

Good afternoon Shareholders, Ladies and Gentlemen

The Company has positioned itself for the opportunities in e-health where billions of new spending has been earmarked across the globe.

Put simply, the goal of e-health is to transform the patient journey by connecting service providers, delivery organisations and consumers of healthcare services.

This will be ultimately achieved by developing seamless interconnectivity between providers and also the establishment of personally controlled electronic health record (PCeHR) repositories providing better information sharing for healthcare providers, more efficient use of healthcare resources and improved outcomes for consumers.

As an e-health vendor, our prospects are heavily dependent on the timeline associated with setting the pre-requisites for e-health market demand.

I would therefore like to start with a summary of the e-health implementation timeline so far.

Given the large scale of the investment and the disruptive nature associated with implementing change, the Australian Federal, State and Territory governments have been cautious in their approach. The public debate on how to implement the e-health agenda and the practical ramifications for healthcare organisations has been in progress for more than a decade.

In the 4 years leading up to June 2009, progress was slow:

- The National E-Health Transition Authority Limited (NEHTA) was established in 2005 by COAG (Coalition Of Australian Governments comprising the Commonwealth, State and Territory governments), to develop better ways of electronically collecting and securely exchanging health information;
- In December 2008, the Australian Health Ministers Advisory Council (AHMAC) published a 10 year implementation strategy for e-health with the initial 3 year focus on "foundation services" covering technical standards for connectivity, message formats, terminology and Healthcare identifiers for Consumers, Providers and Service organisations ;

What appears to be a simple goal of transforming the Patient Journey is in fact an arduous and lengthy journey which requires patience. Indeed, we are only in the second year of the 10 year e-health Implementation road-map envisaged by the Australian Health Ministers Advisory Council in December 2008.

More recently, significant progress has been made starting with the release of the business case for e-health:

- The National Health and Hospitals Reform Commission (NHRC) was established in late 2007. The business case for e-health was articulated within the broader context of the Health reform as part of their recommendations published in June 2009;
- In August 2009, DOHA announced an e-health Practice Incentive Payment for General Practices to encourage the take-up of e-health with an initial focus on Secure Messaging;
- In consultation with vendors, NeHTA published a specification for Secure Message Delivery (SMD) which was published by Standards Australia in March 2010 (ATS 5822-2010);
- In the May 2010 Federal budget, \$467M was allocated to e-health over a two year period (ending June 2012) for the purposes of delivering the requirements for a PCEHR;
- In June 2010, the Australian Parliament passed the Health Identifiers Bill.

In essence, the shackles for e-health market development are being released at a more rapid rate over the last 17 months culminating with a substantial budget allocated specifically for funding e-health initiatives.

This budget is controlled at a national level through the Department of Health and Aging in conjunction with NeHTA.

At the last AGM, the Company outlined 3 areas of focus in line with the national e-health implementation road-map:

1. Electronic Information Sharing – ReferralNet Secure Message Delivery Platform

ReferralNet is the Company's standards-based Secure Messaging platform that uses web services within a Service Oriented Architecture implemented through the Company's cloud-computing enterprise platform.

The Company's ReferralNet subscriber base is increasing at an average rate of 100 new subscribers per month with over 2000 subscribers currently registered.

Our initial focus was on Referrals and reports between across GPs, Specialists, Allied Health and Community Health which are currently faxed or mailed. There are a minimum 20 million referrals per year just in this segment, generating multiple messages. The Company estimates a total market in excess of 100 million messages in this segment

alone. Across all segments and message types, the volume of messages has been estimated at close to 1 billion per annum.

ReferralNet volumes for this target segment have increased tenfold from approximately 1000 per month 12 months ago to approximately 10,000 per month today.

Current projections are for the monthly volumes to grow by 15% per month over the next 12 months further consolidating ReferralNet as the market leader in 2-way e-messaging of multiple document types across multiple providers.

The Company has also embedded 2-way secure messaging based on the national standards for Secure Message Delivery into its MasterCare suite of clinical applications - MasterCare Mental Health, MasterCare EMR and MasterCare electronic Referral Management System (e-RMS). MasterCare is being rolled out at a number of Hospitals for inbound and outbound messages which will add further market share for the company across both the acute and non-acute sector.

Consistent with previous projections, contribution margins from ReferralNet are approaching break-even and are forecast to be a positive contributor to Group EBITDA in the current financial year for the first time since our initial release 3 years ago.

2. Service Delivery Tools - MasterCare Clinical Portfolio

MasterCare is a portfolio of comprehensive clinical and administrative tools that support the clinicians, administrators and management within a healthcare service delivery organisation

Our market share continues to grow especially in team-based care delivery models and in the area of Mental Health Case Management.

