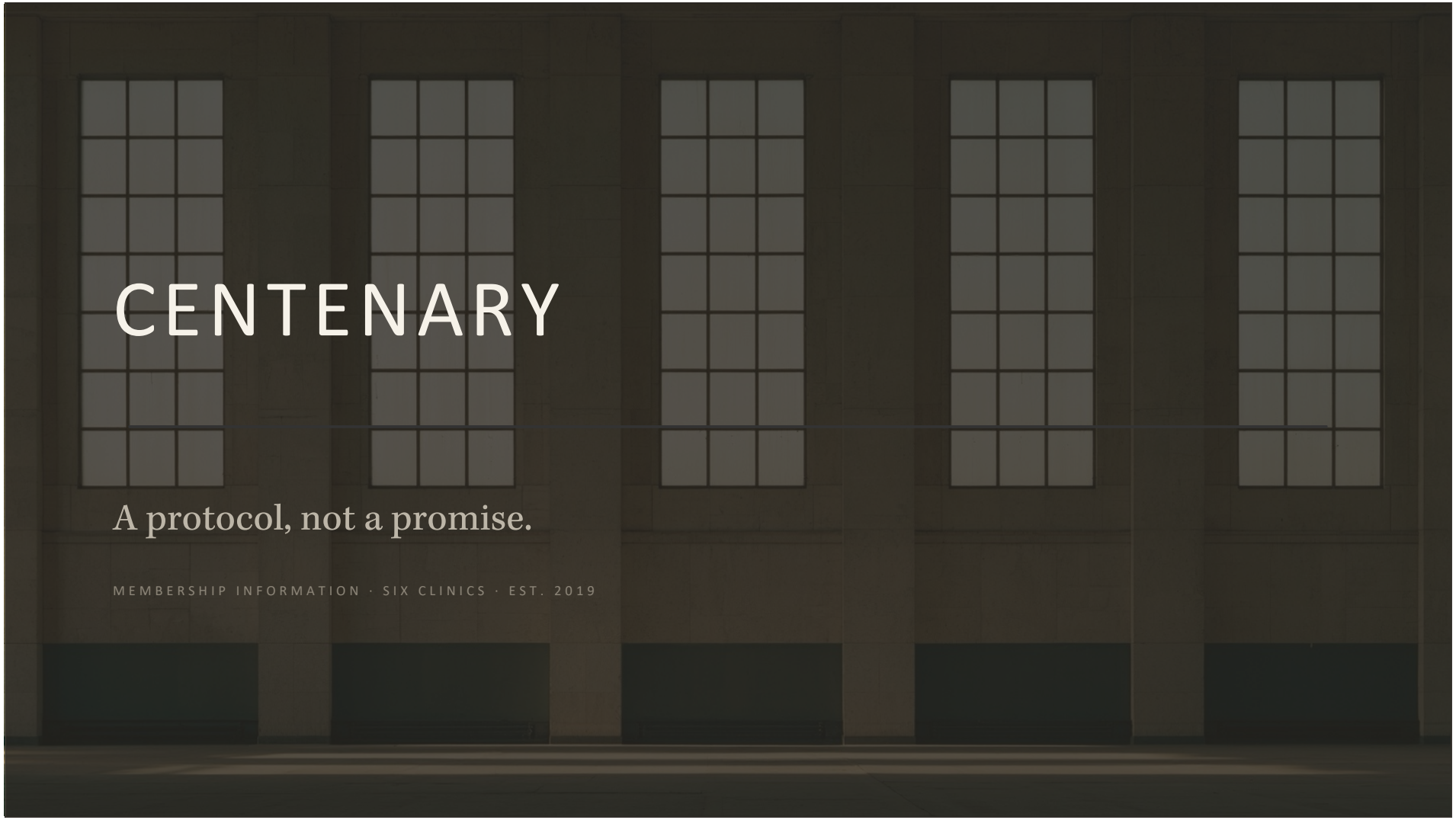

CENTENARY
A protocol, not a promise.
MEMBERSHIP INFORMATION · SIX CLINICS · EST. 2019

WHAT THIS DOCUMENT IS

You have had the consultation.
This is what you were promised in writing.

