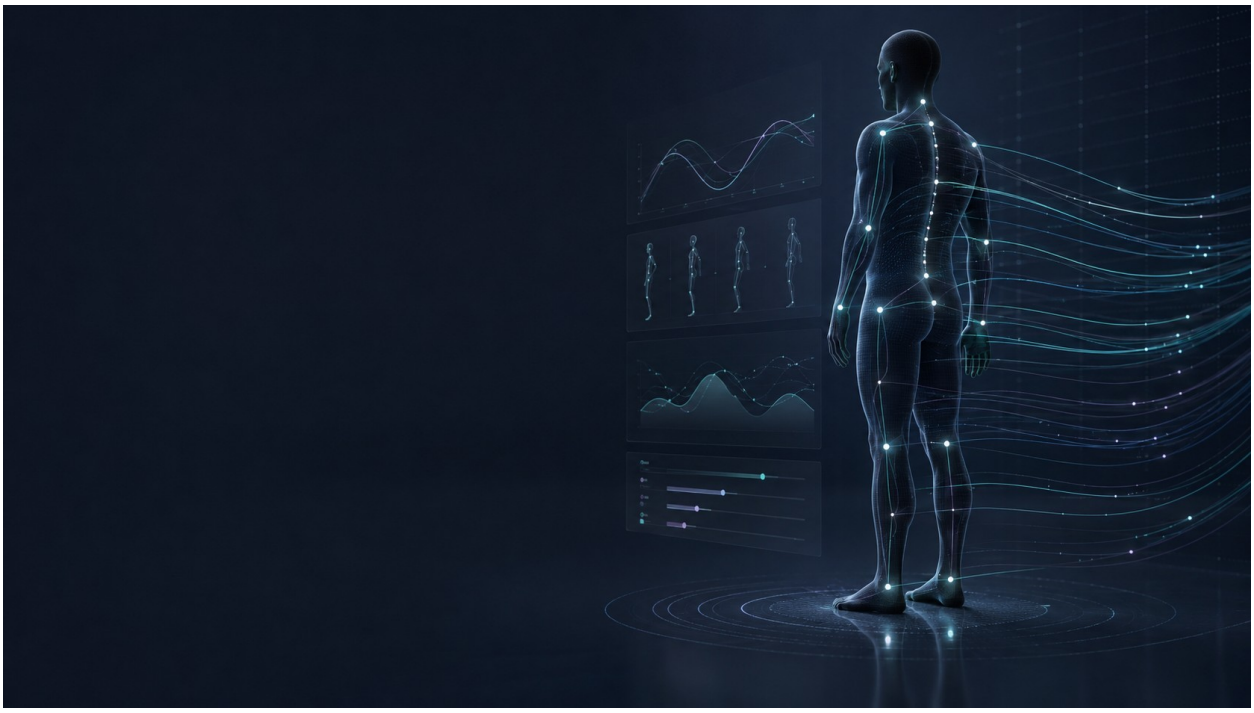
GLOBAL HUMAN BIOMECHANICS INTELLIGENCE SYSTEMS, INC.

Technology Brief

A structured intelligence layer for human function

Current alpha/MVP, responsible AI, interoperability roadmap, security posture and validation plan.



STATUS **Working alpha/MVP | Pre-revenue | Multiple U.S. patent-pending applications | August 2026**

Prepared for investors, technical partners, research collaborators and healthcare organizations. This brief describes a high-level architecture and intentionally excludes confidential implementation details.

What GHBI is building

GHBI is building a longitudinal human-functional-intelligence layer. The current product foundation uses repeatable smartphone posture and range-of-motion workflows, structured anatomical landmarks, patient-reported surveys and longitudinal review. The goal is to help providers and individuals organize functional change across time without replacing clinical judgment.

CORE PREMISE **A single assessment is a snapshot. Repeatable, structured observations create a functional timeline.**

What is working today

Capability	Current status	Evidence boundary
Smartphone capture	Working alpha/MVP	Standardized posture and range-of-motion workflow
2D landmark tracking	Working alpha/MVP	60+ landmarks in the present workflow
Metrics and reports	Working alpha/MVP	Angle extraction, basic metrics and structured reports
Patient-reported context	Working alpha/MVP	25 integrated surveys
Longitudinal workflow	Working alpha/MVP	One repeat-assessment workflow
Clinical validation	Planned	No diagnostic-performance claim

Evidence statement

More than 60 preliminary structured captures and early work across two clinical settings demonstrate product use and workflow learning. They do not establish clinical validation, diagnostic accuracy, commercial traction or outcome improvement.