\$1.5 billion has been allocated over 5 years to Mental Health Services in the May 2010 federal budget.

Particularly on the back of this stimulus, customer revenue has doubled in the last 12 months and is expected to continue at double-digit growth rates over the foreseeable future.

Financially, contribution margins from the MasterCare portfolio have more than doubled - from 25% 12 months ago, to over 60% currently, as the benefits of scale kick-in.

3. Personally Controlled Electronic Health Records – HotHealth Consumer Health Platform

HotHealth is the Company's internet based platform that provides health consumers with their personal electronic health record and self-help tools for both wellness and chronic disease management

The Company had conducted several trials involving our HotHealth platform over the last 6 years. The feedback from these trials indicated a positive response by consumers but a problematic business model.

Consequently, development on the Company's HotHealth consumer health platform was minimal over the last 3 years.

However, in light of the current federal budget allocation for Personally Controlled electronic Health Records (PCeHR), the Company is in the process of updating HotHealth to a more current paradigm incorporating social networking and mobile health (mHealth) models of health delivery through commercially funded private sector clients.

It is expected that the mass market for PCeHRs is some 18 months away with a "turn-on" date of July 1, 2012 announced by the Government but with existing commercial PCeHR client projects, the Company will be in a position to scale up appropriately subject to appropriate business models for consumer mass markets.

Financial Overview

The last twelve months has been one of the most challenging years for the Company and for the e-health sector in general.

Group revenue for the 12 months to June 2010 fell 20% to just over \$5M on the back of a depleted order book and an absence of any substantial e-health sales activity over the last 3 years.

Investments in our online infrastructure, marketing and compliance to government standards in a transitional market exceeded the operational EBITDA resulting in an Group EBITDA loss of \$723K for the full year to June 2010.

While the Australian e-health market opportunity has been slowly developing over the last 5 years, the Company has been nurturing a number of key overseas opportunities through local agents over the last 3 years to the point where our overseas operations have been trading profitably over the last 18 months.

With significant government funding now committed to e-health in Australia, the Company is further reducing our direct involvement in overseas market development, and expects overseas agents to be self-sufficient within the next 12 months.

Our future profitability is closely linked to winning market share in the emerging Australian e-health landscape in both the acute and non-acute sector.

Given the flow-through impact of general economic challenges over the last 3 years and the specific dependency of healthcare solution vendors to government regulation and funding, the good news for shareholders is that the Company has steadily increased its visibility in the sector and has been involved in a number of high profile e-health success stories.

Our product portfolio is considerably more comprehensive in the markets we target. Our coverage across both acute, non-acute, connectivity and consumer segments is unique and provides a much wider range of available e-health opportunities to pursue.

The delayed outcome of the August federal election meant that spending initiatives associated with e-health in both the private and public sector, were delayed for a further 3 months over the election period until the establishment of the new government.

Our ability to achieve profitability and growth over the next 12 months is dependent upon winning both private and public e-health projects that are finally emerging.

In the most recent (September 2010) Quarter, revenue increased by 20% over the previous corresponding period while expenses were on track to budget.

However, given the early stage of e-health market demand there is a continued need to re-invest operational margins into sales and marketing in what is now a very active market.

In the last fortnight, e-health project initiatives have started to emerge with the first two tranches of funding worth over \$50M, now released as tenders.

This will impact our sales and marketing focus and the timing of sales closures hence the Company has forecast a half-year EBITDA loss of \$250K

However our priority is to achieve profitable operations for the 12 months to June 2011.

The Company forecast for the 12 months to June 2011 is an 11% increase in revenue combined with a further 7% reduction in operating expenses resulting in an EBITDA profit of \$250K.