SPOKEN · IN THE ROOM

What you were told

=

WRITTEN · THIS DOCUMENT

What you are reading

Nothing here is new to you. It exists so that anything we said out loud can be checked against something we have committed to print.

THE CATEGORY

Most of what is sold in this field is not supported by anything.

SOLD IN THIS FIELD	TRIALS BEHIND IT
Proprietary supplements	none
Eighty-marker panels	none
Infusions priced by theatre	none

Our first problem is not persuading you that we work. It is persuading you that we are a different kind of thing.

WHAT WE DO NOT SELL

Four things you will not be offered.

01

~~Proprietary compound~~

We prescribe only what is licensed and what we can point to trial data for.

02

~~Biological age score~~

Not standardised, not validated, not actionable. We do not produce one.

03

~~Infusions on request~~

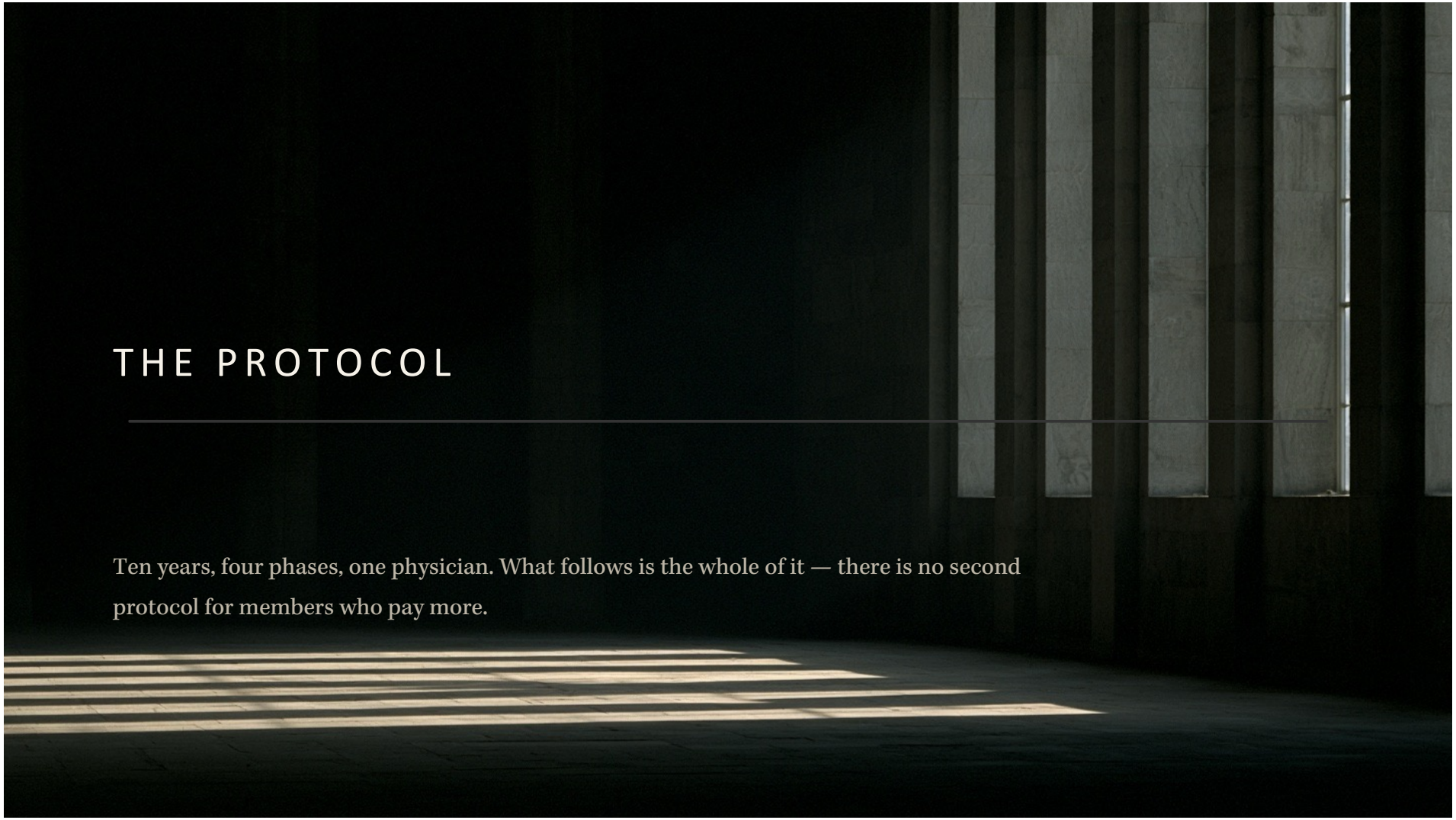
If there is no deficiency, there is no infusion, however much you would like one.

