arise from fraud or error and are considered material if, individually or in the aggregate, they could reasonably be expected to influence the economic decisions of users taken on the basis of these Consolidated financial statements.

As part of an audit in accordance with ISAs, we exercise professional judgment and maintain professional skepticism throughout the audit. We also:

- Identify and assess the risks of material misstatement of the Consolidated financial statements, whether due to fraud or error, design and perform audit procedures responsive to those risks,

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and obtain audit evidence that is sufficient and appropriate to provide a basis for our opinion. The risk of not detecting a material misstatement resulting from fraud is higher than for one resulting from error, as fraud may involve collusion, forgery, intentional omissions, misrepresentations, or the override of internal control.

- Obtain an understanding of internal control relevant to the audit in order to design audit procedures that are appropriate in the circumstances, but not for the purpose of expressing an opinion on the effectiveness of the Group's internal control.
- Evaluate the appropriateness of accounting policies used and the reasonableness of accounting estimates and related disclosures made by management.
- Conclude on the appropriateness of management's use of the going concern basis of accounting and, based on the audit evidence obtained, whether a material uncertainty exists related to events or conditions that may cast significant doubt on the Group's ability to continue as a going concern. If we conclude that a material uncertainty exists, we are required to draw attention in our auditors' report to the related disclosures in the Consolidated financial statements or, if such disclosures are inadequate, to modify our opinion. Our conclusions are based on the audit evidence obtained up to the date of our auditors' report. However, future events or conditions may cause the Group to cease to continue as a going concern.
- Evaluate the overall presentation, structure and content of the Consolidated financial statements, including the disclosures, and whether the Consolidated financial statements represent the underlying transactions and events in a manner that achieves fair presentation.
- Plan and perform the group audit to obtain sufficient appropriate audit evidence regarding the financial information of the entities or business units within the group as a basis for forming an opinion on the group financial statements. We are responsible for the direction, supervision and performance of the group audit. We remain solely responsible for our audit opinion.

We communicate with those charged with governance regarding, among other matters, the planned scope and timing of the audit and significant audit findings, including any significant deficiencies in internal control that we identify during our audit.

We also provide those charged with governance with a statement that we have complied with relevant ethical requirements regarding independence, and communicate with them all relationships and other matters that may reasonably be thought to bear on our independence, and where applicable, actions taken to eliminate threats or safeguards applied.

From the matters communicated with those charged with governance, we determine those matters that were of most significance in the audit of the consolidated financial statements of the current period and are therefore the key audit matters. We describe these matters in our auditors'' report unless law or regulation precludes public disclosure about the matter or when, in extremely rare circumstances, we determine that a matter should not be communicated in our report because the adverse consequences of doing so would reasonably be expected to outweigh the public interest benefits of such communication. The engagement partner on the audit resulting in this independent auditors' report is Diveane Bowe.

KPMG (Bahamas) Ltd.

Nassau, Bahamas

August 21, 2026

## DOCTORS HOSPITAL HEALTH SYSTEM LIMITED

### CONSOLIDATED STATEMENT OF FINANCIAL POSITION
### AS AT JANUARY 31, 2026
*(Expressed in Bahamian dollars)*

| | 2026 | 2025 |
|---|---|---|
| **ASSETS** | | |
| CURRENT ASSETS: | | |
| Cash and cash equivalents (Note 7) | $ 2,477,555 | $ 8,710,679 |
| Trade receivables, net (Note 8) | 45,516,676 | 40,030,810 |
| Inventories (Note 9) | 4,642,441 | 5,072,990 |
| Other assets (Note 10) | 2,541,228 | 1,877,226 |
| Total current assets | 55,177,900 | 55,691,705 |
| NON-CURRENT ASSETS: | | |
| Other assets (Note 10) | 710,080 | 686,680 |
| Investments (Note 11) | 3,308,480 | 7,314,742 |
| Investment property (Note 13) | 847,063 | 901,348 |
| Goodwill (Note 14) | 3,405,886 | 3,405,886 |
| Finance lease receivable (Note 16) | 30,107,558 | - |
| Right of use assets (Note 16) | 3,222,698 | 4,240,850 |
| Property and equipment (Note 15) | 74,219,114 | 82,353,082 |
| Total non-current assets | 115,820,879 | 98,902,588 |
| TOTAL ASSETS | $ 170,998,779 | $ 154,594,293 |

*(Continued)*

The notes on pages 12 to 52 form an integral part of the consolidated financial statements.

## DOCTORS HOSPITAL HEALTH SYSTEM LIMITED

### CONSOLIDATED STATEMENT OF FINANCIAL POSITION (CONT'D)
### AS AT JANUARY 31, 2026
*(Expressed in Bahamian dollars)*

| | 2026 | 2025 |
|---|---|---|
| **LIABILITIES AND EQUITY** | | |
| CURRENT LIABILITIES: | | |
| Accounts payable and other liabilities (Notes 17 and 24) | $ 34,837,837 | $ 31,386,584 |
| Provisions (Note 28) | 160,000 | 80,000 |
| Current portion of lease liabilities (Note 16) | 1,670,772 | 1,888,929 |
| Current portion of long-term debt (Note 18) | 481,563 | 356,877 |
| Total current liabilities | 37,150,172 | 33,712,390 |
| NON-CURRENT LIABILITIES: | | |
| Lease liabilities (Note 16) | 1,826,814 | 2,570,214 |
| Long-term debt (Note 18) | 18,902,108 | 16,366,757 |
| Total non-current liabilities | 20,728,922 | 18,936,971 |
| TOTAL LIABILITIES | 57,879,094 | 52,649,361 |
| **EQUITY** | | |
| Share capital (Note 29): | | |
| Authorized 37,500,000 common shares at par value of $0.02 (2025: 18,750,000 at par value of $0.04); issued and fully paid 24,977,591 (2025: 12,471,634) | 499,551 | 498,865 |
| Share premium | 30,925,480 | 30,748,030 |
| Retained earnings | 81,694,654 | 70,698,037 |
| Total equity | 113,119,685 | 101,944,932 |
| TOTAL LIABILITIES AND EQUITY | $ 170,998,779 | $ 154,594,293 |

*(Concluded)*

The notes on pages 12 to 52 form an integral part of the consolidated financial statements.

These consolidated financial statements were approved by the Board of Directors on August 21, 2026, and are signed on its behalf by:

Director

Director

## DOCTORS HOSPITAL HEALTH SYSTEM LIMITED

### CONSOLIDATED STATEMENT OF PROFIT OR LOSS AND OTHER COMPREHENSIVE INCOME
### FOR THE YEAR ENDED JANUARY 31, 2026
*(Expressed in Bahamian dollars)*

| | 2026 | 2025 |
|---|---|---|
| INCOME: | | |
| Patient services revenue (Note 19) | $ 123,031,756 | $ 118,589,746 |
| Other income (Note 19) | 2,218,630 | 2,566,117 |
| Gain on finance lease (Note 16) | 7,420,938 | - |
| Interest income (Note 16) | 1,670,139 | 352,526 |
| Total revenue | 134,341,463 | 121,508,389 |
| EXPENSES: | | |
| Salaries and benefits (Notes 20, 24 and 25) | 58,181,136 | 53,588,179 |
| Medical supplies (Note 9) | 14,982,355 | 16,698,869 |
| Medical services (Note 24) | 13,503,064 | 12,408,369 |
| Contracted services | 5,011,415 | 4,389,957 |
| Other operating expenses (Note 21) | 8,385,355 | 9,194,939 |
| Impairment loss on financial assets (Notes 8 and 16) | 3,588,388 | 6,644,041 |
| Depreciation and amortization (Notes 13, 15 and 16) | 6,176,204 | 6,121,160 |
| Government taxes and fees (Note 22) | 2,154,994 | 2,291,632 |
| Repairs and maintenance (Note 24) | 2,464,725 | 2,411,051 |
| Utilities | 3,786,526 | 3,262,093 |
| Insurance | 2,866,223 | 2,618,201 |
| Dietary expenses | 616,181 | 664,864 |
| Rent (Note 16) | 621,801 | 390,458 |
| Interest expense (Notes 16 and 18) | 228,407 | 406,154 |
| Legal expenses | 262,724 | 920,576 |
| Loss on disposal of non-financial assets (Note 16) | 15,778 | 403,449 |
| Total expenses | 122,845,276 | 122,413,992 |
| PROFIT/(LOSS) AND TOTAL COMPREHENSIVE INCOME/ (LOSS) FOR THE YEAR | 11,496,187 | $ (905,603) |
| EARNINGS PER SHARE (Note 26): | | |
| Basic and diluted | $ 0.46 | $ (0.04) |

The notes on pages 12 to 52 form an integral part of the consolidated financial statements.

## DOCTORS HOSPITAL HEALTH SYSTEM LIMITED

### CONSOLIDATED STATEMENT OF CHANGES IN EQUITY
### FOR THE YEAR ENDED JANUARY 31, 2026
*(Expressed in Bahamian dollars)*

| | Share capital | Share premium | Retained earnings | Total |
|---|---|---|---|---|
| Balance at January 31, 2024 | $ 478,865 | $ 25,778,030 | $ 72,441,654 | $ 98,698,549 |
| Total comprehensive loss for the period | | | | |
| Total comprehensive loss | - | - | (905,603) | (905,603) |
| Total comprehensive income for the period | - | - | (905,603) | (905,603) |
| Transactions with owners of the Group | | | | |
| Shares issued (Note 29) | 20,000 | 4,970,000 | - | 4,990,000 |
| Dividends paid ($0.07 per share (Note 23)) | - | - | (838,014) | (838,014) |
| Total transactions with owners of the Group | 20,000 | 4,970,000 | (838,014) | 4,151,986 |
| **Balance at January 31, 2025** | 498,865 | 30,748,030 | 70,698,037 | 101,944,932 |
| Total comprehensive income for the period | | | | |
| Total comprehensive income | - | - | 11,496,187 | 11,496,187 |
| Total comprehensive income for the period | - | - | 11,496,187 | 11,496,187 |
| Transactions with owners of the Group | | | | |
| Shares issued (Note 29) | 686 | 177,450 | - | 178,136 |
| Dividends paid ($0.02 per share (Note 23)) | - | - | (499,570) | (499,570) |
| Total transactions with owners of the Group | 686 | 177,450 | (499,570) | (321,434) |
| **Balance at January 31, 2026** | $ 499,551 | $ 30,925,480 | $ 81,694,654 | $ 113,119,685 |

The notes on pages 12 to 52 form an integral part of the consolidated financial statements.

## DOCTORS HOSPITAL HEALTH SYSTEM LIMITED

### CONSOLIDATED STATEMENT OF CASH FLOWS
### FOR THE YEAR ENDED JANUARY 31, 2026
*(Expressed in Bahamian dollars)*

| | 2026 | 2025 |
|---|---|---|
| CASH FLOWS FROM OPERATING ACTIVITIES: | | |
| Net income/(loss) for the year | $ 11,496,187 | $ (905,603) |
| Adjustments to reconcile net income/(loss) to net cash provided by operating activities: | | |
| Interest income | (1,670,139) | (352,526) |
| Interest expense | 228,407 | 406,154 |
| Loss on disposal of non-financial assets | 15,778 | 403,449 |
| Gain on finance lease | (7,420,938) | - |
| Impairment loss (Notes 8 and 16) | 3,588,388 | 6,644,041 |
| Depreciation and amortization (Notes 13, 15 and 16) | 6,176,204 | 6,121,160 |
| Operating income before working capital changes | 12,413,887 | 12,316,675 |
| Increase in trade receivable | (9,074,254) | (4,633,411) |
| Decrease in inventories | 430,549 | 1,397,184 |
| (Increase)/decrease in other assets | (687,402) | 2,320,630 |
| Increase in accounts payable and other liabilities | 3,531,253 | 11,714,347 |
| Cash generated from operating activities | 6,614,033 | 23,115,425 |
| Interest paid | (659,907) | (622,602) |
| Net cash from operating activities | 5,954,126 | 22,492,823 |
| CASH FLOWS FROM INVESTING ACTIVITIES: | | |
| Purchase of property and equipment (Note 15) | (17,347,013) | (19,708,330) |
| Proceeds from sale/maturity of investments | 4,366,904 | 299,070 |
| Purchase of investments | - | (415,000) |
| Acquisition of subsidiary, net of cash acquired | - | (6,997,516) |
| Interest received | 455,861 | 311,930 |
| Net cash used in investing activities | (12,524,248) | (26,509,846) |

*(Continued)*

The notes on pages 12 to 52 form an integral part of the consolidated financial statements.

## DOCTORS HOSPITAL HEALTH SYSTEM LIMITED

### CONSOLIDATED STATEMENT OF CASH FLOWS
### FOR THE YEAR ENDED JANUARY 31, 2026
*(Expressed in Bahamian dollars)*

| | 2026 | 2025 |
|---|---|---|
| CASH FLOWS FROM FINANCING ACTIVITIES: | | |
| Principal repayment of long-term debt (Note 18) | $ (1,410,427) | $ (267,703) |
| Proceeds from long-term debt (Note 18) | 4,048,580 | $ 9,032,671 |
| Payment of lease liabilities (Note 16) | (1,979,722) | $ (2,169,938) |
| Proceeds from issuance of share capital (Note 29) | 178,136 | $ 4,990,000 |
| Dividends paid to shareholders (Note 23) | (499,570) | $ (838,014) |
| Net cash from financing activities | 336,998 | $ 10,747,016 |
| (DECREASE)/INCREASE IN CASH AND CASH EQUIVALENTS | (6,233,124) | $ 6,729,993 |
| CASH AND CASH EQUIVALENTS, BEGINNING OF YEAR | 8,710,679 | $ 1,980,686 |
| END OF YEAR (Note 7) | $ 2,477,555 | $ 8,710,679 |

*(Concluded)*

The notes on pages 12 to 52 form an integral part of the consolidated financial statements.

## 1. GENERAL

Doctors Hospital Health System Limited ("DHHS" or the "Company") was incorporated under the laws of the Commonwealth of The Bahamas on July 1, 1998. The consolidated financial statements for the year ended January 31, 2026 comprise the Company and its subsidiaries (together referred to as the "Group") as described in Note 6. Shares of the Company are publicly traded and listed on the Bahamas International Securities Exchange. The Group provides a broad range of healthcare services.