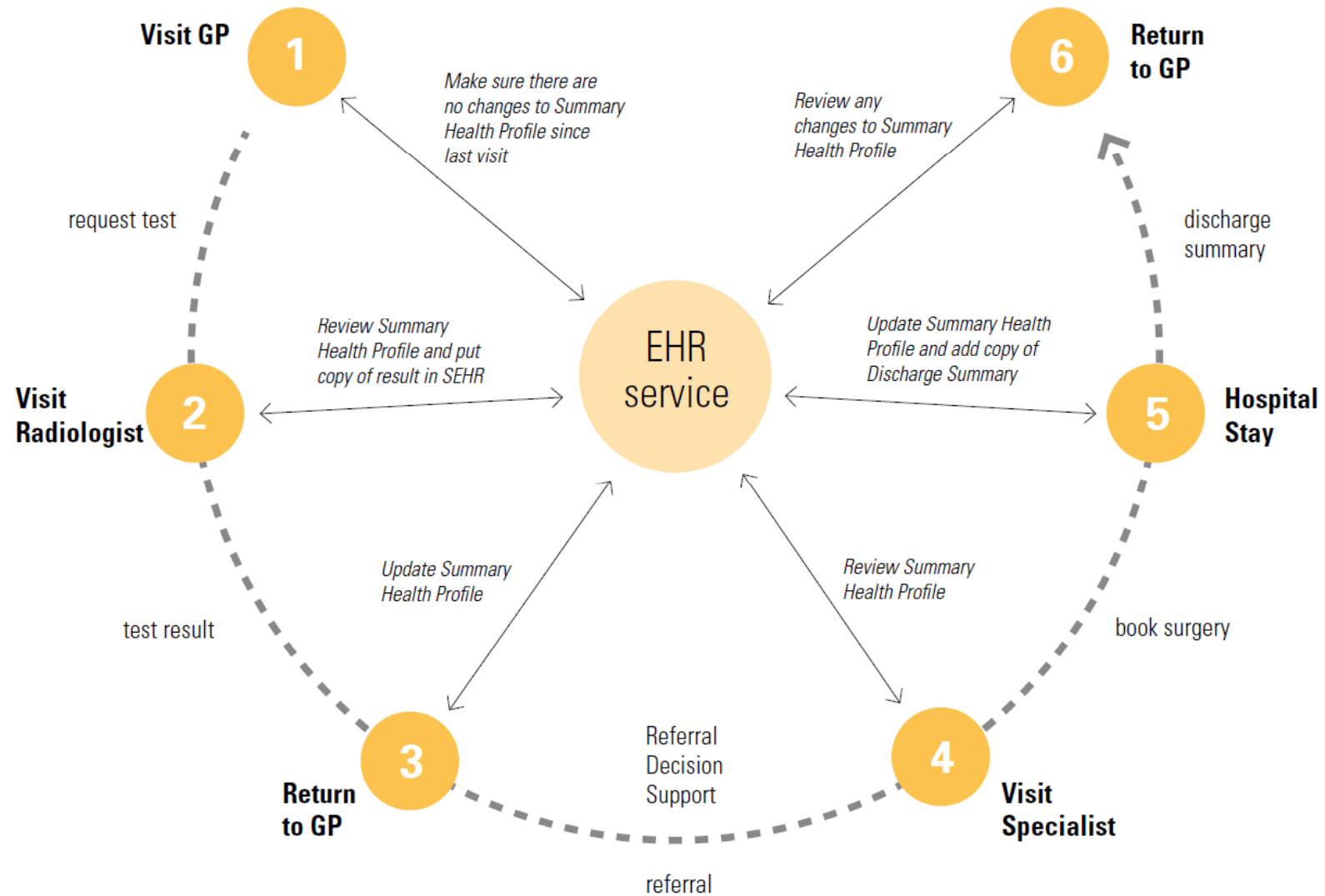
The Company continues to balance investments in business development from the positive operational margins that have been achieved on the back of a steadily increasing recurring revenue base. These investments have resulted in quarterly cash deficits as set out in our quarterly cashflow reports. These deficits have continued to reduce and our level of on-going investment is dependent on the extent of cash raised through the exercise of options due by the end of December this year.