04

~~Exclusivity fee~~

No waiting-list payment and no tier that buys priority.

Every one of these is something a competitor sells.



THE PROTOCOL

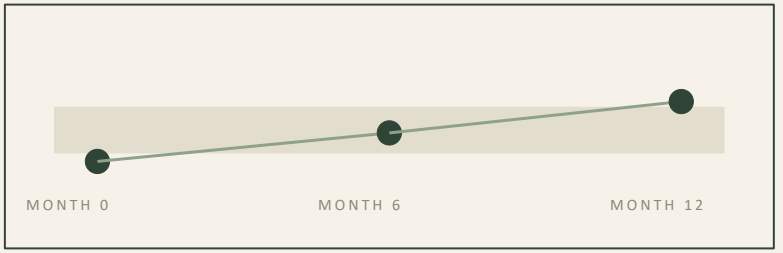
Ten years, four phases, one physician. What follows is the whole of it — there is no second protocol for members who pay more.

Establish what is actually true about you.

ONE MEASUREMENT



THREE, ACROSS TWELVE MONTHS

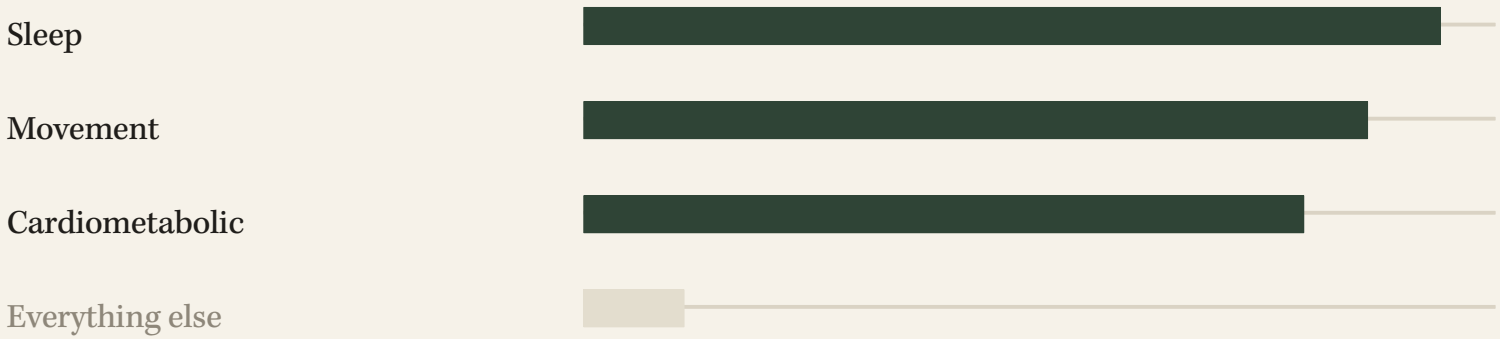


We decline to act on any marker until we have watched it move the same way twice. Expect, for most of the first year, to be told to wait.

