

MILESTONE MEDICAL INC.
P R O X Y
FOR ANNUAL MEETING OF THE STOCKHOLDERS
To Be Held on Thursday, June 4, 2014
THIS PROXY IS SOLICITED ON BEHALF OF THE BOARD OF DIRECTORS

The undersigned hereby appoints Leonard Osser and Joseph D'Agostino and each of them, with full power of substitution, as proxies to vote the shares which the undersigned is entitled to vote at the Annual Meeting of the Stockholders of Milestone Medical Inc. ("Milestone Medical") to be held at Golenbock Eiseman Assor Bell & Peskoe LLP, 437 Madison Avenue, New York, New York on June 4, 2014 at 10:00 A.M. Eastern Time and at any adjournments thereof, hereby revoking any proxies heretofore given, to vote all shares of common stock of Milestone Medical held or owned by the undersigned as indicated on the proposals and in their discretion upon such other matters as may come before the meeting.

PLEASE INDICATE YOUR SELECTION BY PLACING AN "X" IN THE APPROPRIATE BOXES BELOW:

1. Election of directors: Nominees: Leonard A. Osser, Feng Yulin, Zhu Yun and Martin S. Siegel

FOR election of all nominees ☐

WITHHOLD vote from all nominees ☐

FOR all nominees **EXCEPT**, ☐
for nominee listed below from whom Vote is withheld.

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2. Advisory approval of the appointment of Baker Tilly Virchow Krause, LLP as independent auditors for Milestone Medical for the year ending December 31, 2014.

FOR ☐

AGAINST ☐

ABSTAIN ☐

THIS PROXY WHEN PROPERLY SIGNED WILL BE VOTED IN THE MANNER DIRECTED HEREIN BY THE UNDERSIGNED STOCKHOLDER. IF NO DIRECTION IS MADE, THIS PROXY WILL BE VOTED FOR PROPOSALS 1 and 2.

The undersigned hereby acknowledges receipt of the Notice of the aforesaid Annual Meeting.

Dated: _____, 2014

Signature of Stockholder

Signature of Stockholder

NOTE: When shares are held by joint tenants, both should sign. When signing as attorney, executor, administrator, trustee, or guardian, please give full title as such. If a corporation, please sign in full corporate name by President or other authorized officer. If a partnership, please sign in partnership name by an authorized person.

IMPORTANT - PLEASE FILL IN, SIGN AND RETURN PROMPTLY USING THE ENCLOSED ENVELOPE.