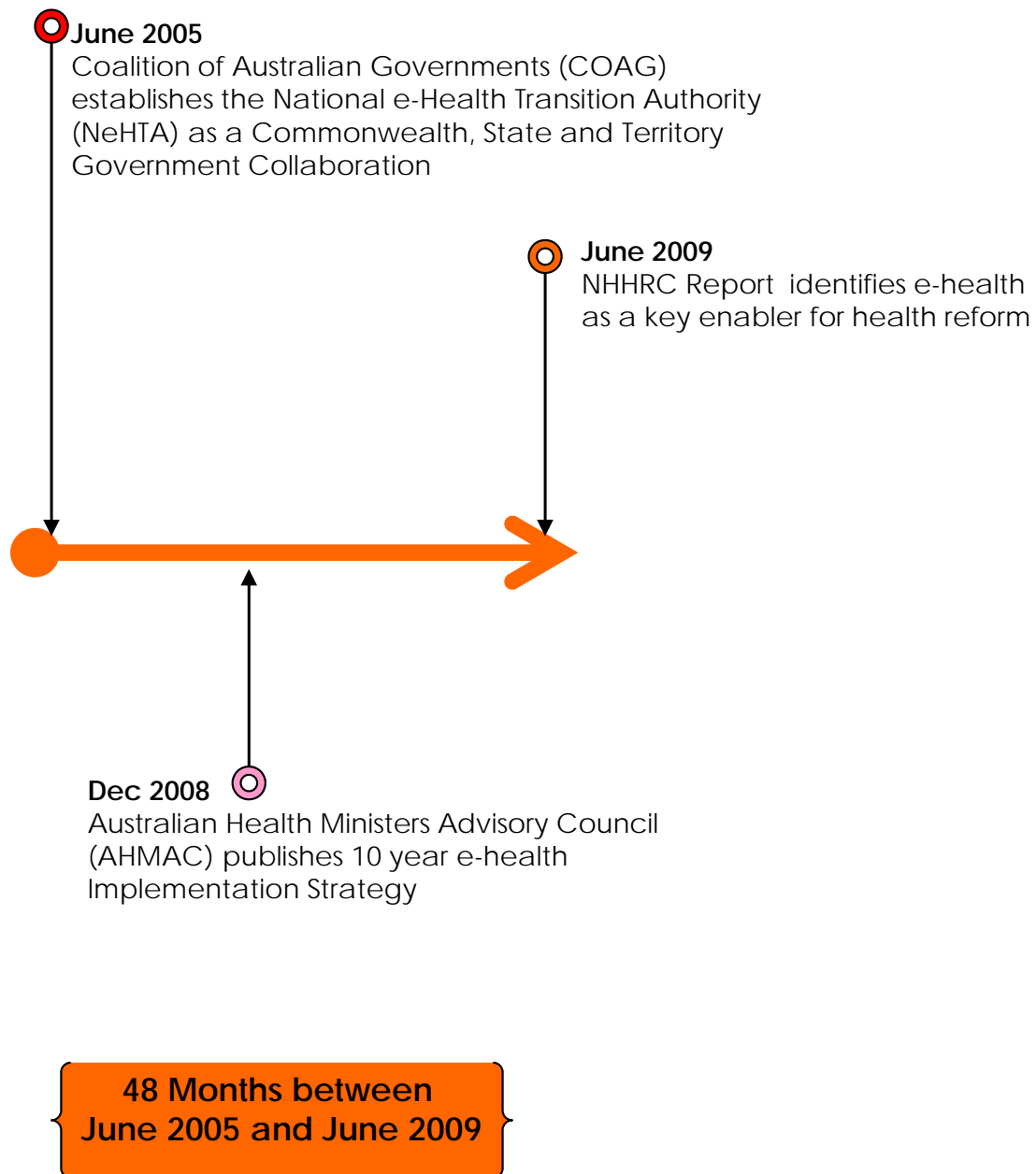
The Company will need to critically assess our market share gains against available opportunities on a monthly basis to consider the best way forward for shareholders.