PHASE TWO · YEARS 2–3

Change the three things that matter most.

WHERE THE PROTOCOL SPENDS ITS ATTENTION



Unglamorous, and where the effect sizes are. Pharmacological intervention, where indicated, is licensed and conventional — there is nothing proprietary in phase two.

PHASES THREE AND FOUR · YEARS 4–10

Hold the change and watch for the one thing.

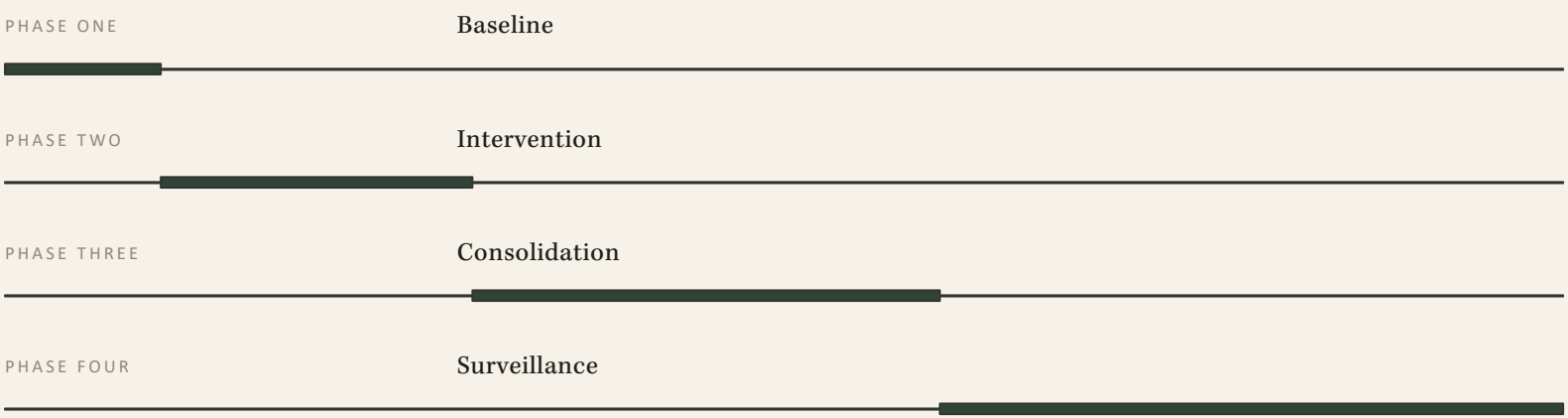


SURVEILLANCE, AT A FIXED INTERVAL

Most of what will shorten your life is detectable years before it presents. The back half of the protocol is an interval short enough to land in that window — and the discipline not to intervene on everything else.

THE WHOLE PROTOCOL

Ten years, drawn to scale.



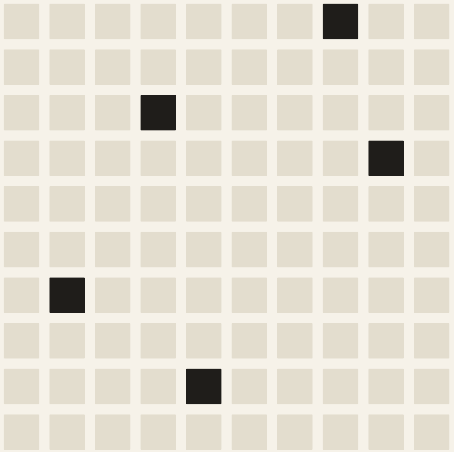
Eleven things, repeatedly.