The Company's registered office is located at Sassoon House, Shirley Street and Victoria Avenue, Nassau, Bahamas.

## 2. ADOPTION OF NEW AND REVISED INTERNATIONAL FINANCIAL REPORTING STANDARDS

In the current fiscal year, there were several new and amended Standards and Interpretations issued by the International Accounting Standards Board (the "IASB") and the International Financial Reporting Interpretations Committee (the "IFRIC") of the IASB, which were effective for annual reporting periods beginning on or after February 1, 2025. The adoption of these Standards and Interpretations has not led to any significant impact on the Group's accounting policies, operations or consolidated financial statements.

### *a. Standards and Interpretations effective but not affecting the reported results or financial position*

- IAS 21 The Effects of Changes in Foreign Exchange Rates (amended)

The above standard has not led to any material changes in the consolidated financial position of the Group during the current year.

### *b. New and revised IFRS Accounting Standards in issue but not yet effective*

At the date of authorization of these consolidated financial statements, the Group has not applied the following new and revised IFRS Accounting Standards that have been issued but are not yet effective for accounting periods beginning on or after the date mentioned against each of them.

- IFRS 9 Financial Instruments and IFRS 7 Financial Instruments (amended) – January 1, 2026
- Annual improvements to IFRS Accounting Standards – January 1, 2026
- IFRS 18 Presentation and Disclosure in Financial Statements – January 1, 2027
- IFRS 10 Consolidated Financial Statements (amended) and IAS 28 Investments in Associates and Joint Ventures (amended) – available for optional adoption/effective date deferred indefinitely

At this time, management has not yet performed a comprehensive assessment. Except for the adoption of IFRS 18 and the amendments to IFRS 9 and IFRS 7, management does not anticipate that the relevant adoption of these standards, amendments and interpretations in future periods will have a material impact on the consolidated financial statements of the Group.

## 3. MATERIAL ACCOUNTING POLICIES

*a.* ***Statement of compliance*** - The consolidated financial statements of the Group have been prepared in accordance with IFRS Accounting Standards as issued by the International Accounting Standards Board ("IASB").

The Group has consistently applied the following accounting policies to all periods presented in these consolidated financial statements, except if mentioned otherwise.

*b.* ***Basis of preparation*** - The consolidated financial statements have been prepared on a historical cost basis except for equity investments measured at fair value.

*c.* ***Basis of consolidation*** - These consolidated financial statements incorporate the financial statements of the parent company, DHHS, and entities controlled by it, which comprise: Doctors Hospital (Bahamas) Limited, Doctors Hospital (East) Limited, Doctors Hospital (West) Limited, Bahamas Medical Center Limited, Doctors Hospital (Harbourside) Limited, Doctors Hospital (The Institute of Learning) Limited, Doctors Hospital (Grand Bahama) Limited and Kidney Centre Limited. The Company and its subsidiaries are incorporated under the laws of the Commonwealth of The Bahamas.

Subsidiaries are entities controlled by the Group. The Group controls an entity when it is exposed to, or has the right to, variable returns from its involvement with the entity and has the ability to affect those returns through its power over the entity. The financial statements of subsidiaries are included in the consolidated financial statements from the date on which control commences until the date on which control ceases. Where necessary, adjustments are made to the financial statements of subsidiaries to bring their accounting policies in line with those adopted by the Group.

The financial statements of the subsidiaries are prepared for the same reporting period as the parent using consistent accounting policies. All intra-group transactions, balances, income and expenses and unrealised income and expense arising from inter-group transactions are eliminated in full upon consolidation.

*d.* ***Business combinations*** – The Group accounts for business combinations under the acquisition method when the acquired set of activities and assets meets the definition of a business and control is transferred to the Group. In determining whether a particular set of activities and assets is a business, the Group assesses whether the set of activities and assets acquired includes, at a minimum, an input and substantive process and whether the acquired set has the ability to produce outputs.

The consideration transferred in the acquisition is generally measured at fair value, as are the identifiable net assets acquired. Any goodwill that arises is tested annually for impairment.

Any gain on a bargain purchase is recognised in the consolidated statement of profit or loss and other comprehensive income immediately. Transaction costs are expensed as incurred, except if related to the issue of debt or equity securities. The consideration transferred does

not include amounts related to the settlement of pre-existing relationships. Such amounts are generally recognised in profit or loss.

e. ***Cash and cash equivalents*** - Cash and cash equivalents comprise cash at bank and in hand and short-term deposits with an original maturity of three months or less. For the purposes of the consolidated cash flow statement, cash and cash equivalents consist of cash and cash equivalents as defined above.

f. ***Foreign currency translation*** - These consolidated financial statements are measured using the currency of the primary economic environment in which the Company operates. The consolidated financial statements are presented in Bahamian dollars, which is the functional currency of the parent and the presentation currency of the Group.

In preparing the consolidated financial statements, transactions in currencies other than the functional currency (foreign currencies) are recognised at the rates of exchange prevailing at the dates of the transactions. At the end of each reporting period, monetary items denominated in foreign currencies are translated at the rates prevailing at that date. Non-monetary items that are denominated in foreign currencies and carried at fair value are translated at the rates prevailing at the date when the fair value was determined. Non-monetary items denominated in foreign currencies and carried at historical cost are translated at the rate prevailing at the date of the transaction.

g. ***Financial instruments*** - Financial assets within the scope of IFRS 9 are classified as measured at fair value through profit or loss, fair value through other comprehensive income or at amortised cost. Financial liabilities are classified as measured at fair value through profit or loss or at amortised cost. The Group determines the classification of its financial assets on initial recognition and reclassification of financial assets is only allowed if the Group changes its business model for managing financial assets. No reclassification of financial liabilities is allowed.

A financial asset is classified as at amortised cost if both of the following conditions are met: (a) the financial asset is held within a business model whose objective is to hold financial assets to collect contractual cash flows; and (b) the contractual terms of the financial asset give rise on specified dates to cash flows that are solely payments of principal and interest on the principal outstanding. Financial assets classified at amortised cost are carried at the amount at which the asset was measured upon initial recognition, minus principal repayments, plus or minus the cumulative amortisation of any premium or discount, and minus any write-down for impairment or uncollectibility.

At initial recognition, the Group measures a financial asset at its fair value plus, in the case of a financial asset not at fair value through profit or loss (FVTPL), transaction costs that are directly attributable to the acquisition of the financial asset. Transaction costs of financial assets carried at FVTPL are expensed in profit or loss. Trade receivables are initially measured at the transaction price.

Subsequent measurement of financial assets depends on the Group's business model for managing the asset and the cash flow characteristic of the asset. The three measurement categories are as noted above.

After initial recognition financial liabilities are measured at amortised cost using the effective interest method, except for financial liabilities at fair value through profit or loss. Such liabilities, including derivatives that are liabilities, are measured at fair value.

*Derecognition of financial assets and liabilities*

A financial asset (or, where applicable a part of a financial asset or part of a group of similar financial assets) is derecognised where:

- the rights to receive cash flows from the asset have expired;
- the Group retains the right to receive cash flows from the asset, but has assumed an obligation to pay them in full without material delay to a third party under a 'pass-through' arrangement; or
- the Group has transferred its rights to receive cash flows from the asset and either (a) has transferred substantially all the risks and rewards of the asset, or (b) has neither transferred nor retained substantially all the risks and rewards of the asset, but has transferred control of the asset.

A financial liability is derecognised when the obligation under the liability is discharged or cancelled or has expired. Where an existing financial liability is replaced by another from the same lender on substantially different terms, or the terms of an existing liability are substantially modified, such an exchange or modification is treated as a derecognition of the original liability and the recognition of a new liability, and the difference in the respective carrying amounts is recognised in the consolidated statement of profit or loss and other comprehensive income.

***h. Impairment of financial assets*** - The Group recognises loss allowance for expected credit losses ("ECL") on financial assets measured at amortised cost, namely cash and cash equivalents, trade receivables, other receivables and investments, and measures impairment losses at an amount equal to 12-month ECL or lifetime ECL depending on the stage in which the asset is classified. 12-month ECLs are the portion of ECL that result from default events that are possible within the 12 months after the reporting date (or a shorter period if the expected life of the instrument is less than 12 months). Lifetime ECLs are the ECLs that result from all possible default events over the expected life of a financial instrument. The maximum period considered when estimating ECLs is the maximum contractual period over which the Group is exposed to credit risk.
For cash and cash equivalents, trade receivables – due from Government of The Bahamas and investments financial assets, the Group measures impairment losses using general approach which is recognised in three stages:

- Stage 1 – Performing financial assets are categorised as Stage 1 and an impairment loss is recognised based on default events expected to occur within the next 12 months. On subsequent reporting dates, 12-month ECL continues to apply where there is no significant increase in credit risk since initial recognition.

- Stage 2 – Performing financial assets are categorised as Stage 2 when there is a significant increase in credit risk since initial recognition, but the financial asset is not credit-impaired. The Group recognises the full lifetime ECL on Stage 2 financial assets.

- Stage 3 - If one or more default events occur which are expected to have an adverse effect on the estimated future cash flows from the financial asset, the Group continues to recognise the full lifetime ECL. At this stage, the financial asset is credit-impaired and categorised as Stage 3.

In determining whether a significant increase in credit risk has occurred since initial recognition, and when estimating ECLs, the Group considers reasonable and supportable

information that is relevant and available without undue cost or effort. This includes both quantitative and qualitative information and analysis, based on the Group's historical experience and informed credit assessment and forward-looking information.

The Group assumes that the credit risk on a financial asset has significantly increased if it is more than 30 days past due. The Group considers a financial asset to be in default when: (1) the debtor is unlikely to pay its credit obligations to the Group in full, without recourse by the Group to actions such as realizing security (if any is held), or (2) the financial asset is more than 90 days past due.

The Group shall consider its investments in sovereign and government-related debt to have defaulted when payments or obligations are not made on the agreed date due or when the other relevant qualitative and quantitative information becomes available to the Group, indicating that the sovereign and government-related debts will go into default on or before the reporting date, or within twelve months after the reporting date.

Cash and cash equivalents, trade receivables – due from Government of The Bahamas, finance lease receivable and investments are classified as stage 1 and measured with 12-month ECL as of January 31, 2026 and 2025.

For trade receivables – self pay and third-party financial assets, the Group measures impairment losses using simplified approach and recognizes lifetime ECL using the roll rate method.

ECLs are a probability-weighted estimate of credit losses. Credit losses are measured as the present value of all cash shortfalls (i.e. the difference between the cash flows due to the Group in accordance with the contract and the cash flows that the Group expects to receive). ECLs are discounted at the original effective interest rate of the financial asset.

At each reporting date, the Group assesses whether financial assets carried at amortised cost are credit-impaired. A financial asset is "credit-impaired" when one or more events that have a detrimental impact on the estimated cash flows of the financial asset have occurred.

Evidence that a financial asset is credit-impaired includes the following observable data:

- significant financial difficulty of the debtor;
- a breach of contract such as a default or being more than 90 days past due;
- the restructuring of a loan or advance by the Group on terms that the Group would not otherwise consider;
- it is probable that the debtor will enter bankruptcy or other financial reorganization; or
- the disappearance of an active market for a security because of financial difficulties.

Loss allowances for financial assets measured at amortised cost are deducted from the gross carrying amount of the assets.

The gross carrying amount of a financial asset is written off when the Group has no reasonable expectations of recovering a financial asset in its entirety or a portion thereof. For individual customers, the Group has a policy of writing off the gross carrying amount when the financial asset is 365 days past due based on historical experience of recoveries of similar assets. For third-party payors, the Group individually makes an assessment with respect to the timing and amount of write-off based on whether there is a reasonable expectation of recovery. The Group expects no significant recovery from the amount written off. However,

financial assets that are written off could still be subject to enforcement activities in order to comply with the Group's procedures for recovery of amounts due.

*ECL Measurement*

ECL is the product of the probability of default ("PD"), loss given default ("LGD") and exposure at default ("EAD") parameters defined as follows:

- PD – The estimate of the likelihood of default over a given period.
- LGD – The estimate of the loss arising on default. It is based on the difference between the contractual cash flows due and those that the Group would expect to receive. LGD is expressed as a percentage of the EAD.
- EAD – The estimate of the exposure at a future default date, taking into account expected changes in the exposure after the reporting date.

The lifetime PD of financial assets carried at amortised cost is developed by applying a maturity profile based on how defaults develop on a portfolio from the point of initial recognition through the lifetime of the asset. PDs are then adjusted to incorporate forward looking information.

For accounts receivable balances, finance lease receivable and investments, which are due from the Government of The Bahamas and measured at amortised cost, the Group assesses whether there is a significant increase in credit risk and migration of balances to lifetime PD. The assessment takes into consideration the risk rating of external rating agencies and the economic environment of the country, which are then adjusted to incorporate forward-looking information.

*i.* ***Inventories*** - Inventories consist of pharmaceutical and medical supplies. Inventories are stated at the lower of cost and net realisable value. The cost of inventories is based on a first in, first out allocation basis and the costs incurred in bringing each product to its present location and condition (including freight and duty) are accounted for as a part of inventories. Net realisable value is the estimated selling price less costs to sell in the ordinary course of business, and is assessed at least annually to determine whether any impairment indicators exists.

Losses and damages incurred during the normal course of business are recognised in the consolidated statement of profit or loss and other comprehensive income at the time that such impairment is known.

*j.* ***Investment property*** – Investment property is initially measured at cost. The carrying amount includes the cost of replacing part of an existing investment property at the time that cost is incurred if the recognition criteria are met, and excludes the costs of day-to-day servicing of an investment property.

Subsequent to initial recognition, investment property is measured at cost less accumulated depreciation and any accumulated impairment. Depreciation is calculated on a straight-line basis over the useful life of the asset, which is 20 – 40 years.

Investment property is derecognised either when it has been disposed of, or when the investment property is permanently withdrawn from use and no future economic benefit is expected from its disposal. Any gains or losses on the retirement or disposal of an investment property are recognised in the consolidated statement of profit or loss and other comprehensive income in the year in which they arise.