One company, three clearly separated products

Public and investor communications should prevent product confusion. The healthcare investment thesis centers on Global Platform and My Functional Journey. XOX26 is a separate creator product.

Product	User	Purpose	Boundary
Global Platform	Providers	Web workflow for standardized functional capture, reporting and longitudinal review	Not a replacement for an EMR or professional judgment
My Functional Journey	Individuals	Upcoming app for education, organization, goals and functional progress	Not diagnosis, treatment or emergency care
XOX26	Creators / professionals	Upcoming teleprompter and video-creation workflow	Separate from healthcare; not for protected health information

Current scope vs. future scope

Current alpha/MVP	Future / requires validation
Smartphone posture and ROM capture	Broader multimodal ingestion
Full-body 2D landmark tracking	EMR and enterprise interoperability
Angle extraction and basic metrics	AI-assisted longitudinal decision support
Reports, surveys and repeat assessment	Independent validation and regulated-use pathways
Secure cloud foundation and web administration	Enterprise deployment controls and integrations

NO NAMED EMR CLAIM **GHBI does not currently claim an active integration with Epic, Oracle Health/Cerner, athenahealth or another named EMR vendor.**

A five-layer functional intelligence architecture

The architecture is organized to separate raw inputs, normalized measurements, longitudinal comparison, AI assistance and user-facing workflow. This separation supports validation, traceability and future interoperability.

Layer	Role	Current / planned
1. Capture	Collect standardized images, mobility observations, landmarks and surveys	Current
2. Normalize	Organize measurements, metadata and context into a consistent baseline	Current / evolving
3. Longitudinal layer	Compare repeated observations and preserve a functional timeline	Current foundation
4. Intelligence services	Generate structured measurements, summaries and future model-assisted insights	Current basic metrics; advanced AI planned
5. Experiences	Provider web platform, upcoming consumer app and future partner interfaces	Current / staged

High-level processing flow

Input	Processing	Output
Smartphone images	Quality checks and landmark extraction	Structured posture measurements
Mobility observations	Normalization and baseline comparison	Range-of-motion and change summary
Patient-reported surveys	Scoring and longitudinal context	Trend and review support
Future record feeds	Mapping, provenance and controlled ingestion	Provider-ready longitudinal context

Design principle

Every derived result should retain enough provenance to answer: what data was used, when it was collected, which processing version was applied, what changed, and what remains uncertain.

AI assists the workflow; professionals retain accountability

GHBI's technology roadmap uses AI to structure observations, reduce manual review burden and support longitudinal comparison. It is not designed to issue autonomous diagnoses or replace a licensed professional.

Control	Design intent	Roadmap evidence
Human review	Provider reviews measurements and context before acting	Required workflow principle
Provenance	Outputs link to source data, timestamp and processing version	Architecture requirement
Uncertainty	Low-confidence or incomplete inputs should be surfaced, not hidden	Planned quality-control behavior
Model monitoring	Track drift, error patterns and version changes	Validation and deployment roadmap
Claims control	Product language must match validated use and regulatory posture	Corporate governance requirement

Responsible-AI operating model

The company can use the NIST AI Risk Management Framework as a voluntary organizing reference for governance, mapping, measurement and management of AI risks. This is a roadmap reference, not a certification or claim of conformity.

PRODUCT BOUNDARY **Current evidence supports workflow and product-development claims. It does not support diagnostic, causal or predictive-performance claims.**

Data quality before model complexity

Near-term technical value comes from repeatable capture, clean data structures, usable reports and reliable comparison. More complex modeling should be gated by data quality, independent assessment and clear user value.

Build an integration-ready layer without pretending integrations already exist

Interoperability approach

GHBI's roadmap anticipates standards-based interfaces, controlled file ingestion and mapped data exchange. HL7 FHIR is a healthcare-information exchange standard that may be evaluated where it fits the product and partner environment. Specific integrations require partner agreements, implementation work, testing and ongoing maintenance.

Phase	Capability	Gate
Foundation	Documented data model, stable identifiers and provenance	Internal architecture review
Controlled ingestion	Secure import of approved files and structured records	Security and data-use assessment
Partner interface	Documented APIs and scoped data exchange	Partner testing and authorization
EMR connectivity	Vendor- and workflow-specific integration	Contract, validation and production readiness

Security posture

The current cloud foundation should mature through role-based access, least privilege, encryption, audit logging, secure development, incident response, vendor review, backup and recovery, and documented risk analysis. These are design and operating requirements; the brief does not claim an audit, certification or blanket HIPAA compliance.