DOMAIN	MEASURE	INTERVAL
Cardiometabolic	Standard lipid and glycaemic panel	6 months
Cardiovascular	Imaging, blood pressure series	12 months
Sleep	Home polysomnography	24 months
Function	Strength, gait, VO_2	12 months
Cancer surveillance	Age- and risk-appropriate screening	Per guideline

Your own physician could order every one of these. What we sell is doing it on schedule for ten years.

And why the absence is deliberate.

100 MARKERS · ASYMPTOMATIC PERSON



5 ABNORMAL BY CHANCE ALONE

Each one then generates an investigation, a cost, and a worry that leads nowhere.

We do not run large untargeted panels. Restraint in what we measure is the least marketable thing we do and one of the most clinically defensible.

A test you cannot act on is not information. It is an appointment.

THE CLINICS

Six rooms, one standard.

LOCATION	OPENED	MEMBERS	PHYSICIANS
New York	2019	310	4
London	2020	290	4
Zurich	2021	180	3
Singapore	2022	205	3
San Francisco	2023	240	3
Copenhagen	2025	95	2

Roughly seventy members per physician — the constraint on how fast we open.

A VISIT

Ninety minutes, twice a year.

The same physician each time. No handover, no rotating panel, no summary written by someone who has not met you.

Most of the appointment is conversation. The measurements are taken beforehand so that the time with your physician is spent deciding what, if anything, to do.



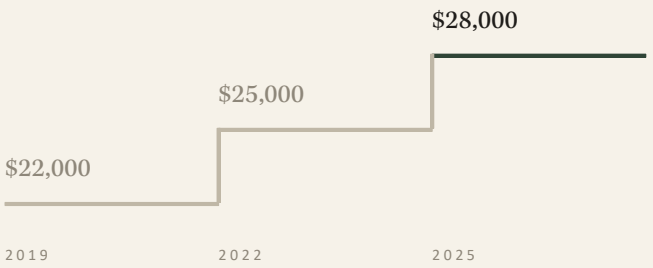
MEMBERSHIP

One tier. One price.

$28,000

per year, billed annually

EVERY PRICE WE HAVE CHARGED



No enrolment fee, no tiered access, no concierge upgrade.
The price has risen twice since 2019 — both times with six months' notice, and both letters are available on request.

WHAT IS AND IS NOT INCLUDED

The boundary, stated plainly.

	INCLUDED	BILLED SEPARATELY
Scheduled consultations and panels	yes	—
Imaging within the protocol	yes	—
Imaging outside the protocol	—	at cost
Prescribed medication	—	at cost
Referral to a specialist	—	their fee

Nothing billed separately is marked up. You may audit that once a year.

HONESTY ABOUT EVIDENCE

What ten years of this can and cannot show.

WHAT WE OBSERVE



SIX YEARS OF MEASURED MARKERS

WHAT WE CANNOT OBSERVE

the same people,
without the protocol

NO CONTROL GROUP, AND THERE NEVER WILL BE

Anyone in this category claiming a mortality benefit from their own programme is claiming something the study design cannot support. That includes us.

DISCLOSURES

The fine print, set large enough to read.

01 **Not an insurer**

CENTENARY provides preventive medical care under licensed physicians. It does not replace emergency or acute care.

02 **No lifespan claim**

Statements about healthspan refer to measured functional and metabolic markers, not to mortality.

03 **Leave at any time**

Thirty days' notice, pro-rata refund. We may end a membership where continued care is not clinically appropriate — with referral and full records.

04 **No industry equity**

Physicians hold no equity in supplement or device manufacturers. External interests are declared annually on the member portal.

A PROTOCOL, NOT A PROMISE

CENTENARY



COLOPHON

CENTENARY is a fictional company invented for the purpose of demonstrating presentation design. Every clinic, price, member figure, protocol detail and disclosure in this deck is invented. Nothing here is medical advice, and nothing here describes a real service.