Transfers are made to or from investment property only when there is a change in use evidenced by the end of owner-occupation, commencement of an operating lease to another party, or completion of construction or development.

Rental income from investment property is recognised in other income on a straight-line basis over the term of the lease.

*k.* ***Goodwill*** - Goodwill is initially measured at cost being the excess of the cost of the business combination over the Group's share in the net fair value of the acquiree's identifiable assets, liabilities and contingent liabilities. After initial recognition, goodwill is measured at cost less any accumulated impairment losses. Impairment is assessed as indicated under impairment of non-financial assets (note 14).

*l.* ***Intangible assets*** - Intangible assets acquired separately are reported at cost less accumulated amortisation and accumulated impairment losses. The estimated useful life and amortisation method are reviewed at the end of each annual reporting period, with the effect of any changes in estimate being accounted for on a prospective basis. Impairment is assessed as indicated under impairment of non-financial assets.

Intangible assets represent the core computer software application in the Group's healthcare information system and other related applications and are amortised using the straight-line method over a period of three to seven years.

*m.* ***Property and equipment*** - Property and equipment are stated at cost less accumulated depreciation and accumulated impairment losses. Land is stated at cost less accumulated impairment losses. Such cost includes the cost of replacing part of the fixed asset when that cost is incurred, if the recognition criteria are met. Work-in-progress is stated at cost and includes, where appropriate, direct labor and material costs, supervision and engineering charges.

Likewise, when a major repair is performed, its cost is recognised in the carrying amount of the property and equipment as a replacement if the recognition criteria are satisfied and the replaced asset is derecognised. All other repair and maintenance costs are recognised in profit or loss as incurred.

Depreciation is calculated on a straight-line basis over the useful life of the asset as follows:

| | |
|---|---|
| Buildings | 20 - 40 years |
| Leasehold improvements | 3 - 10 years |
| Furniture and equipment | 3 - 10 years |

Depreciation charge is deferred on the capital work-in-progress until project completion, at which time such assets are transferred to specific categories of property and equipment.

Interest associated with loan facilities directly attributable to the construction of work-in-progress projects is capitalised during the construction phase. The capitalised interest is recorded as part of the asset to which it relates and is amortised or depreciated over the estimated useful life of the assets.

An item of property and equipment is derecognised upon disposal or when no future economic benefits are expected from its use or disposal. Any gain or loss arising on derecognition of the asset (calculated as the difference between the net disposal proceeds and the carrying amount of the property and equipment) is included in the consolidated statement

of profit or loss and other comprehensive income in the year the asset is derecognised.

n. ***Impairment of non-financial assets*** - The Group assesses at each reporting date whether there is an indication that an asset may be impaired. If any such indication exists, or when annual impairment testing for an asset is required, the Group estimates the asset's recoverable amount. An asset's recoverable amount is the higher of an asset's or cash-generating unit's fair value less costs to sell and its value in use and is determined for an individual asset, unless the asset does not generate cash inflows that are largely independent of those from other assets or groups of assets.

Where the carrying amount of an asset exceeds its recoverable amount, the asset is considered impaired and is written down to its recoverable amount. In assessing value in use, the estimated future cash flows are discounted to their present value using a discount rate that reflects current market assessments of the time value of money and the risks specific to the asset or cash generating unit. In determining fair value less costs to sell, an appropriate valuation model is used.

Impairment losses of continuing operations are recognised in profit or loss in those expense categories consistent with the function of the impaired asset, except for property previously revalued where the revaluation was taken to equity. In this case, the impairment is also recognised in equity up to the amount of any previous revaluation.

A previously recognised impairment loss is reversed only if there has been a change in the estimates used to determine the asset's recoverable amount since the last impairment loss was recognised. If that is the case the carrying amount of the asset is increased to its recoverable amount. That increased amount cannot exceed the carrying amount that would have been determined, net of depreciation, had no impairment loss been recognised for the asset in prior years. Such reversal is recognised in profit or loss unless the asset is carried at revalued amount, in which case the reversal is treated as a revaluation increase.

In respect of the goodwill, the Group assesses whether there are any indicators that goodwill is impaired at each reporting date. Goodwill is tested for impairment, annually and when circumstances indicate that the carrying value may be impaired. Impairment is determined for goodwill by assessing the recoverable amount of the cash-generating units to which the goodwill relates. Where the recoverable amount of the cash-generating units is less than their carrying amount an impairment loss is recognised.

Impairment losses relating to goodwill cannot be reversed in future periods. The Group performed its annual impairment test of goodwill as at January 31, 2026 and 2025.

o. ***Leases*** – At the inception of a contract, the Group assesses whether a contract is, or contains, a lease. A contract is, or contains, a lease if the contract conveys the right to control the use of an identified asset for a period of time in exchange for consideration. To assess whether a contract conveys the right to control the use of an identified asset, the Group uses the definition of a lease in IFRS 16.

a) As a lessee

At commencement or on modification of a contract that contains a lease component, the Group allocates the consideration in the contract to each lease component on the basis of its relative stand-alone prices. However, for the leases of property, the Group has elected not

to separate non-lease components and account for the lease and non-lease components as a single lease component.

The Group recognises a right-of-use ("ROU") asset and a lease liability at the lease commencement date. The ROU asset is initially measured at cost, which comprises the initial amount of the lease liability adjusted for any lease payments made at or before the commencement date, plus any initial direct costs incurred and an estimate of costs to dismantle and remove the underlying asset or the site on which it is located, less any lease incentives received.

Subsequent to initial recognition, the ROU asset is depreciated using the straight line method from the commencement date to the end of the lease term, unless the lease transfers ownership of the underlying asset to the Group by the end of the lease term or the cost of the ROU asset reflects that the Group will exercise a purchase option. In that case, the ROU asset will be depreciated over the useful life of the underlying asset, which is determined on the same basis as those of property and equipment. In addition, the ROU asset is periodically reduced by impairment losses, if any, and adjusted for certain remeasurements of the lease liability.

The lease liability is initially measured at the present value of the lease payments that are not paid at the commencement date, discounted using the interest rate implicit in the lease or, if that rate cannot be readily determined, the Group's incremental borrowing rate. Generally, the Group uses its incremental borrowing rate as the discount rate.

Subsequent to initial recognition, the lease liability is measured at amortised cost using the effective interest method. It is remeasured when there is a change in future lease payments arising from a change in an index or rate, if there is a change in the Group's estimate of the amount expected to be payable under a residual value guarantee, if the Group changes its assessment of whether it will exercise a purchase, extension or termination option or if there is a revised in-substance fixed lease payment. When the lease liability is remeasured in this way, a corresponding adjustment is made to the carrying amount of the ROU asset, or is recorded in profit or loss if the carrying amount of the ROU asset has been reduced to zero.

The Group has elected not to recognise ROU assets and lease liabilities for leases of low-value assets and short-term leases. The Group recognises the lease payments associated with these leases as an expense on a straight line basis over the lease term.

b) As a lessor

At inception or on modification of a contract that contains a lease component, the Group allocates the consideration in the contract to each lease component on the basis of their relative stand-alone prices. When the Group acts as a lessor, it determines at lease inception whether each lease is a finance lease or an operating lease.

To classify each lease, the Group makes an overall assessment of whether the lease transfers substantially all of the risks and rewards incidental to ownership of the underlying asset. If this is the case, then the lease is a finance lease; if not, then it is an operating lease. As part of this assessment, the Group considers certain indicators such as whether the lease is for the major part of the economic life of the asset.

The Group recognises lease payments received under operating leases as income on a straight line basis over the lease term as part of other revenue, net in the consolidated statement of profit or loss and other comprehensive income.

The Group applies the derecognition and impairment requirements in IFRS 9 to the net investment in the lease. The Group further regularly reviews estimated unguaranteed residual values used in calculating the gross investment in the lease.

*p.* ***Revenue recognition*** - Net patient service revenue is recognised when healthcare services are delivered at established billing rates less any estimated variable consideration, which may be explicit or implicit as defined under IFRS 15, and adjusted for allowances for contractual discounts.

The delivery of care for each patient and medical episode is considered unique. There are many variables that are factored into the delivery of care as driven by clinicians in the healthcare environment i.e. diagnosis, co-morbidities, gender, blood type, disease stage, prognosis etc. Therefore, multiple treatments and/or interventions may be required and are administered during a single medical episode. As care is delivered, the items related to the delivery of care are considered fulfilled, and revenue is recognised day by day, as services are provided to patients for each medical episode.

Revenue earned by third party contracted physicians is recognised in the consolidated financial statements. For accounting purposes in accordance with IFRS 15, the Group is classified as a principal, as it delivers medical services to patients through contractual arrangements with physicians to satisfy some performance obligations on behalf of the Group.

Under IFRS 15, the Group is required to assess where it is probable that it would collect the consideration to which it is entitled under the exchange, among other factors which would evidence the existence of a contract. Management primarily analysed collectability for self-pay patients, which comprise approximately 13% of net patient services revenue. Management then considered various patient demographic factors in its assessment of collectability, principally the age of the patient and nature of service rendered (critical vs. non-critical and outpatient care), and the country of origin (local vs. non-local) of the patient. If the collection of consideration is not assessed as probable, revenue was only recognised to the extent that payment has been collected.

*q.* ***Other income*** **-** Other income comprises cafeteria sales, revenue from educational services rendered, sundry item sales and revenue recognised from leases is described in note 3(o).

*r.* ***Interest income*** - interest income which is recognised on an accrual basis.

*s.* ***Pension benefits*** - The Group has a defined contribution pension plan. Contributions under the plan are recorded as an expense in the consolidated statement of profit or loss and other comprehensive income. The Group recognises a liability for their portion and employee contributions withheld which are unpaid at the reporting date. There are no further obligations beyond the contribution.

*t.* ***Share capital*** – Shares are classified as equity when there is no obligation to transfer cash or other assets. Incremental costs directly attributable to the issue of equity instruments are shown in equity as a deduction from the proceeds.

Dividends are recognised as a liability and deducted from equity when they are approved by the Group's Board of Directors. Dividends for the year that are approved after the reporting date are dealt with as an event after the reporting date.

*u.* ***Earnings per share*** - Basic earnings and diluted earnings per common share are computed by dividing the net income or loss attributable to common shareholders by the weighted average number of common shares outstanding during each year after giving retroactive effect to stock dividends declared during the year.

*v.* ***Income taxes*** - There are no income taxes imposed on the Group by the Commonwealth of The Bahamas.

*w.* ***Taxation and Government Levies*** - The Government of The Bahamas implemented Value Added Tax ("VAT"). Output VAT relates to sales of goods and services is payable to the Government upon its delivery to customers. Input VAT on goods and services purchased is generally recoverable against output VAT. VAT related to sales/purchases and services provision/receipt which are outstanding at the consolidated statement of financial position date is recognised in the consolidated statement of financial position on a net basis and disclosed within current liabilities (or current assets if applicable). The Group is required to pay VAT at a rate of 10% on goods and services as prescribed by the Value Added Tax Act.

The Group also pays business license fees in accordance with the Business License Act, real property tax in accordance with the Real Property Tax Act, and stamp duty in accordance with the Stamp Act.

*x.* ***Provisions*** - Provisions are recognised when the Group has a present obligation (legal or constructive) as a result of a past event, it is probable that the Group will be required to settle that obligation and a reliable estimate can be made of the amount of the obligation. The estimate is based on the quantum as assessed by Management, based in part on internal and external legal advice, and considering if any other co-defendants are likely to be partially liable in a claim and the likely split between the Group and co-defendants.

Where some or all of the expenditure required to settle a provision is expected to be recovered, the recovery shall be recognised when, and only when, it is virtually certain that it will be received if the Group settles the obligation. Recoveries arising from a liability claim are recognised as a receivable.

Details of claims are not separately disclosed where sensitive in nature or where such disclosure may impact negotiations.

*y.* ***Contingencies*** - A contingent liability is a possible obligation that arises from past events and whose existence will be confirmed only by the occurrence or non-occurrence of one or more uncertain future events not wholly within the control of the entity; or a present obligation that arises from past events but is not recognised because it is not probable that an outflow of resources embodying economic benefits will be required to settle the obligation; or the amount of the obligation cannot be measured with sufficient reliability. Contingent liabilities are not recognised in the consolidated financial statements. They are not disclosed when the possibility of an outflow of resources embodying economic benefits is remote.

A contingent asset arises from past events and whose existence will be confirmed only by the occurrence or non-occurrence of one or more uncertain future events not wholly within the control of the Group. A contingent asset is not recognised in the consolidated financial

statements but disclosed in the notes to consolidated financial statements when an inflow of economic benefits is probable.

*z.* ***Related parties*** – A related party is a person or entity that is related to the reporting entity:

1) A person or close member of that person's family is related to the reporting entity if the person:
   a. Has control or joint control of the Group;
   b. Has significant influence over the Group;
   c. Is a close family member of an individual or those family members who may be expected to influence, or be influenced by, that individual in their dealings with the Group; or
   d. Is a member of the Group's key management personnel, including directors.
2) An entity is related to the Group if any of the following conditions exist:
   a. An entity is a member of the Group
   b. An entity is associated with, or is a joint venture partner with the Group;
   c. An entity is a post-employment benefit plan for the benefit of the employees of the Group;
   d. An entity can control or exercise significant influence over the Group in making financial or operational decisions; and
   e. An entity is jointly controlled or significantly influenced by parties described in 1) above.

A related party transaction is a transfer of resources, services or obligations between the Group and a related party. Transactions with related parties are disclosed in note 24.

***aa. Events after the reporting date*** – Post year-end events that provide additional information about the Group's position at the reporting date (adjusting events) are reflected in the consolidated financial statements. Post year-end events that are not adjusting events are disclosed in the notes to consolidated financial statements when material.

## 4. CRITICAL ACCOUNTING JUDGMENTS AND KEY SOURCES OF ESTIMATION UNCERTAINTY

***Significant accounting judgments and estimates*** - The preparation of the consolidated financial statements in conformity with IFRS Accounting Standards requires management to make judgments, estimates and assumptions that affect reported amounts of assets and liabilities, income and expenses and disclosure of contingent liabilities, at the reporting date. The estimates and associated assumptions are based on historical experience and various other factors that are believed to be reasonable under the circumstances, the results of which form the basis of making the judgments about carrying values of assets and liabilities that are not readily apparent from other sources. Actual results may differ from these estimates.