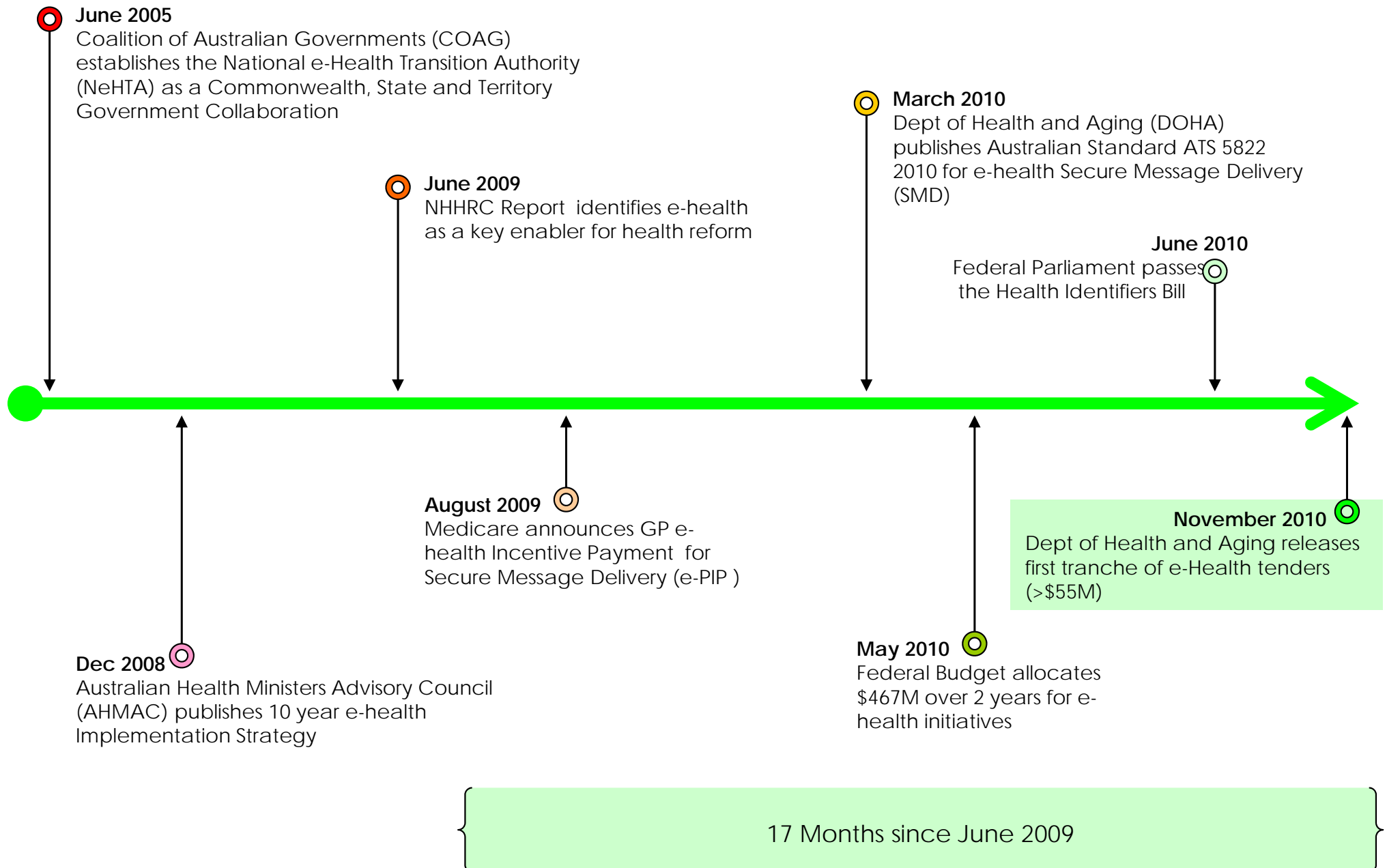
In closing, I would like to thank the Board and all staff for their support and efforts through a difficult and challenging 12 months.