COMPLIANCE PRECISION **Whether HIPAA applies depends on GHBI's role and data relationships in a deployment. Regulated entities and business associates must implement reasonable and appropriate administrative, physical and technical safeguards for ePHI.**

Validation is a staged program, not a single test

Stage	Question	Example evidence
Analytical verification	Does software calculate and store what it intends?	Unit, integration and regression testing
Capture reliability	Are measurements repeatable under defined conditions?	Repeatability and inter-rater studies
Usability	Can intended users complete workflows correctly?	Task completion, error and comprehension studies
Clinical/functional relevance	Do outputs relate meaningfully to the intended construct?	Protocol-driven independent studies
Implementation value	Does the workflow improve documentation or decision support?	Controlled pilots with defined success metrics

Required roles before formal claims

A credible validation program requires named technical ownership, an appropriate biostatistical role, independent assessors where relevant, approved protocols, versioned test datasets and documented acceptance criteria. GHBI does not currently claim that those roles or studies are complete.

Regulatory strategy

The present public position is non-diagnostic. Future intended use, feature behavior, target users and claims may change the regulatory analysis. Product, clinical, legal and regulatory review should occur before expanding claims or enabling higher-risk decision support.

QUALITY GATE **No clinical-performance, causation, injury-prediction or treatment claim should be published until the supporting evidence and regulatory pathway are documented.**

Defensibility must be documented as carefully as the product

Intellectual property

Company records reference multiple U.S. patent-pending applications covering core systems and methods, including foundational application 19/403,813. Patent-pending status does not guarantee issuance or scope. Patent schedules, inventorship, assignments, prosecution status and freedom-to-operate analysis belong in legal diligence.

Development relationship

Rasik Rodríguez supports technical development through Magi Enterprises LLC as a contractor. Public materials should not describe him as a co-founder or employee. Scope, compensation, deliverables, security duties, source-code ownership and IP assignment should remain governed by executed company agreements and diligence documentation.

Deployment roadmap

Window	Product milestone	Technical milestone
0-6 months	3-5 design partners	Provider workspace, instrumentation and workflow refinement
6-12 months	Validated MVP	Independent reliability/usability work, security hardening
12-18 months	Controlled paid pilots	Production controls, partner interfaces and support process
18-24 months	First recurring revenue	Repeatable deployment pattern and integration-ready foundation

CURRENT BUSINESS STATUS **Pre-revenue | Founder-funded MVP | $0 institutional capital to date | Seeking $1.0M pre-seed financing.**

Questions a technical investor is likely to ask

What is proprietary?

The patent-pending system/method portfolio, longitudinal functional-data structure, workflow design and accumulated implementation know-how. Detailed claims and source architecture remain diligence items.

What is truly live today?

A smartphone-first alpha/MVP with structured posture/ROM capture, 2D landmarks, basic metrics, reports, surveys, cloud foundation, web administration and one longitudinal workflow.

What is not live?

Named EMR integrations, enterprise-scale deployment, validated predictive models, formal clinical performance and the full consumer-app roadmap.

How is AI controlled?

Near-term AI assists extraction, organization and summary. Human review, provenance, versioning, uncertainty and claims governance are required design principles.

What are the largest technical risks?

Capture consistency, data quality, validation design, security maturity, interoperability complexity, contractor concentration and the cost of supporting multiple product surfaces.

What unlocks scale?

A repeatable provider workflow, independent evidence, secure operations, paid-pilot conversion and a stable integration contract.

What should exist before institutional diligence

Area	Required artifact	Public vs. confidential
Product	Current-scope map, demo, release notes, roadmap	Selected summary public; details confidential
Technology	Architecture, data model, dependency inventory, SDLC	Confidential
Security	Risk analysis, access matrix, incident plan, vendor register	Confidential
Validation	Protocols, analysis plan, data dictionary, results	Summary public after completion
IP	Patent schedule, assignments, contractor IP terms	Confidential / counsel controlled
Commercial	ICP evidence, pilot terms, pricing tests, pipeline	Confidential
Finance	24-month model, hiring plan, use of funds, cap table	Confidential

Reference standards and sources

NIST, AI Risk Management Framework 1.0 and current revision materials: https://www.nist.gov/itl/ai-risk-management-framework

HL7, FHIR Overview: https://hl7.org/fhir/overview.html

U.S. Department of Health and Human Services, Summary of the HIPAA Security Rule: https://www.hhs.gov/hipaa/for-professionals/security/laws-regulations/index.html

Company-provided product, founder, roadmap, IP and preliminary workflow information, August 2026.

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This brief contains forward-looking statements and development plans. Features, timelines, evidence, regulatory posture and commercial assumptions may change. It is not legal, regulatory, medical or investment advice.