Estimates and underlying assumptions are reviewed on an ongoing basis. Revisions to accounting estimates are recognised in the period in which the estimate is revised if the revision affects only that period or in the period of the revision and future periods if the revision affects both current and future periods.

The key assumptions concerning the future and other key sources of estimation uncertainty at the consolidated financial position date that have a significant risk of causing material adjustment to the carrying amounts of assets and liabilities within the next financial year are discussed below.

***a.*** *Contractual discounts*

Estimates of contractual allowances are based upon the payment terms specified in the related contractual agreements. The estimated reimbursement amounts are subject to adjustment in subsequent periods as final settlements are determined based on a detailed review of bills submitted for payment. Variable consideration, both explicit and implicit are considered in accordance with IFRS 15.

***b.*** *Revenue recognition*

The Group recognizes revenue in accordance with IFRS 15 Revenue from Contracts with Customers and its five-step model approach to revenue recognition. In determining whether a contract exists with patients, the Group assesses whether any classes of patients do not have the ability and intent to pay the consideration when due. Revenue is only recognized by the Group when it is probable that the consideration will be collected. This assessment involved critical judgment on the inclusion of certain classes of patients, based on patient demographics and historical payment patterns.

***c.*** *Expected credit losses*

The development of an ECL model is an area that requires the use of complex models and significant assumptions about the future economic conditions and credit behaviour (e.g. the likelihood of customers defaulting and the resulting losses). ECL is defined as the weighted expected probable value of the credit loss determined by evaluating a range of possible outcomes and future economic conditions. It represents the value of the difference between the contractual cash flows and the expected cash flows.

The process for determining the allowance involves significant quantitative and qualitative assessments. Particularly, a number of critical judgments in selecting and applying accounting policies for measuring ECL, such as:

- Choosing appropriate models and assumptions for the measurement of ECL;
- Establishing the number and relative weightings of forward-looking scenarios for self-pay patients and insurance patients and the associated ECL; and
- Developing default and loss rates based on historical data.

IFRS 9 requires the use of forward-looking information including reasonable and supportable forecasts of future economic conditions. The requirement to consider a range of economic scenarios and their possible impacts on loss allowances is a subjective feature of the IFRS 9 ECL model. The Group continues to develop its capability to model a number of economic scenarios and capture the impact on credit losses to ensure the overall ECL represents a reasonable distribution of economic outcomes. The Group has calibrated forward-looking information by using a score-card method considering macroeconomic variables such as GDP growth rate, inflation and unemployment rate.

Limitations on the Group's ECL model have been previously identified through the ongoing assessment and validation of the output of the model. In these circumstances, management makes appropriate adjustments to the Group's loss allowance to ensure the overall allowance adequately reflects all material risks.

The Group assessed ECL for third-party payors and self-pay patients separately. The assessment is based on five (5) years historical loss rates for each patient class, considering actual bad debt (credit) experience (2025: 5 years) and adjusted for forward looking information.

***d.*** *Goodwill*

The annual impairment testing of goodwill requires significant judgement in determining the assumptions to be used to estimate the recoverable amount. The recoverable amount of the cash generating units ("CGUs"), which is based on the higher of the value in use and fair value less costs of disposal, has been derived from discounted cash flow models. These models use several key assumptions, including estimates of future revenues, growth rates, discount rates and the weighted cost of capital.

***e.*** *Contingencies*

The Group is currently a defendant in a number of cases involving claims and disputes mainly related to medical practice. The key assumptions with respect to these cases relate to the likelihood and magnitude of an outflow of resources. The Group's estimate of the probable costs for the resolution of these claims has been developed in consultation with outside counsel handling defense in these matters and is based upon an analysis of potential results.

Management and its legal counsel believe that the Group has substantial legal and factual bases for its position and is of the opinion that losses arising from these legal actions, if any, will not have a material adverse impact on the Group's consolidated financial position and financial performance as stated. It is possible, however, that future results of operations could be materially affected by changes in the estimates or in the effectiveness of strategies relating to these proceedings.

## 5. SEGMENT INFORMATION

IFRS 8 requires operating segments to be identified on the basis of internal reports about components of the Group that are regularly reviewed by the chief executive officer and chief financial officer in order to allocate resources to the segments and to assess their performance.

For management purposes, the Group is organized into units based on material operating facilities which share similar economic characteristics and has three (2025: three) reportable operating segments which are Doctors Hospital (Bahamas) Limited ("DHB"), Bahamas Medical Center Limited ("BMC") and Kidney Centre Limited ("KCL").

| Reportable segments | Operations |
|---|---|
| DHB | Provides in-patient, outpatient and ambulatory healthcare services |
| BMC | Provides outpatient and ambulatory healthcare services |
| KCL | Provides outpatient dialysis services |

For management accounting purposes, included along with the activity of DHB are Doctors Hospital Health System Limited, Doctors Hospital (East) Limited, Doctors Hospital (Harbourside) Limited, Doctors Hospital (The Institute of Learning) Limited and Doctors Hospital (Grand Bahama) Limited. Doctors Hospital (West) Limited ("DHW") and Bahamas Medical Center Limited are included in the operating segment of BMC for management accounting purposes.

| | 2026 | | | |
|---|---|---|---|---|
| | Doctors Hospital (Bahamas) Limited | Bahamas Medical Center Limited | Kidney Centre Limited | Consolidated |
| **ASSETS** | | | | |
| CURRENT ASSETS: | | | | |
| Cash and cash equivalents | $ 2,125,926 | $ 2,922 | $ 348,707 | $ 2,477,555 |
| Trade receivables, net | 40,820,486 | 116,986 | 4,579,204 | 45,516,676 |
| Inventories | 3,870,352 | 292,833 | 479,256 | 4,642,441 |
| Other assets | 2,346,713 | 89,769 | 104,746 | 2,541,228 |
| Total current assets | 49,163,477 | 502,510 | 5,511,913 | 55,177,900 |
| NON-CURRENT ASSETS: | | | | |
| Other assets | 632,277 | 77,803 | - | 710,080 |
| Investments | 3,308,480 | - | - | 3,308,480 |
| Investment property | - | 847,063 | - | 847,063 |
| Goodwill, net | 3,405,886 | - | - | 3,405,886 |
| Finance lease receivable | 30,107,558 | - | - | 30,107,558 |
| Right of use assets | 2,731,438 | - | 491,260 | 3,222,698 |
| Property and equipment | 67,216,990 | 3,109,964 | 3,892,160 | 74,219,114 |
| Total non-current assets | 107,402,629 | 4,034,830 | 4,383,420 | 115,820,879 |
| TOTAL ASSETS | $ 156,566,106 | $ 4,537,340 | $ 9,895,333 | $ 170,998,779 |
| **LIABILITIES** | | | | |
| CURRENT LIABILITIES: | | | | |
| Accounts payable and other liabilities | $ 32,780,483 | $ 1,148,326 | $ 909,028 | $ 34,837,837 |
| Provisions | 160,000 | - | - | $ 160,000 |
| Current portion of lease liabilities | 1,442,784 | - | 227,988 | 1,670,772 |
| Current portion of long-term debt | 283,396 | - | 198,167 | 481,563 |
| Total current liabilities | 34,666,663 | 1,148,326 | 1,335,183 | 37,150,172 |
| NON-CURRENT LIABILITY: | | | | |
| Lease liabilities | 1,549,565 | - | 277,249 | 1,826,814 |
| Long-term debt | 18,902,108 | - | - | 18,902,108 |
| TOTAL LIABILITIES | $ 55,118,336 | $ 1,148,326 | $ 1,612,432 | $ 57,879,094 |
| Non-current asset additions: | | | | |
| Property and equipment | $ 16,515,200 | $ 696,475 | $ 135,338 | $ 17,347,013 |
| Right of use assets | $ 1,135,456 | $ - | $ - | $ 1,135,456 |

*(Continued)*

| | 2025 | | | |
|---|---|---|---|---|
| | Doctors Hospital (Bahamas) Limited | Bahamas Medical Center Limited | Kidney Centre Limited | Consolidated |
| **ASSETS** | | | | |
| CURRENT ASSETS: | | | | |
| Cash and cash equivalents | $ 7,139,319 | $ 42,638 | $ 1,528,722 | $ 8,710,679 |
| Trade receivables, net | 37,534,154 | - | 2,496,656 | 40,030,810 |
| Inventories | 4,588,605 | 73,247 | 411,138 | 5,072,990 |
| Other assets | 1,699,026 | 138,044 | 40,156 | 1,877,226 |
| Total current assets | 50,961,104 | 253,929 | 4,476,672 | 55,691,705 |
| NON-CURRENT ASSETS: | | | | |
| Other assets | 618,877 | 67,803 | - | 686,680 |
| Investments | 7,314,742 | - | - | 7,314,742 |
| Investment property | - | 901,348 | - | 901,348 |
| Goodwill, net | 430,902 | - | 2,974,984 | 3,405,886 |
| Right of use assets | 4,240,850 | - | - | 4,240,850 |
| Property and equipment | 75,575,459 | 2,646,257 | 4,131,366 | 82,353,082 |
| Total non-current assets | 88,180,830 | 3,615,408 | 7,106,350 | 98,902,588 |
| TOTAL ASSETS | $ 139,141,934 | $ 3,869,337 | $ 11,583,022 | $ 154,594,293 |
| **LIABILITIES** | | | | |
| CURRENT LIABILITIES: | | | | |
| Accounts payable and other liabilities | $ 28,733,838 | $ 103,804 | $ 2,548,942 | $ 31,386,584 |
| Provisions | 80,000 | $ - | - | 80,000 |
| Current portion of lease liabilities | 1,888,929 | - | - | 1,888,929 |
| Current portion of long-term debt | 274,877 | - | 82,000 | 356,877 |
| Total current liabilities | 30,977,644 | 103,804 | 2,630,942 | 33,712,390 |
| NON-CURRENT LIABILITY: | | | | |
| Lease liabilities | 2,570,214 | - | - | 2,570,214 |
| Long-term debt | 16,154,924 | - | 211,833 | 16,366,757 |
| TOTAL LIABILITIES | $ 49,702,782 | $ 103,804 | $ 2,842,775 | $ 52,649,361 |
| Non-current asset additions: | | | | |
| Property and equipment | $ 19,612,580 | $ - | $ 95,750 | $ 19,708,330 |
| Right of use assets | $ 1,592,391 | $ - | $ 888,047 | $ 2,480,438 |

*(Continued)*

All of the Group's assets are located in The Commonwealth of The Bahamas, the Group's country of domicile.

| 2026 | Doctors Hospital (Bahamas) Limited | Bahamas Medical Center Limited | Kidney Centre Limited | Consolidated |
|---|---|---|---|---|
| Patient services revenue, net | $ 112,694,813 | $ 1,753,762 | $ 8,583,181 | $ 123,031,756 |
| Salaries | 52,603,038 | 861,614 | 4,716,484 | 58,181,136 |
| Medical supplies | 13,284,803 | 167,733 | 1,529,819 | 14,982,355 |
| Medical services | 13,180,380 | 322,684 | - | 13,503,064 |
| Other operating expenses | 7,685,582 | 210,862 | 488,911 | 8,385,355 |
| Depreciation and amortisation | 5,279,901 | 414,614 | 481,689 | 6,176,204 |
| Utilities | 2,995,655 | 303,289 | 487,582 | 3,786,526 |
| Government taxes and fees | 2,008,161 | 72,066 | 74,767 | 2,154,994 |
| Contracted services | 4,625,095 | 144,663 | 241,657 | 5,011,415 |
| Repairs and maintenance | 1,933,845 | 302,000 | 228,880 | 2,464,725 |
| Insurance | 2,690,650 | 7,351 | 168,222 | 2,866,223 |
| Dietary expenses | 608,247 | 3,566 | 4,368 | 616,181 |
| Impairment loss, net of recoveries | 3,346,457 | 241,296 | 635 | 3,588,388 |
| Rent | 545,925 | - | 75,876 | 621,801 |
| Interest expense | 206,851 | - | 21,556 | 228,407 |
| Loss on disposal of non-financial assets | 15,778 | - | - | 15,778 |
| Legal expenses | 262,724 | - | - | 262,724 |
| Total expenses | 111,273,092 | 3,051,738 | 8,520,446 | 122,845,276 |
| Segment profit | 1,421,721 | (1,297,976) | 62,735 | 186,480 |
| Interest income | 1,670,139 | - | - | 1,670,139 |
| Gain on finance lease | 7,420,938 | - | - | 7,420,938 |
| Other income | 1,692,135 | 505,722 | 20,773 | 2,218,630 |
| Net income/(loss) | $ 12,204,933 | $ (792,254) | $ 83,508 | $ 11,496,187 |

*(Continued)*

| | 2025 | | | |
|---|---|---|---|---|
| | Doctors Hospital (Bahamas) Limited | Bahamas Medical Center Limited | Kidney Centre Limited | Consolidated |
| Patient services revenue, net | $ 109,703,423 | $ 2,091,960 | $ 6,794,363 | $ 118,589,746 |
| Salaries | 48,876,061 | 1,259,561 | 3,452,557 | 53,588,179 |
| Medical supplies | 15,332,031 | 156,821 | 1,210,017 | 16,698,869 |
| Medical services | 12,387,894 | 20,475 | - | 12,408,369 |
| Other operating expenses | 8,683,441 | 188,207 | 323,291 | 9,194,939 |
| Depreciation and amortisation | 5,431,808 | 542,997 | 146,355 | 6,121,160 |
| Utilities | 2,605,572 | 298,734 | 357,787 | 3,262,093 |
| Government taxes and fees | 2,128,791 | 143,522 | 19,319 | 2,291,632 |
| Contracted services | 4,026,891 | 142,089 | 220,977 | 4,389,957 |
| Repairs and maintenance | 2,036,693 | 270,688 | 103,670 | 2,411,051 |
| Insurance | 2,484,820 | 4,906 | 128,475 | 2,618,201 |
| Dietary expenses | 654,608 | 5,984 | 4,272 | 664,864 |
| Impairment loss, net of recoveries | 6,390,005 | 252,570 | 1,466 | 6,644,041 |
| Rent | 126,269 | 10,800 | 253,389 | 390,458 |
| Interest expense | 406,154 | - | - | 406,154 |
| Loss on disposal of non-financial assets | 396,353 | 7,096 | - | 403,449 |
| Legal expenses | 916,121 | - | 4,455 | 920,576 |
| Total expenses | 112,883,512 | 3,304,450 | 6,226,030 | 122,413,992 |
| Segment profit | (3,180,089) | (1,212,490) | 568,333 | (3,824,246) |
| Interest income | 352,526 | - | - | 352,526 |
| Other income | 2,233,232 | 327,125 | 5,760 | 2,566,117 |
| Net (loss)/income | $ (594,331) | $ (885,365) | $ 574,093 | $ (905,603) |

*(Concluded)*

All revenues are earned and attributable to the Commonwealth of The Bahamas, the Group's country of domicile. The Group does not have any single customer from which it derives more than 10% of its revenues.