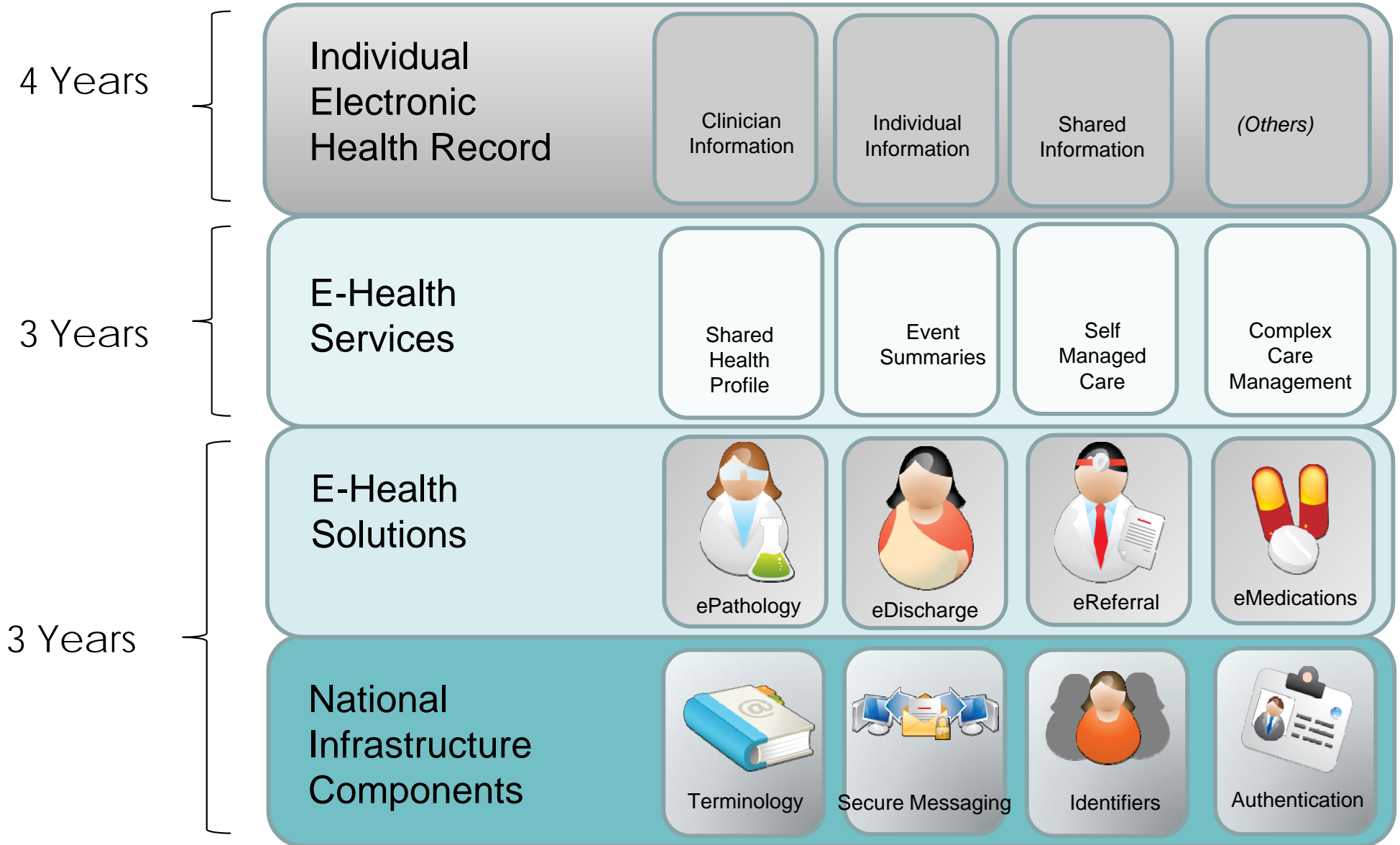
Annual General Meeting 2010

Presenter: Mathew Cherian
Date: November 29, 2010










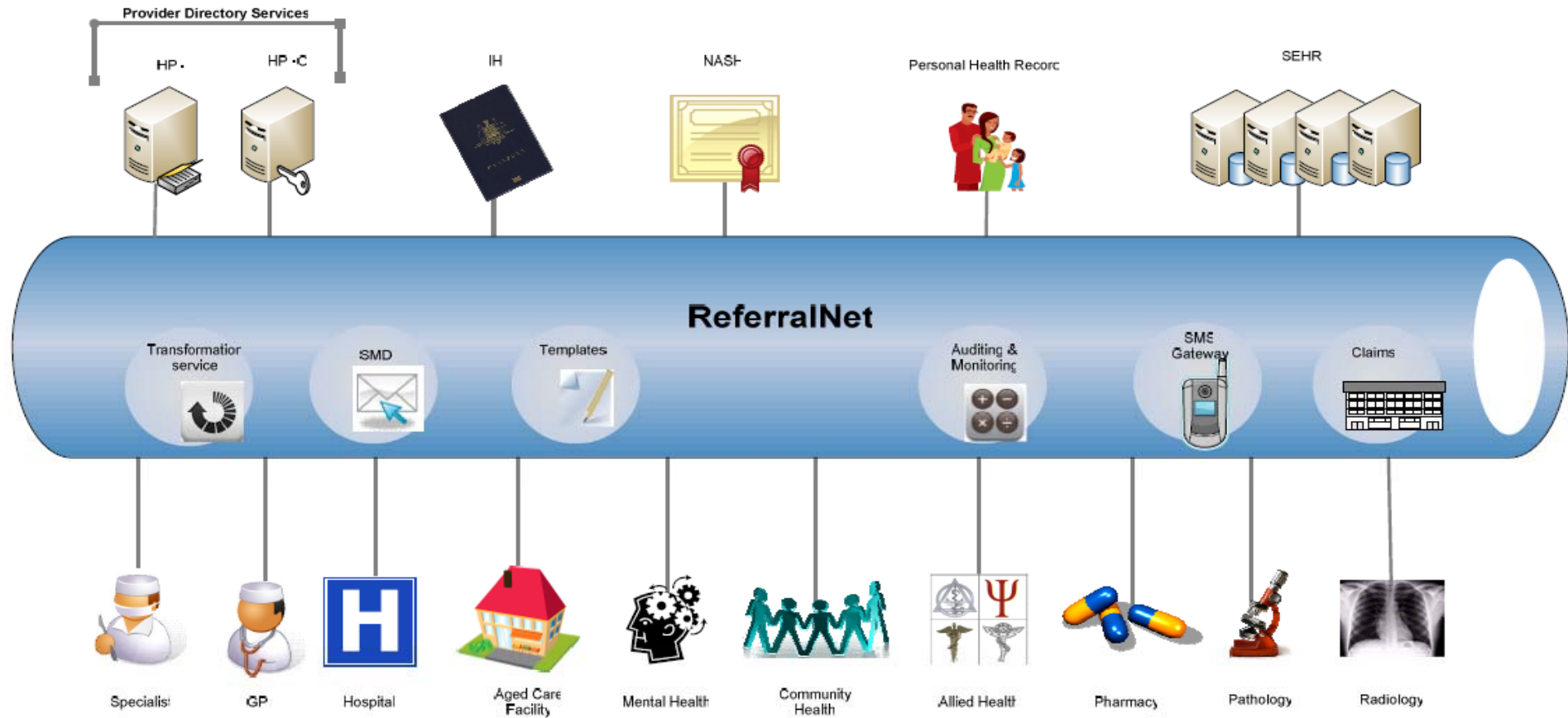


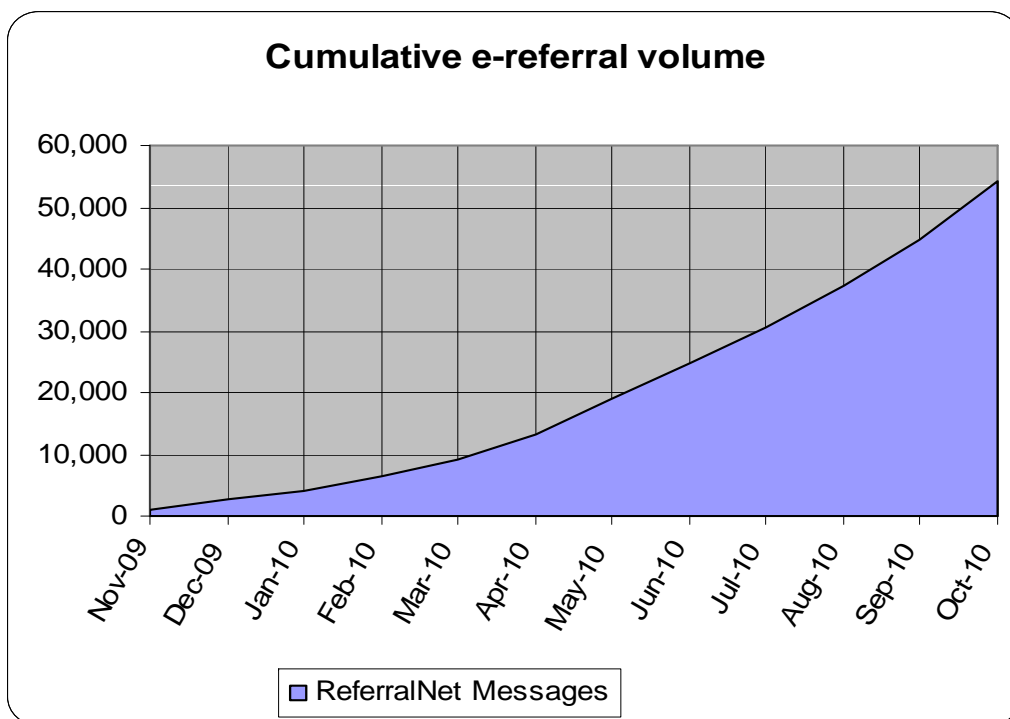
* Based on National e-Health Strategy Statement AHMAC in Dec 2008 plus NeHTA Workplan

GLH Solution	E-Health Solution Category	Priority Solutions
 <p>ReferralNet Secure Message Delivery Platform</p>	Electronic Information Sharing	<ul style="list-style-type: none"> • Referrals • Event summaries including discharge summaries, specialist reports and notifications • Prescriptions • Test orders and test results • Care plans
 <p>MasterCare Service Delivery Tools</p>	Service Delivery Tools	<ul style="list-style-type: none"> • Decision support for medication management • Decision support for test ordering
 <p>HotHealth Consumer Health Platform</p>	Information Sources	<ul style="list-style-type: none"> • Chronic disease management solutions • Telehealth and electronic consultation support • Health care reporting and research datasets • Health information knowledge bases • Individual electronic health records (IEHRs)

These were 3 areas of Company focus announced at the 2009 AGM

ReferralNet Messaging





Early Adopter Lead Sites:

- GP Association of Geelong
- GP Tasmania

- Referrals and reports between GPs, Allied Health and Specialists are estimated as 20M p.a. at a minimum
- Large majority are currently faxed and/or mailed
- ReferralNet volumes have increased from approximately 1000 per month 12 months ago to approximately 10,000 per month today (excluding Pathology and Radiology)
- 2000 subscribers currently registered and growing at 100 new subscribers per month
- Projected monthly volume to grow by 15% per month over the next 12 months
- Currently targeting messaging between the acute and non-acute sector with e-Referral Management System (e-RMS)
- Approaching operational break-even despite relatively high Customer acquisition cost
- Highly scalable with low marginal operating costs after initial development and fixed cost base are covered



Service Delivery components:

