



**FORM FOR THE APPOINTMENT OF PROXIES**

**For the attendance to the Extraordinary General Meeting of the shareholders of Athens Medical Center S.A.  
on 2 August 2024 or to any other possible repeat meeting,  
after a recess or a postponement etc.**

The undersigned shareholder/legal representative of a shareholder of Athens Medical Center S.A.

<b>Name / Company Name</b>	
<b>Address / Registered Seat</b>	
<b>ID No / SA Registry No.</b>	
<b>Number of shares</b>	
<b>Number of section in D.S.S.</b>	
<b>(Investor's Section)</b>	
<b>Securities Account No</b>	
<b>Full name of the legal representative(s) signing the present document (to be filled in only by legal entities)</b>	

**HEREBY GRANTS AUTHORISATION**

To Mr. Vassilios G. Apostolopoulos, CEO, resident of Marousi, 5-7, Distomou Street, T.K. 15125

**Note:** The abovementioned person is a member of the Board of Directors of the Company that can be authorized by you to vote according to your instructions.

- Or to
- .....
  - .....
  - .....

(Please fill in up to three (3) representatives. If more than one representatives are authorized, who can act (also) separately, and more than one attend the General Meeting, the first one attending excludes the rest).

who, I have already notified about the obligation of notification according to the provisions of article 128 par. 5 of the Law 4548/2018, in order to represent me during the Annual Regular General Meeting of the shareholders of the Company ATHENS MEDICAL CENTER S.A. that will meet on Friday 2<sup>nd</sup> August 2024, at 11.00 a.m. and during the possible Repeat General Meeting on Friday 9<sup>th</sup> August 2024 at 11.00 a.m. and vote in my name and on my behalf for ..... shares of the Company Athens Medical Center S.A., each one of them acting jointly or separately (please choose one of the two and cross out respectively) as follows:



**FORM FOR THE APPOINTMENT OF PROXIES  
EXTRAORDINARY GENERAL MEETING OF THE SHAREHOLDERS ON 2 August 2024**

<b>A/A</b>	<b>ISSUE</b>	<b>FOR</b>	<b>ABSTAIN</b>	<b>AGAINST</b>
<b>1.</b>	Establishment of a Share Buy Back Program of the Company's own shares. Authorization granting to the Board of Directors.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
<b>2.</b>	Increase of the share capital of the Company with partial capitalization of the reserves 'share premium' and free allocation of own shares according to article 114 of L.4548/2018. Authorization granting to the Board of Directors. Amendment of Article 5 of the Statute.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
<b>3.</b>	Bonus payment to the President of the Board of Directors	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
<b>4.</b>	Establishment of a subsidiary company.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

**Any possible revocation of the present document will be valid, if I notify you in written at least forty-eight (48) hours prior to the Annual Regular General Meeting date.**

....., 2024  
**THE PERSON GRANTING AUTHORIZATION**  
.....

(signature and full name and seal in case of a legal entity)

<p><b>The present document for the appointment of proxies, completed and signed, must be submitted by the shareholder to the Shareholders' Service Department, 1 Sarantaporou Street, Maroussi, 151 25, or must be sent by e-mail to metox@iatriko.gr at least forty-eight (48) hours prior to the Regular General Meeting.</b></p>
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