## 6. INVESTMENTS IN SUBSIDIARIES

| Name | Country of incorporation | Percentage of equity interest 2026 | 2025 |
|---|---|---|---|
| Doctors Hospital (Bahamas) Limited | Bahamas | 100 | 100 |
| Bahamas Medical Center Limited | Bahamas | 100 | 100 |
| Doctors Hospital (East) Limited | Bahamas | 100 | 100 |
| Doctors Hospital (West) Limited | Bahamas | 100 | 100 |
| Doctors Hospital (Harbourside) Limited | Bahamas | 100 | 100 |
| Doctors Hospital (The Institute of Learning) Limited | Bahamas | 100 | 100 |
| Doctors Hospital (Grand Bahama) Limited | Bahamas | 100 | 100 |
| Kidney Centre Limited | Bahamas | 100 | 100 |

Doctors Hospital (Bahamas) Limited - provides healthcare services inclusive of in-patient, out-patient and ambulatory services.

Bahamas Medical Center Limited - a subsidiary of Doctors Hospital (Bahamas) Limited, provides healthcare services inclusive of out-patient and ambulatory services.

Doctors Hospital (East) Limited - a holding company that has ownership of the land and building that facilitates the operations of Doctors Hospital (Bahamas) Limited.

Doctors Hospital (West) Limited - a holding company that has ownership of the land and building that facilitates the operations of Bahamas Medical Center Limited.

Doctors Hospital (Harbourside) Limited - a subsidiary of Doctors Hospital (Bahamas) Limited, established for the development of a skilled nursing facility and medical residence.

Doctors Hospital (The Institute of Learning) Limited – provides healthcare and non-healthcare related courses to the general public.

Doctors Hospital (Grand Bahama) Limited - established to provide health care services inclusive of in-patient, out-patient and ambulatory services.

Kidney Centre Limited - established to provide out-patient dialysis services.

## 7. CASH AND CASH EQUIVALENTS

Cash and cash equivalents are comprised of the following:

| | 2026 | 2025 |
|---|---|---|
| Cash at bank and in hand | $ 2,477,555 | $ 8,579,614 |
| Short-term deposits | - | 131,065 |
| | $ 2,477,555 | $ 8,710,679 |

Short-term deposits are made for varying periods of between 30 days and 3 months, depending on the immediate cash requirements of the Group, and earn interest at the respective short-term deposit rates. The Group held short-term deposits in the amount of $Nil (2025: $131,065) in the

form of an externally managed treasury account, which is available upon demand within 7-10 business days without penalty to meet any operational cash requirements.

The Group held cash and cash equivalents of $2,450,943 (2025: $8,332,529) with financial institutions which are rated AA- to AA based on ratings from S&P and Fitch rating agencies.

## 8. TRADE RECEIVABLES, NET

Trade receivables - patients represent amounts due primarily from self-pay patients and balances due from insured patients after settlements by their insurers. Trade receivables - third-party payors represent amounts due from insurance companies, Government of The Bahamas entities and other third-party entities for which guarantees of payments have been received.

| | 2026 | 2025 |
|---|---|---|
| Trade receivable - patients | $ 24,907,638 | $ 21,676,759 |
| Provision for impairment losses | (15,566,875) | (15,149,665) |
| | $ 9,340,763 | $ 6,527,094 |
| Trade receivable - third-party payors | $ 38,055,977 | $ 36,321,285 |
| Provision for impairment losses | (1,880,064) | (2,817,569) |
| | $ 36,175,913 | $ 33,503,716 |
| Trade receivables, net | $ 45,516,676 | $ 40,030,810 |

Movement in the provision for impairment losses was as follows:

| | 2026 | 2025 |
|---|---|---|
| Balance at beginning of the year | $ 17,967,234 | $ 12,663,966 |
| Impairment loss recognized in the current year | 3,569,586 | 6,622,684 |
| Receivables written off in the year | (4,089,881) | (1,319,416) |
| Balance at end of the year | $ 17,446,939 | $ 17,967,234 |

During the year, the Group recovered amounts previously written-off amounted to $356,930 (2025: $286,618) which is presented as impairment loss expense in the consolidated statement of profit or loss and other comprehensive income.

At January 31, the aging analysis of patient and third-party receivables and respective impairment losses was as follows:

| | 2026 | | |
|---|---|---|---|
| Patient | Gross carrying amount | Impairment loss | Loss rate |
| Current (not past due) | $ 7,000,328 | $ (571,168) | 8% |
| 0 - 30 days past due | 646,077 | (453,305) | 70% |
| 31 - 60 days past due | 711,733 | (536,445) | 75% |
| 60 - 90 days past due | 546,910 | (439,362) | 80% |
| More than 90 days past due | 16,002,590 | (13,566,595) | 85% |
| | $ 24,907,638 | $ (15,566,875) | |

| 2025 | | | |
|---|---|---|---|
| **Patient** | **Gross carrying amount** | **Impairment loss** | **Loss rate** |
| Current (not past due) | $ 3,593,063 | $ (308,566) | 9% |
| 0 - 30 days past due | 434,068 | (291,230) | 67% |
| 31 - 60 days past due | 268,173 | (190,004) | 71% |
| 60 - 90 days past due | 944,575 | (708,944) | 75% |
| More than 90 days past due | 16,436,880 | (13,650,921) | 83% |
| | $ 21,676,759 | $ (15,149,665) | |

| 2026 | | | |
|---|---|---|---|
| **Third-Party payors** | **Gross carrying amount** | **Impairment loss** | **Loss rate** |
| Current (not past due) | $ 25,289,217 | $ (160,653) | 1% |
| 0 - 30 days past due | 291,420 | (105,128) | 36% |
| 31 - 60 days past due | 304,804 | (125,831) | 41% |
| 60 - 90 days past due | 206,467 | (90,496) | 44% |
| More than 90 days past due | 2,057,320 | (1,324,050) | 64% |
| | $ 28,149,228 | $ (1,806,158) | |

| 2025 | | | |
|---|---|---|---|
| **Third-Party payors** | **Gross carrying amount** | **Impairment loss** | **Loss rate** |
| Current (not past due) | $ 23,806,924 | $ (149,657) | 1% |
| 0 - 30 days past due | 430,160 | (179,197) | 42% |
| 31 - 60 days past due | 469,477 | (220,949) | 47% |
| 60 - 90 days past due | 394,044 | (191,648) | 49% |
| More than 90 days past due | 3,769,445 | (2,033,346) | 54% |
| | $ 28,870,050 | $ (2,774,797) | |

Management considers trade receivables due from Patients totaling $1,904,720 (2025: $1,646,816) to be past due but not impaired, and trade receivables due from Third-Party Payors totaling $802,691 (2025: $1,293,681) to be past due but not impaired.

Management developed an ECL model to provide relevant economic data for determining the factors that are specific to the debtors, the general economic conditions of the industry in which the debtors operate and the forecast direction of the conditions at the reporting date.

Loss rates are calculated under a ‘roll rate’ method based on the probability of a receivable progressing through successive stages of delinquency to provision. Roll rates are calculated separately for exposure based on common criteria of the patients aging balance. Loss rates are based on actual credit loss experience over the past five years. These rates are multiplied by scalar factors to reflect difference between economic conditions during the period over which historical data has been recognized, current conditions and the Group's view of the economic conditions over the expected lives of the receivables.

Based on the modeling prepared by management, the expected credit losses on patient and third-party receivables as at January 31, 2026 is $17,446,939 (2025: $17,967,234).

The Group considers that any receivable balance that is more than 90 days past due is impaired.

Included in the trade receivables – third party payors are the amounts due from the Government of The Bahamas totaling $9,906,750 (2025: $7,453,645), on which the Group measures impairment losses using the general approach and classified as stage 1 (2025: stage 1). The expected weighted-average credit loss rate for the balances due from the Government of The Bahamas is 0.75% as at January 31, 2026 (2025: 0.57%). As at January 31, 2026 the provision for impairment losses amounted to $73,907 (2025: $42,772).

## 9. INVENTORIES

Inventories are comprised of the following:

| | 2026 | 2025 |
|---|---|---|
| Medical supplies | $ 3,088,887 | $ 3,446,543 |
| Pharmaceuticals | 1,553,554 | 1,626,447 |
| Total inventories at the lower of cost and net realizable value | $ 4,642,441 | $ 5,072,990 |

The amount of write-downs of inventories recognised as an expense is $579,501 (2025: $1,957,168), which is recognised in medical supplies in the consolidated statement of profit or loss and other comprehensive income. The cost of inventories recognised as an expense during the year was $14,982,355 (2025: $16,698,869) and was recognised in medical supplies in the consolidated statement of profit or loss and other comprehensive income.

## 10. OTHER ASSETS

Other assets are comprised of the following:

| | 2026 | 2025 |
|---|---|---|
| Prepaid expenses | $ 2,335,152 | $ 1,782,135 |
| Advances and other assets | 206,076 | 95,091 |
| Amounts due within 12 months | 2,541,228 | 1,877,226 |
| Security deposits | 710,080 | 686,680 |
| Amounts due after 12 months | 710,080 | 686,680 |
| | $ 3,251,308 | $ 2,563,906 |

## 11. INVESTMENTS

Investments comprise equity and fixed income securities. Fixed income securities are classified as financial assets at amortised cost.

| | 2026 | 2025 |
|---|---|---|
| Equity investments | $ 30,000 | $ 30,000 |
| Fixed income investments | 3,310,930 | 7,355,448 |
| | 3,340,930 | 7,385,448 |
| Less expected credit losses | (32,450) | (70,706) |
| Total investments | $ 3,308,480 | $ 7,314,742 |

The movement in the expected credit losses was as follows:

| | 2026 | 2025 |
|---|---|---|
| Balance at beginning of the year | $ 70,706 | $ 49,349 |
| Impairment losses (reversed)/recognised in the current year | (38,256) | 21,357 |
| Balance at end of the year | $ 32,450 | $ 70,706 |

Equity investments, which are classified as at fair value through other comprehensive income, of $30,000 (2025: $30,000) represent a 10% ownership stake in Nassau Laboratory Partners, which is carried at fair value as a level 3 investment.

Fixed income investments are classified as at amortised cost and have interest rates of 4.25% to 5.65% (2025: 3.20% to 6.50%) and mature in seventeen (17) months to twenty-three (23) years (2025: four (4) months to twenty-seven (27) years). The fair value of the fixed income investments as at January 31, 2026 was $3,153,951 (2025: $6,757,192). The Group measures impairment losses using the general approach and classified as stage 1 (2025: stage 1) and expected credit loss rate on the fixed income investments is 0.98% (2025: 0.96%).

## 12. ACQUISITION OF SUBSIDIARY

On April 30, 2024, the Group acquired 100 percent of the shares and voting interests of KCL, and as a result the Group gained control of the subsidiary.

Included in the identifiable assets and liabilities acquired at the date of acquisition of KCL are inputs (land, buildings, equipment and inventories), processes and an organized workforce. The Group has determined that together the acquired inputs and processes significantly contribute to the ability to create revenue. The Group has concluded that the acquired set is a business.

At the acquisition date the Group transferred cash consideration in the amount of $8,067,500. The Group incurred acquisition-related costs of $626,514 on legal fees and due diligence costs. These costs have been included as a part of the acquisition costs.

*Identifiable assets acquired and liabilities assumed*

The following table summarises the recognised amounts of assets acquired and liabilities assumed at the date of acquisition.

| | | 2025 |
|---|---|---|
| Land and buildings | $ | 3,390,000 |
| Equipment and other fixed assets | | 734,271 |
| Cash and cash equivalents | | 1,069,984 |
| Accounts receivable | | 1,952,415 |
| Inventories | | 338,264 |
| Other assets | | 16,909 |
| Trade and other payables | | (2,067,660) |
| Long term borrowings | | (341,667) |
| Total identifiable net assets acquired | $ | 5,092,516 |

The valuation of land and buildings were measured using the income approach and cost approach. The income approach calculates the potential gross annual income for an income producing property based on current market rentals in the area and deducts normal operating expenses and capitalises the net annual income which reflects a return on investment that would be typically expected by an investor in an investment property. The cost approach estimates the fee simple value of the land, the value of the site improvements and the cost to construct the buildings at the current building rates. Physical depreciation is then deducted from the construction cost. Functional obsolescence and economic depreciation are also factored in depreciation if applicable. Accounts receivable comprise gross contractual amounts due of $1,952,415, of which $Nil was expected to be uncollectible at the date of acquisition. Inventories, used in the course of providing dialysis, are valued at the lower of cost and net realisable value.

Goodwill arising from the acquisition has been recognised as follows.

| | | 2025 |
|---|---|---|
| Consideration transferred | $ | 8,067,500 |
| Fair value of identifiable net assets | | (5,092,516) |
| Goodwill | $ | 2,974,984 |

The goodwill is attributable mainly to the synergies expected to be achieved from integrating KCL into the Group's healthcare system.