- EMR – Electronic Medical Record for clinicians in acute and non-acute settings
- Shared EMR for multi-disciplinary, team-case care across delivery settings
- Specialised Chronic Disease Management (eg MHAGIC for Mental Health Management)
- PAS – Enhanced Patient Administration System (e-PAS) for administration in acute and non-acute settings
- Electronic Discharge Referral Summary (eDRS)
- Includes ReferralNet eRMS based on SMD standards
- Will be shipped with connectivity to PCeHRs like HotHealth consumer health platform

Operationally:

- Market leader in the Mental Health segment of the market
- Doubled market share with good growth expected to continue
- Doubled contribution margins from the MasterCare suite from 25% 12 months ago, to over 60% currently





Online Personally Controlled electronic Health Record (PCeHR)

HotHealth is an internet based solution that provides the individual with self-help tools for both health/wellness and chronic disease management.



Online Shared eHR for Chronic Disease Management

BetterDiabetes.com extends diabetes care outside the clinic. Easy to use tools allow individuals to improve self-management and participate in a shared care model, where they can partner more effectively with their diabetes care team.

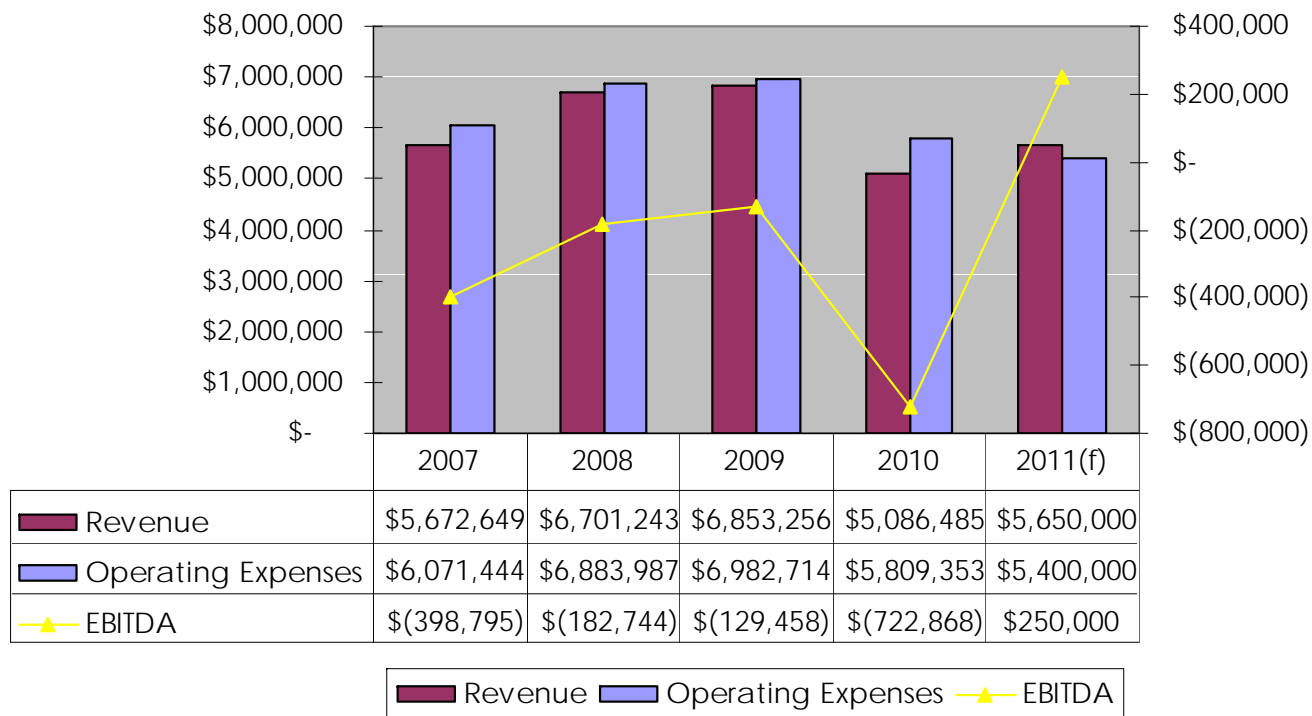


Online Emergency Health Record

LifeCard ensures your life-saving emergency health record travels with you wherever you go, 24/7.

The Company's HotHealth consumer platform is being upgraded to support web 2.0 models (ie. Social Networking) and to support mHealth (mobile Health)

Operating Financials 2007 to 2011 (forecast)



Financial Target for Financial Year ending June 2011:

- 11% increase in revenue to \$5.65M
- 7% decrease in operating expenses to \$5.4M
- EBITDA profit of \$250,000 for the 12 months to June 2011.

Thank You