## 13. INVESTMENT PROPERTY

The Group's investment property consist of a portion of an owner-occupied building and is carried at cost less accumulated depreciation.

| | 2026 | 2025 |
|---|---|---|
| **Cost:** | | |
| Balance at beginning of year | $ 2,171,395 | $ 2,171,395 |
| Balance at end of year | 2,171,395 | 2,171,395 |
| **Accumulated depreciation:** | | |
| Balance at beginning of year | 1,270,047 | 1,216,482 |
| Depreciation for the year | 54,285 | 53,565 |
| Balance at end of year | 1,324,332 | 1,270,047 |
| **Net book value** | $ 847,063 | $ 901,348 |

The fair value of investment property was determined by an external, independent property appraiser, having appropriately recognised professional qualifications and recent experience in the location and category of the property being valued. The independent appraiser provides the fair value of the Group's investment property every five years. The fair value measurements for the investment property has been categorised as a level 3 fair value based on the inputs to the valuation technique used. The fair value of the investment property as at January 31, 2026 was $3,922,294 (2025: $3,922,294).

## 14. GOODWILL

The movement in goodwill at January 31, 2026 is as follows.

| | 2026 | 2025 |
|---|---|---|
| Balance at beginning of the year | $ 3,405,886 | $ 430,902 |
| Acquisition through business combination | - | 2,974,984 |
| Balance at end of the year | $ 3,405,886 | $ 3,405,886 |

The goodwill recorded relates to the Group's acquisition of (1) imaging subsidiaries related to magnetic resonance imaging ("MRI") and computerized tomography ("CT") scan modalities, amounting to $430,902 (2025: $430,902) and (2) Kidney Centre Limited, amounting to $2,974,984 (2025: $2,974,984). The Group tests goodwill for impairment annually or more frequently if there are indications that goodwill may be impaired. The recoverable amount of

the cash generating units (CGU) is based on a value in use calculation. The value in use has been determined by discounting the future cash flows generated from the continuing use of the CGU.

The key assumptions used for the value in use calculation for MRI and CT modalities are as follows:

- Cash flows are projected based on actual operating results for the year ended January 31, 2026 as a baseline;
- Cash flows for the further five year period are projected using expected annual growth rates based on the five (5) year historical growth rate of the modalities of 2.9% (2025: 9.7%); net of required capital expenditures; and
- A discount rate of 11.27% (2025: 15.50%) is used to estimate the present value of projected cash flow, as well as the present value of the terminal value. The discount rate was estimated based on the historical industry average weighted-average cost of capital.

The test was performed at January 31 and the carrying amount of the CGU was $1,022,840 (2025: $772,747) and the estimated recoverable amount exceeded the carrying amount by approximately $103.4 million (2025: $63.5 million). Management has identified that a change in two key assumptions could cause the carrying amount to exceed the recoverable amount. The following table shows the amount by which these two assumptions would need to change individually for the estimated recoverable amount to be equal to the carrying amount.

| *In percent* | **2026** | **2025** |
|---|---|---|
| Discount rate | 895.00% | 1292.50% |
| Budgeted EBITDA growth rate | -51.00% | -73.20% |

The key assumptions used for the value in use calculation for KCL are as follows:

- Cash flows are projected based on actual operating results for the year ended January 31, 2026 as a baseline;
- Cash flows for the further five year period are projected using expected annual growth rates based an estimate of 2.5% (2025: 2.5%); net of required capital expenditures; and
- A discount rate of 12.2% (2025: 12%) is used to estimate the present value of projected cash flow, as well as the present value of the terminal value. The discount rate was estimated based on the historical industry average weighted-average cost of capital.

The test was performed at January 31 and the carrying amount of the CGU was $8,463,712 (2025: $8,607,170) and the estimated recoverable amount exceeded the carrying amount by approximately $0.4 million (2025: $0.3 million). Management has identified that a reasonably possible change in two key assumptions could cause the carrying amount to exceed the recoverable amount. The following table shows the amount by which these two assumptions would need to change individually for the estimated recoverable amount to be equal to the carrying amount.

| *In percent* | **2026** | **2025** |
|---|---|---|
| Discount rate | 0.75% | 0.50% |
| Budgeted EBITDA growth rate | -1.25% | -0.40% |

## 15. PROPERTY AND EQUIPMENT

Property and equipment is comprised of the following:

| | Land and buildings | Work-in-Progress | Leasehold improvements | Furniture and equipment | Total |
|---|---|---|---|---|---|
| COST: | | | | | |
| Balance at January 31, 2024 | $ 25,797,390 | $ 35,437,164 | $ 6,035,836 | $ 38,155,213 | $ 105,425,603 |
| Acquisitions through business combinations | 3,390,000 | - | - | 734,272 | 4,124,272 |
| Transfers (out) in | - | 3,605,758 | 663,653 | (4,269,411) | - |
| Additions | 563,203 | 15,263,279 | 223,751 | 3,658,097 | 19,708,330 |
| Disposals | - | - | (367,115) | (3,000,772) | (3,367,887) |
| Balance at January 31, 2025 | 29,750,593 | 54,306,201 | 6,556,125 | 35,277,399 | 125,890,318 |
| Transfers (out) in | 16,033,713 | (26,541,435) | 1,978,101 | 8,529,621 | - |
| Transfers out - recognition of finance lease receivable (Note 16) | (17,212,453) | - | - | (4,366,609) | (21,579,062) |
| Additions | 417,994 | 15,832,099 | 151,000 | 945,920 | 17,347,013 |
| Disposals | - | (5,574) | - | (207,757) | (213,331) |
| Balance at January 31, 2026 | $ 28,989,847 | $ 43,591,291 | $ 8,685,226 | $ 40,178,574 | $ 121,444,938 |
| ACCUMULATED DEPRECIATION: | | | | | |
| Balance at January 31, 2024 | $ 11,140,181 | $ - | $ 3,299,929 | $ 28,307,708 | $ 42,747,818 |
| Depreciation | 316,821 | - | 637,365 | 3,124,020 | 4,078,206 |
| Disposals | - | - | (367,114) | (2,921,674) | (3,288,788) |
| Balance at January 31, 2025 | 11,457,002 | - | 3,570,180 | 28,510,054 | 43,537,236 |
| Transfers (out) in | (50,201) | - | (164,189) | - | (214,390) |
| Transfers out - recognition of finance lease receivable (Note 16) | | | | (420,971) | (420,971) |
| Depreciation | 467,041 | - | 876,014 | 3,164,100 | 4,507,155 |
| Disposals | - | - | - | (183,206) | (183,206) |
| Balance at January 31, 2025 | $ 11,873,842 | $ - | $ 4,282,005 | $ 31,069,977 | $ 47,225,824 |
| CARRYING AMOUNT: | | | | | |
| At January 31, 2026 | $ 17,116,005 | $ 43,591,291 | $ 4,403,221 | $ 9,108,597 | $ 74,219,114 |
| At January 31, 2025 | $ 18,293,591 | $ 54,306,201 | $ 2,985,945 | $ 6,767,345 | $ 82,353,082 |

As at January 31, 2026, work-in-progress comprised primarily of a hospital in Grand Bahama, a hospital in Eastern New Providence and an outpatient imaging center in New Providence.

Included in work-in-progress are capitalized borrowing costs in the amount of $453,383 for the year ended January 31, 2026 (2025: $299,675).

During the year, net assets totaling $21,158,091, which were classified as land and building and furniture and equipment, were leased to a third party as a finance lease (see note 16).

During the year, fully depreciated assets of $213,331 (2025: $3,637,888) were retired from service. Included in leasehold improvements, furniture and equipment at January 31, 2026 are fully depreciated assets of $24,639,869 (2025: $21,344,345). No impairment loss was recognised as at January 31, 2026 with respect to property and equipment (2025: $Nil).

## 16. RIGHT OF USE ASSETS AND LEASES

*Leases as a lessee*

Right of use assets is comprised of land and buildings which are leased by the Group. The lease terms range from 2 to 10 years from inception of the leases. The ROU assets are amortised over the shorter of the useful lives of the assets or the respective lease terms.

| | 2026 | 2025 |
|---|---|---|
| **Cost:** | | |
| Balance at beginning of year | $ 8,701,551 | $ 6,587,432 |
| Additions | 1,135,456 | 2,480,438 |
| Derecognition | (1,154,450) | (366,319) |
| Balance at end of year | 8,682,557 | 8,701,551 |
| **Accumulated amortisation:** | | |
| Balance at beginning of year | 4,460,701 | 2,828,419 |
| Amortisation for the year | 2,035,735 | 1,977,631 |
| Derecognition | (1,036,577) | (345,349) |
| Balance at end of year | 5,459,859 | 4,460,701 |
| **Net book value** | $ 3,222,698 | $ 4,240,850 |

Total lease payments for the year ended January 31, 2026 amounted to $2,147,641 (2025: $2,424,863). Interest expense charged on the lease liabilities for the year ended January 31, 2026 amounted to $167,919 (2025: $254,925).

Lease expense for the year ended January 31, 2026 relating to leases with short terms and/or low value amounted to $621,801 (2025: $390,458), which is recognised in rent expense in the consolidated statement of profit or loss and other comprehensive income.

There have been no changes in the terms of the leases held throughout the year ended January 31, 2026 and 2025.

The following table shows the maturity analysis of lease payments, showing the discounted lease payments to be paid after the reporting date.

| | 2026 | 2025 |
|---|---|---|
| Within one year | $ 1,670,772 | $ 1,888,929 |
| After one year but not more than five years | 1,826,814 | 2,535,009 |
| After five years but not more than ten years | - | 35,205 |
| | $ 3,497,586 | $ 4,459,143 |

The following table shows the maturity analysis of lease payments, showing the undiscounted lease payments to be paid after the reporting date.

| | 2026 | 2025 |
|---|---|---|
| Within one year | $ 1,775,584 | $ 2,050,546 |
| After one year but not more than five years | 1,881,248 | 2,673,483 |
| Between five years and ten years | - | 36,000 |
| | $ 3,656,832 | $ 4,760,029 |

*Leases as a lessor*

The Group leases a portion of its properties. All leases, with the exception of one property, are classified as operating leases from a lessor perspective because they do not transfer substantially all of the risks and rewards incidental to the ownership of the assets.

Rental income is recognised in other income in the consolidated statement of profit or loss and other comprehensive income. Rental income recognised from the Group's investment property for the year ended January 31, 2026 was $768,642 (2025: $278,790), of which $300,000 (2025: $Nil) relates to amounts charged to the lessee for reimbursement of incurred direct operating costs associated with the maintenance of the leased property.

The following table sets out the maturity analysis of lease payments, showing the undiscounted lease payments to be received after the reporting date.

| | 2026 | 2025 |
|---|---|---|
| Within one year | $ 100,324 | $ 294,672 |
| One to two years | - | 100,624 |
| | $ 100,324 | $ 395,296 |

*Finance lease*

During the year, the Group leased a building, furniture and equipment, that was presented as property and equipment (refer to note 15). The Group recognised a gain of $7,420,938 (2025: $Nil) on derecognition of the building, furniture and equipment and presented the gain in the consolidated statement of profit or loss and other comprehensive income. The Group recognised interest income on lease receivables of $1,521,545 (2025: $Nil).

The lease includes an option for the lessee to purchase the property at any time during or at the expiration of the lease.

The following table sets out the maturity analysis of lease receivables, showing the undiscounted lease payments to be received after the reporting date.

| | 2026 | 2025 |
|---|---|---|
| Within one year | $ 4,112,004 | $ - |
| One to two years | 4,112,004 | - |
| Three to five years | 12,336,012 | - |
| Six to ten years | 26,224,235 | - |
| Total undiscounted lease receivable | $ 46,784,255 | $ - |
| Unearned finance income | (16,262,710) | - |
| Net investment in the lease | $ 30,521,545 | $ - |

The Group measures impairment losses on finance lease receivable using the general approach and classified as stage 1. Impairment loss on finance lease receivables has been recognised as at January 31, 2026 in the amount of $413,987 (2025: $Nil) and is included in impairment loss on financial assets in the consolidated statement of profit or loss and other comprehensive income.

## 17. ACCOUNTS PAYABLE AND OTHER LIABILITIES

Accounts payable and other liabilities are comprised of the following:

| | 2026 | 2025 |
|---|---|---|
| Accrued expenses | $ 7,770,925 | $ 3,910,522 |
| Accounts payable - trade | 14,075,848 | 15,316,007 |
| Other liabilities | 10,605,624 | 11,096,936 |
| Unearned revenue | 834,110 | 110,808 |
| Vacation benefit accrual | 974,101 | 678,444 |
| VAT payable | 577,229 | 273,867 |
| | $ 34,837,837 | $ 31,386,584 |

Terms and conditions of the above liabilities:

- Trade payables are non-interest bearing and are generally settled on 30-60 day terms.
- Accrued expenses are non-interest bearing and are typically settled throughout the financial year.
- Other liabilities primarily consists of refunds due to customers and are non-interest bearing and are generally settled throughout the financial year.
- Vacation benefit accrual is non-interest bearing and employees are encouraged to take time due in the year it is earned.
- VAT payable is paid monthly and is non-interest bearing if paid by the 14th of the following month.

## 18. LONG-TERM BORROWINGS

The Group maintains an overdraft facility to finance working capital needs. Interest is charged at the Bahamian dollar prime rate minus 1.25% per annum. At January 31, 2026 the Bahamian dollar prime rate was 4.25% (2025: 4.25%). At January 31, 2026 the entire facility of approximately $5 million (2025: $5 million) was undrawn and available.

Bank borrowings are comprised of the following:

| | 2026 | 2025 |
|---|---|---|
| Secured term loan to be repaid over 15 years, plus interest at Bahamas Prime - 1.25% per annum | $ 19,185,504 | $ 16,429,801 |
| Less: current portion | (283,396) | (274,877) |
| Long-term portion | $ 18,902,108 | $ 16,154,924 |

As security for all bank borrowings, the Group pledged as collateral all property and equipment owned by Doctors Hospital Bahamas Limited, Doctors Hospital (East) Limited, Doctors Hospital (West) Limited, Doctors Hospital (Harborside) Limited and Bahamas Medical Center Limited up to $33,502,000 (2025: $33,502,000).

The Group has secured loans with a carrying amount of $19,185,504 as at January 31, 2026 (2025: $16,429,801). The loans are repayable in monthly blended payments of principal and interest, maturing in March 2033 and July 2038.

The borrowings are subject to covenants that include maintaining a debt service coverage ratio of 1.5 and the facility should not exceed 65% of the trade receivables that are less than 90 days past due. As at January 31, 2026 there have been no breaches in any of the loan covenants (2025: Nil).

Other long term borrowings are comprised of the following:

| | 2026 | 2025 |
|---|---|---|
| Secured loan | $ 198,167 | $ 293,833 |
| Less: current portion | (198,167) | (82,000) |
| Long-term portion | $ - | $ 211,833 |

The Group has a secured loan with a carrying amount of $198,167 (2025: $293,833) as at January 31, 2026. The loan is non-interest bearing and repayable in monthly payments of $6,833, maturing in August 2028. The Group pledged as collateral all of the dialysis equipment owned by Kidney Centre Limited.

The reconciliation of movements of liabilities to cash flows arising from financing activities for the year ended January 31, 2026 is as follows:

| | Long-term debt | Leases |
|---|---|---|
| Balance at January 31, 2025 | $ 16,723,634 | $ 4,459,143 |
| Changes from financing cash flows: | | |
| Proceeds from long-term debt | 4,048,580 | - |
| Repayment of long-term debt | (1,410,427) | - |
| Payment of lease liabilities | - | (2,097,013) |
| Total changes from financing cash flows | 2,638,153 | (2,097,013) |
| Other liability-related changes: | | |
| New leases | - | 1,135,456 |
| Interest expense | 60,488 | 167,919 |
| Interest paid | (38,604) | (167,919) |
| Total other liability-related changes | 21,884 | 1,135,456 |
| Balance at January 31, 2026 | $ 19,383,671 | $ 3,497,586 |

The reconciliation of movements of liabilities to cash flows arising from financing activities for the year ended January 31, 2025 is as follows:

| | Long-term debt | Leases |
|---|---|---|
| Balance at January 31, 2024 | $ 7,954,961 | $ 4,018,278 |
| Changes from financing cash flows: | | |
| Proceeds from long-term debt | 9,032,671 | - |
| Repayment of long-term debt | (267,703) | - |
| Payment of lease liabilities | - | (2,169,938) |
| Total changes from financing cash flows | 8,764,968 | (2,169,938) |
| Other liability-related changes: | | |
| New leases | - | 2,610,803 |
| Interest expense | 150,742 | 255,412 |
| Interest paid | (147,037) | (255,412) |
| Total other liability-related changes | 3,705 | 2,610,803 |
| Balance at January 31, 2025 | $ 16,723,634 | $ 4,459,143 |

## 19. REVENUES

The Group generates revenue primarily from the provision of healthcare services to its patients, net of discounts in the amount of $14,842,081 (2025: $14,589,243). Other sources of income include cafeteria sales, interest income from investments, provision of educational services and sales of sundry items.

Other income consists of the following:

| | 2026 | 2025 |
|---|---|---|
| Cafeteria sales | $ 219,625 | $ 378,650 |
| Management fees | 335,935 | 535,556 |
| Rental income | 786,506 | 303,575 |
| Educational services income | 135,167 | 241,337 |
| Sundry items sales | 567,321 | 510,560 |
| Miscellaneous income | 174,076 | 596,439 |
| | $ 2,218,630 | $ 2,566,117 |

## 20. SALARIES AND BENEFITS EXPENSE

Salaries and benefits expense are comprised of the following:

| | 2026 | 2025 |
|---|---|---|
| Salaries and benefits | $ 54,641,895 | $ 50,470,182 |
| National Insurance costs | 1,811,498 | 1,609,839 |
| Pension costs - defined contributions pension plan (Note 25) | 813,211 | 696,319 |
| Work permits | 914,532 | 811,839 |
| | $ 58,181,136 | $ 53,588,179 |

## 21. OTHER OPERATING EXPENSES

Other operating expenses are comprised of the following:

| | 2026 | 2025 |
|---|---|---|
| Supplies | $ 1,837,200 | $ 2,294,465 |
| Dues & subscriptions | 1,139,266 | 1,426,401 |
| Consultancy fees | 961,291 | 1,349,270 |
| Collection fees | 521,447 | 237,901 |
| Training | 580,148 | 821,344 |
| Bank charges | 908,054 | 594,114 |
| Travel | 536,102 | 490,973 |
| Advertising | 620,960 | 481,544 |
| Automobile fuel | 328,387 | 334,733 |
| Miscellaneous | 725,444 | 898,355 |
| Donations | 227,056 | 265,839 |
| | $ 8,385,355 | $ 9,194,939 |

## 22. GOVERNMENT TAXES AND FEES

Government taxes and fees are comprised of the following:

| | 2026 | 2025 |
|---|---|---|
| Business license | $ 1,723,540 | $ 1,965,681 |
| Property taxes | 431,454 | 325,951 |
| | $ 2,154,994 | $ 2,291,632 |

## 23. DIVIDENDS PAID

Dividends paid are comprised of the following:

| | 2026 | 2025 |
|---|---|---|
| Dividend on ordinary shares: | | |
| Final dividend for 2026 ($0.02 per share (2025: $0.07 per share)) | $ 499,570 | $ 838,014 |

## 24. RELATED PARTY TRANSACTIONS AND BALANCES

Related parties are entities or individuals where there is effective control or significant influence by the Company, its directors, or its shareholders. All significant balances and transactions with related parties, are disclosed in these consolidated financial statements as being with related parties. Transaction with related parties were no more favourable than those available, or which might reasonably be expected to be available, in similar transactions with non-related parties on an arm's length basis.

*Medical services*

Included in medical services are transactions with a related party amounting to $5,518,011 (2025: $6,041,466). The entity is a related party to the Group by way of a shareholder and director who has control of the related party. The related party is contracted to provide physician services to the Group. As at January 31, 2026 the amounts due to the related party totaled $374,516 (2025: $360,737) and are presented as accounts payable and other liabilities in the consolidated statement of financial position.

*Leases*

The Group leases buildings used for outpatient and administrative services from related parties. The entities are related parties to the Group by way of a shareholder and directors who have control of the related parties.

There is a lease which is for a period of 3 years, expiring on January 31, 2026. As at January 31, 2026 the net book value of the ROU asset and the lease liability associated with the lease were $Nil and $Nil respectively (2025: $90,731 and $96,035) and are included in the amounts disclosed in note 16.

There were 2 leases with a related party which are for periods of 5 years, which expired on July 31, 2025 and November 30, 2025. As at January 31, 2026 the net book values of the ROU assets

and the lease liabilities associated with the leases totaled $Nil and $Nil respectively (2025: $152,271 and $208,790) and are included in the amounts disclosed in note 16.

There are 2 leases with a related party which are for periods of 5 years, expiring on October 31, 2026 and July 6, 2028. As at January 31, 2026 the net book values of the ROU assets and the lease liabilities associated with the leases totaled $174,219 and $176,731 respectively (2025: $281,706 and $284,834) and are included in the amounts disclosed in note 16.

*Professional services*

Included in work in progress within property and equipment in the consolidated statement of financial position are transactions with a related party amounting to $14,000 (2025: $48,500). The entity is a related party to the Group by way of a shareholder and director who has control of the related party. The related party provides professional architectural and project management services to the Group.

Included in repairs and maintenance in the consolidated statement of profit or loss and other comprehensive income are transactions with a related party amounting to $236,949 (2025: $361,091). The entity is a related party to the Group by way of a member of key management personnel who has control of the related party. The related party provides professional construction and renovation services to the Group. As at January 31, 2026 the amounts due to the related parties totaled $48,780 (2025: $131,734) and are presented as accounts payable and other liabilities in the consolidated statement of financial position.

*Terms and conditions of transactions with related parties*

Outstanding balances at year-end are unsecured, interest-free and settlement occurs in cash. There have been no guarantees provided or received for any related party receivables or payables. For the years ended January 31, 2026 and 2025, the Group had debts relating to amounts owed to related parties as noted above. The amounts owed to related parties are non-interest bearing and are generally settled throughout the financial year.

*Transactions with other related parties*

Compensation of key management personnel:

| | 2026 | 2025 |
|---|---|---|
| Short-term employee benefits | $ 4,097,328 | $ 2,001,850 |
| Post-employment pension benefits | 175,329 | 163,491 |
| Total compensation paid to key management personnel | $ 4,272,657 | $ 2,165,341 |

## 25. PENSION PLAN

The Group has a defined contribution pension plan. Contributions to the plan amount to 10% of gross salaries of eligible employees. The Group makes 100% of the 10% contribution for executive management personnel and matches all other employee contributions up to 5% of gross salaries. Group and employee contributions for the year ended January 31, 2026 amounted to $1,397,237 (2025: $1,183,406).

## 26. EARNINGS PER SHARE

Basic earnings and diluted earnings per share are calculated by dividing the profit for the year attributable to ordinary shareholders by the weighted average number of ordinary shares outstanding during the year. There are no potentially dilutive financial instruments therefore diluted and basic earnings per share are the same.

The following reflects the income and share data used in the basic and diluted earnings per share computations for the year ended January 31:

| | 2026 | 2025 |
|---|---|---|
| Net profit/(loss) for the year | $ 11,408,927 | $ (905,603) |
| Weighted average number of ordinary shares on issue applicable to basic earnings per share (Note 29) | 24,948,989 | 24,026,601 |
| Earnings/(losses) per share | $ 0.46 | $ (0.04) |

## 27. CONTINGENCIES

The Group is subject to claims and lawsuits in the ordinary course of business. The largest category of these relates to medical malpractice. The results of claims, lawsuits and investigations cannot be predicted, and it is possible that from time to time the ultimate resolution of such matters, individually or in the aggregate, may have a material adverse effect on the Group's financial position, financial performance or cash flows.

When necessary, the Group defends itself vigorously against claims and lawsuits. However, the Group recognises that, where appropriate, its interests may be best served by resolving certain matters without litigation. To that end, the Group consistently engages in service recovery initiatives to satisfy customer needs and expectations and to achieve a non-litigated resolution of patient concerns.

The Group records provisions for claims and lawsuits when they are probable and estimable. The accrued amounts for estimated professional liability claims are included in accounts payable and other liabilities. Liabilities and corresponding recoveries arising from claims and lawsuits are recorded on a gross basis. As at January 31, 2026, the Group has recorded provisions totaling $160,000 (2025: $80,000) and is presented as accounts payable and other liabilities in the consolidated statement of financial position. The movement in the provisions was as follows:

| | 2026 | 2025 |
|---|---|---|
| Balance at beginning of year | $ 80,000 | $ 196,000 |
| Additions | 160,000 | 10,000 |
| Settlement | (80,000) | (126,000) |
| Balance at end of year | $ 160,000 | $ 80,000 |

## 28. RISK MANAGEMENT

The Group's principal financial instruments consist of cash and cash equivalents, trade receivables, investments, accounts payable, lease liabilities and long-term debt. The Group does not enter into derivative transactions.

***Financial risk management objectives and policies*** - The main risks arising from the Group's financial instruments are credit risk, liquidity risk and market risk. The Group has written risk management policies and guidelines which set out its overall business strategies, its tolerance for risk and its general risk management philosophy and has established processes to monitor and control its financial instruments in a timely and accurate manner. Such written policies are reviewed annually by the Board of Directors.

***Credit risk*** - Credit risk is the risk of financial loss to the Group if a customer or counterparty to a financial instrument fails to meet its contractual obligations and arises principally from the Group's trade receivables and investments. It is the Group's policy to enter into financial instruments with a diversity of creditworthy counterparties. The Group's maximum exposure to credit risk in the event the counterparties fail to perform their obligations at January 31, 2026 in relation to each class of financial assets, is the carrying amount as indicated in the consolidated statement of financial position. Credit risk on liquid funds is limited because counterparties are reputable banks with high credit ratings (refer to note 7).

The Group limits its exposure to credit risk by investing only in liquid debt securities. All debt securities measured at amortised cost were subject to a 12-month ECL and were not credit impaired.

The financial assets of the Group comprise mainly of cash and cash equivalents, receivables from patients and third-party payors, finance lease receivable, other assets and investments. Impairment losses on financial assets recognised in the consolidated statement of profit or loss and other comprehensive income are as follows:

| | 2026 | 2025 |
|---|---|---|
| Impairment losses on trade receivables | $ 3,212,657 | $ 6,622,684 |
| Impairment losses on finance lease receivable | $ 413,987 | - |
| Impairment (reversals)/losses on investments | $ (38,256) | 21,357 |
| | $ 3,588,388 | $ 6,644,041 |

While cash and cash equivalents and other assets are also subject to the impairment requirements of IFRS 9, the identified impairment loss was immaterial.

***Concentrations of credit risk*** - The Group grants credit without collateral to its patients, most of which are local residents and are insured under third-party payor agreements. The maximum percentage owed by any one third-party payor at January 31, 2026 is 14.59% (2025: 14.37%).

The mix of receivables (shown net) from patients and third-party payors at January 31, 2026 was as follows:

| | 2026 | 2025 |
|---|---|---|
| Patients | 21% | 16% |
| Third-party payors | 79% | 84% |
| | 100% | 100% |

***Liquidity risk*** - The Group is exposed to liquidity risk in connection with its debt obligations, accounts payable and accrued expenses. Liquidity risk arises if the Group is unable to collect its receivables quickly at fair value, thereby affecting the Group's ability to repay its debts. The Group monitors its cash flows on a regular basis and has access to overdraft facilities as described in Note 18.

The following table summarises the carrying amount of financial assets and liabilities of the Group into relevant maturity groupings based on the remaining period to the contractual maturity dates as of the reporting date and represent undiscounted cash flows.

| **2026** | Within 3 months | 3 - 12 months | 1 - 5 years | Over 5 years | Total |
|---|---|---|---|---|---|
| **Assets** | | | | | |
| Cash and cash equivalents | $ 2,477,555 | $ - | $ - | $ - | $ 2,477,555 |
| Trade receivables | 45,516,676 | - | - | - | 45,516,676 |
| Other assets | 206,076 | - | - | - | 206,076 |
| Investments | 81,723 | 81,723 | 1,938,625 | 3,622,618 | 5,724,689 |
| Finance lease receivable | 1,028,001 | 3,084,003 | 16,448,016 | 26,224,235 | 46,784,255 |
| Total financial assets | $ 49,310,031 | $ 3,165,726 | $ 18,386,641 | $ 29,846,852 | $ 100,709,251 |
| **Liabilities** | | | | | |
| Accounts payable and other liabilities | $ 32,452,397 | $ - | $ - | $ - | $ 32,452,397 |
| Lease liabilities | 553,629 | 1,221,955 | 1,881,248 | - | 3,656,832 |
| Long-term debt | 714,585 | 2,625,747 | 13,056,430 | 5,037,023 | 21,433,785 |
| Total financial liabilities | $ 33,720,611 | $ 3,847,702 | $ 14,937,678 | $ 5,037,023 | $ 57,543,014 |
| **Net liquidity gap** | $ 15,589,420 | $ (681,975) | $ 3,448,963 | $ 24,809,829 | $ 43,166,237 |

| **2025** | Within 3 months | 3 - 12 months | 1 - 5 years | Over 5 years | Total |
|---|---|---|---|---|---|
| **Assets** | | | | | |
| Cash and cash equivalents | 8,710,679 | $ - | $ - | $ - | $ 8,710,679 |
| Trade receivables | 40,030,810 | - | - | - | 40,030,810 |
| Other assets | 92,448 | - | - | - | 92,448 |
| Investments | 208,763 | 204,248 | 3,254,097 | 8,416,501 | 12,083,609 |
| Total financial assets | $ 49,042,700 | $ 204,248 | $ 3,254,097 | $ 8,416,501 | $ 60,917,546 |
| **Liabilities** | | | | | |
| Accounts payable and other liabilities | $ 30,323,465 | $ - | $ - | $ - | $ 30,323,465 |
| Lease liabilities | 556,321 | 1,494,225 | 2,673,483 | 36,000 | 4,760,029 |
| Long-term debt | 112,321 | 578,367 | 13,268,264 | 3,896,365 | 17,855,317 |
| Total financial liabilities | $ 30,992,107 | $ 2,072,592 | $ 15,941,747 | $ 3,932,365 | $ 52,938,811 |
| **Net liquidity gap** | $ 18,050,594 | $ (1,868,344) | $ (12,687,650) | $ 4,484,135 | $ 7,978,736 |

***Interest rate risk*** - Interest rate risk is the risk that future cash flows or fair value of a financial instrument will fluctuate because of changes in the market interest rates. The Group manages interest rate risk by entering into fixed rate investments. The Group bears interest rate risk relating to interest received on bank deposits and interest paid on bank borrowings. If interest

rates increase/(decrease) by 50 basis points and all other variables remain constant, the Group's profit over the next 12 months is estimated to (decrease)/increase by $79,545 (2025: $46,475).

***Operational risk*** - Operational risk is the risk that deficiencies in information systems or internal controls result in unexpected business, financial and operating losses. The identification and control of these risks is managed by the Group's management team. The Group's management team conducts regular reviews of all operational areas to ensure operational risks are being properly controlled and reported to the Finance/Audit Committee. Contingency plans are in place to achieve business continuity in the event of serious disruptions to business operations.

***Foreign currency risk -*** The Group is not exposed to any significant foreign currency risk.

***Fair value of financial instruments*** - Financial instruments utilized by the Group include recorded assets and liabilities. Most of the Group's financial instruments are short-term in nature or have interest rates that reset to market on a regular basis. Accordingly, the estimated fair value of the financial instruments is not materially different from the carrying value for each major category of the Group's recorded assets and liabilities.

## 29. SHARE CAPITAL & CAPITAL MANAGEMENT

Holders of the Company's common shares are entitled to dividends as declared from time to time and are entitled to one vote per share at general meetings of the Company. All rights attached to the Company's shares held by the Group are suspended until those shares are reissued.

| | 2026 | 2025 |
|---|---|---|
| Shares issued at beginning of year | 12,471,634 | 11,971,634 |
| Share split | 12,471,634 | - |
| Issued for cash | 34,323 | 500,000 |
| Shares issued at end of year | 24,977,591 | 12,471,634 |

On March 20, 2025, the Company completed a 2-for-1 share split of its issued common shares. As a result, the authorised and issued shares increased from 18,750,000 common shares to 37,500,000 ordinary shares, each with a nominal value reduced from $0.04 to $0.02. All share and per-share data (including earnings per share and dividends per share) in these consolidated financial statements have been adjusted retrospectively to reflect this share split. The comparative earnings per share information for the year ended January 31, 2025 has been restated accordingly.

Key Impacts:

- Weighted Average Shares (Basic): 2025 comparative figure increased from 12,013,301 shares to 24,026,601 shares
- Earnings Per Share (2025): Restated from ($0.08) per share to ($0.04) per share, reflecting the increased shares while net income remained unchanged.
- Equity Balance: Total equity remains unaffected as the split is a structural change, not a transaction requiring a transfer between equity components.

In November 2025, the Group issued 34,323 shares at a price of $5.19 per share (2025: issued 500,000 shares at a price of $9.98 per share).

The primary objective of the Group's capital management program is to ensure that it maintains a strong credit rating and healthy capital ratios in order to support its business and maximise shareholder value. The Group regards equity as capital. The Group manages its capital structure and makes adjustments to it, in light of changes in economic conditions. To maintain or adjust the capital structure, the Group may adjust the dividend payment to shareholders, return capital to shareholders or issue new shares.

No other changes were made in the objectives, policies or processes during the years ended January 31, 2026 or January 31, 2025.

## 30. SUBSEQUENT EVENTS

Subsequent to January 31, 2026, the Group received additional drawdowns on its loans as disclosed in note 18 in the amount of $2,151,092. The terms are in line with those disclosed in note 18.

On March 30, 2026, land, building, furniture and equipment classified as finance lease receivable with a carrying value of $30,107,558 as at January 31, 2026 were sold to a third party for $29,000,000. The sale resulted in a loss of $1,044,986.

Other than noted above, from the reporting date up to August 21, 2026, the date that the consolidated financial statements were approved for issuance, there were no other events occurring which required adjustment to or disclosure in the consolidated financial statements.

* * * * * *

# SUPPLEMENTARY INFORMATION

## DOCTORS HOSPITAL HEALTH SYSTEM LIMITED

### SUPPLEMENTARY INFORMATION TO CONSOLIDATED FINANCIAL STATEMENTS
### FOR THE YEAR ENDED JANUARY 31, 2026

(*Expressed in Bahamian dollars)*

**Schedule 1**

**(UNAUDITED)**

| | Doctors Hospital (Bahamas) Limited ("DHB") | Bahamas Medical Center Limited | Doctors Hospital (Grand Bahama) Limited T/A Kavala Medical Centre | DHB T/A Doctors Hospital Health Systems Retail Pharmacy | DHB T/A Pointe Convenience | DHB T/A Doctors Hospital at Centreville Medical Centre | DHB T/A Exuma Medical Centre | DHB T/A DH Meklon | DHB T/A DH Paradise Island Medical Centre | DHB T/A DH Carmichael Medical Centre | DHB T/A DH Dowdeswell Medical Centre | Kidney Centre Limited | Total |
|---|---|---|---|---|---|---|---|---|---|---|---|---|---|
| *Turnover as per consolidated financial statements* | | | | | | | | | | | | | |
| Patient services revenue, net | 103,381,504 | 1,753,762 | 935,467 | 1,445,698 | - | 2,453,535 | 409,569 | 911,879 | 626,095 | 1,098,824 | 1,432,242 | 8,583,181 | 123,031,756 |
| Other income | 10,215,181 | 505,722 | - | - | 455,982 | - | - | 20,914 | 91,135 | - | - | 20,773 | 11,309,707 |
| | 113,596,685 | 2,259,484 | 935,467 | 1,445,698 | 455,982 | 2,453,535 | 409,569 | 932,793 | 717,230 | 1,098,824 | 1,432,242 | 8,603,954 | 134,341,463 |
| *Less turnover for month of January 2026* | | | | | | | | | | | | | |
| Patient services revenue, net | (10,872,580) | (22,059) | (15,778) | (116,636) | - | (5,514) | (10,319) | (87,768) | (61,019) | 204,939 | (46,613) | (686,148) | (11,719,495) |
| Other income | (8,147,569) | (31,868) | - | - | (43,215) | - | - | (2,404) | (7,660) | - | - | (4,605) | (8,237,321) |
| | (19,020,149) | (53,927) | (15,778) | (116,636) | (43,215) | (5,514) | (10,319) | (90,172) | (68,679) | 204,939 | (46,613) | (690,753) | (19,956,816) |
| *Add turnover for month of January 2025* | | | | | | | | | | | | | |
| Patient services revenue, net | 9,623,638 | 185,949 | 73,701 | 88,596 | - | 195,680 | 39,456 | 51,260 | 52,283 | 18,736 | 88,177 | 798,511 | 11,215,987 |
| Other income | 42,972 | 25,702 | - | - | 40,302 | (2,543) | - | 1,511 | 8,378 | - | - | - | 116,322 |
| | 9,666,610 | 211,651 | 73,701 | 88,596 | 40,302 | 193,137 | 39,456 | 52,771 | 60,661 | 18,736 | 88,177 | 798,511 | 11,332,309 |
| **Turnover as per business license returns** | 104,243,146 | 2,417,208 | 993,390 | 1,417,658 | 453,069 | 2,641,158 | 438,706 | 895,392 | 709,212 | 1,322,499 | 1,473,806 | 8,711,712 | 125,716,956 |

# Board Of Directors Annual Attestation

We, the Board of Directors of Doctors Hospital Health System Limited and its subsidiaries ("the Group") are familiar with the contents of the Securities Industry Act, Regulations and Rules, as amended, which govern the operations of publicly traded companies licensed to do business in The Bahamas (herein after referred to as "the Guidelines") and acknowledge our role and responsibilities under the Guidelines. We certify the following:

**A** We are performing our functions and fulfilling our responsibilities under the Guidelines;

**B** We have carefully considered the reporting of Senior Management and other information relevant to forming an opinion as to whether we are following the Guidelines;

**C** We are satisfied that the Group's internal rules, circulars, guidelines and manuals are accurate and complete in all material respects and that the Group's local internal audit function and review processes provide reasonable assurances of Regulatory Compliance;

**D** We are of the opinion that the Group is following the Guidelines, paying particular attention to the annual certification sections of the Guidelines. In that regard, based on the information reported by Senior Management, we are satisfied with the safety and soundness of the operations of the Group;

**E** The Group's Independent Non-Executive directors continue to meet the requirements of independence as stated in our Board of Directors Charter;

**F** Routine Internal Audits are ongoing and all identified issues either have been addressed or are in the process of being addressed;

**G** The Board of Directors, based on the recommendation of the Audit Committee, confirms that, to the best of its knowledge, KPMG, the external auditor, has maintained its independence in accordance with the International Independence Standards of the IESBA Code. The audit fees for FY2026 were $270,000 plus fees & VAT.

**H** Further details of our Corporate Governance philosophy is contained in the Board of Directors Charter which can be found on www.doctorshosp.com. The Charter addresses, inter alia, –

(a) the composition of the board of directors and qualifications for membership on the board, including matters respecting the independence of members;

(b) the establishment of specified types of committees of the board of directors, the mandate, functioning and responsibilities of each committee, the composition of each committee and the qualifications for membership on the committee, including matters respecting the independence of members;

(c) the establishment and enforcement of a code of business conduct and ethics applicable to directors, officers and employees and applicable to persons or companies that are in a special relationship with companies within the Group; and

(d) procedures to regulate conflicts of interest between the interests of the companies within the Group and those of a director or officer of any such company.

# EXECUTIVE TEAM

**Dr. Charles W. Diggiss,**
*President & Chief Executive Officer*

**Dennis Deveaux,**
*Chief Financial Officer*

**Dr. Sheena Antonio-Collie,**
*Chief Medical Officer*

**Dr. Bridgette Sherman,**
*Chief Nursing Officer*

**Randol Dorsett,**
*Chief Legal Officer*

**Dr. James Iferenta,**
*Sr. VP Medical Affairs*

**Patrice Antonio,**
*Sr. VP of Corporate Finance*

**Philip Turner,**
*Senior Vice-President of Human Resources*

**Dr. Wesley Francis,**
*VP Surgical Services*

**Dr. Beverton Moxey,**
*VP Clinical Services*

**Howard Roye,**
*VP of Operations*

# BOARD

**Felix Stubbs,**
*Chairman*

**Wayde Christie,**
*Vice-Chairman*

**Dr. Charles W. Diggiss**

**Dr. Barrett McCartney**

**Barry Rassin**

**Nathaniel Beneby**

**Karen Carey**

**Elma Garraway**

# PROFESSIONAL ADVISORS

## BANKERS

### ROYAL BANK OF CANADA

ROYAL BANK HOUSE
EAST HILL STREET
PO BOX N-7549
NASSAU, BAHAMAS
T: 242-356-8500
F: 242-325-8483

## COUNSEL & ATTORNEYS

### GRAHAM, THOMPSON & CO

SASSOON HOUSE
SHIRLEY STREET &
VICTORIA AVENUE
PO BOX N-272
NASSAU, BAHAMAS
T: 242-322-4130
F: 242-328-1069

## REGISTER & TRANSFER AGENT*

### BAHAMAS CENTRAL SECURITIES DEPOSITORY

FORT NASSAU CENTRE
BRITISH COLONIAL HILTON
2ND FLOOR, SUITE #202
T: 242-322-5573
F: 242-356-3613

## AUDITORS

### KPMG (BAHAMAS) LTD.

KPMG (BAHAMAS) LTD.
MARINA HALL
SANDYPORT OLDE TOWNE
SEASKY LANE
NASSAU, BAHAMAS
T: 242-393-2007
F: 242-393-1772

## AUDITORS

### KPMG (BAHAMAS) LTD.

KPMG (BAHAMAS) LTD.
MARINA HALL
SANDYPORT OLDE TOWNE
SEASKY LANE
NASSAU, BAHAMAS
T: 242-393-2007
F: 242-393-1772

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*Any other comments or inquiries should be addressed to:*

## PRESIDENT & CHIEF EXECUTIVE OFFICER

DOCTORS HOSPITAL HEALTH SYSTEM
11 COLLINS AVENUE
PO BOX N-3018
NASSAU, BAHAMAS
T: 242-302-4600
F: 242-356-2704

# NOTATION

# DOCTORS HOSPITAL
HEALTH SYSTEM

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