

UNITED STATES SECURITIES AND EXCHANGE COMMISSION Washington, D.C.

| OMB APPROVAL |
|---|
| OMB Number: 3235-0076 |
| Expires: August 31, 2015 |
| Estimated Average burden hour per response: 4.0 |

Promoter

| | washington, D.C. | per response: 4.0 |
|---|--------------------------------|-------------------------------|
| | | |
| 1. Issuer's Identity | | |
| CIK (Filer ID Number) | Previous Name(s) None | Entity Type |
| 0001533615 | Scoop Media, Inc | • Corporation |
| Name of Issuer | SCOOP MEDIA, INC. | C Limited Partnership |
| Global Medical REIT Inc. | | C Limited Liability Company |
| Jurisdiction of Incorporation/Organization | | C General Partnership |
| MARYLAND | | C Business Trust |
| Year of Incorporation/Organiz | ation | C Other |
| Over Five Years Ago Over Fi | | Other |
| O Within Last Five Years (Specify Year) | | |
| O Yet to Be Formed | | |
| | | |
| | | |
| | | |
| • | Business and Contact | Information |
| Name of Issuer | | |
| Global Medical REIT Inc. | | |
| Street Address 1 | Street Addre | ss 2 |
| 2 BETHESDA METRO CENTE | SUITE 440 | |
| City | State/Province/Country ZIP/Pos | stal Code Phone No. of Issuer |
| BETHESDA | MARYLAND 20814 | 202-524-6851 |
| | | |
| | | |
| - | | |
| | | |
| 3. Related Persons | | |
| Last Name | First Name | Middle Name |
| Global Medical REIT L.P. | N/A | |
| | | 2 |
| Street Address 1 | TER Suite 440 | 35 4 |
| 2 BETHESDA METRO CEN | | ZIDD (12.) |
| City | State/Province/Country | ZIP/Postal Code |
| Bethesda | MARYLAND | 20814 |
| D. (1. 1.) | 4. 000 | F - |
| Relationship: Ex | ecutive Officer Director | Promoter |
| Clarification of Response (if Neces | ssary) | |
| Operating Partnership of the Issu | uer | |
| | | |
| | | |
| Last Name | First Name | Middle Name |
| Global Medical REIT GP LLC | N/A | |
| Street Address 1 | Street Addres | ss 2 |
| 2 BETHESDA METRO CEN | TER Suite 440 | |
| City | State/Province/Country | ZIP/Postal Code |
| Bethesda | MARYLAND | 20814 |
| | | |

Executive Officer

□ Director

Relationship:

| Clarification of Response (if | Necessary) | | | |
|------------------------------------|---|----------------|-------------------|---|
| General Partner of the Issue | er | | | |
| | | | | |
| | | | | |
| Last Name | First Name | | Middle Name | |
| Busch | Jeffrey | | | |
| Street Address 1 | | Street Address | 2 | |
| 2 BETHESDA METRO | CENTER | Suite 440 | | |
| City | State/Province | e/Country | ZIP/Postal Code | |
| Bethesda | MARYLAN | D | 20814 | |
| Relationship: | Executive Officer | Director | Promoter | |
| Clarification of Response (if | Necessary) | | | |
| Executive Officer and Direc | tor of Global Medical RI | EIT Inc. | | |
| | | | | |
| | | | | |
| Last Name | First Name | | Middle Name | |
| Leon | Alfonzo | | | |
| Street Address 1 | | Street Address | 2 | |
| 2 BETHESDA METRO | CENTER | Suite 440 | | |
| City | State/Province | e/Country | ZIP/Postal Code | |
| Bethesda | MARYLAN | D | 20814 | |
| | | | | |
| Relationship: | Executive Officer | Director | Promoter | |
| Clarification of Response (if | Nogossory) | | | |
| Executive Officer of Global | | | | |
| Executive Officer of Global | With the state of | | | |
| | | | | |
| Last Name | First Name | | Middle Name | |
| Holley | Danica | | | |
| Street Address 1 | | Street Address | 2 | |
| 2 BETHESDA METRO | CENTED | Suite 440 | | _ |
| L | | | ZID/D. st.1 C. 1. | |
| City | State/Province | | ZIP/Postal Code | |
| Bethesda | MARYLAN | D | 20814 | |
| D. L. C L | FCOCC | E Discrete | E 2 | |
| Relationship: | Executive Officer | Director | Promoter | |
| Clarification of Response (if | Necessary) | | | |
| Executive Officer of Global | Medical REIT Inc. | | | |
| | | | | |
| | | | | |
| Last Name | First Name | | Middle Name | |
| Kiernan | Robert | | | |
| Street Address 1 | | Street Address | 2 | |
| 2 BETHESDA METRO | CENTER | Suite 440 | | |
| City | State/Province | e/Country | ZIP/Postal Code | |
| Bethesda | MARYLAN | | 20814 | |
| <u> </u> | | | | |
| Relationship: | Executive Officer | Director | Promoter | |
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| Clarification of Response (if | | | | |
| Executive Officer of Global | Medical REIT Inc. | | | |

| | First Name | | Middle Name | |
|---|---|--|--|--|
| Webb | Allen | | | |
| Street Address 1 | , | Street Address 2 | 2 | |
| 2 BETHESDA METRO | CENTER | Suite 440 | | |
| City | State/Province | ce/Country | ZIP/Postal Code | |
| Bethesda | MARYLA | ND | 20814 | |
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| Relationship: | Executive Officer | Director | Promoter | |
| Clarification of Response (i | if Necessary) | | | |
| Executive Officer of Globa | al Medical REIT Inc. | | | |
| | | | | |
| | | | | |
| Last Name | First Name | | Middle Name | |
| Barber | Jamie | | | |
| Street Address 1 | | Street Address 2 | 2 | |
| 2 BETHESDA METRO | CENTER | Suite 440 | | |
| City | State/Province | ce/Country | ZIP/Postal Code | |
| Bethesda | MARYLA | ND | 20814 | |
| | | | | |
| Relationship: | Executive Officer | Director | Promoter | |
| Clarification of Response (i | if Necessary) | | | |
| Executive Officer of Globa | al Medical REIT Inc. | | | |
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| | | | | |
| | | | | |
| Last Name | First Name | | Middle Name | |
| Last Name Cypher | First Name | | Middle Name | |
| | | Street Address 2 | | |
| Cypher | Matthew | Street Address 2 | | |
| Cypher Street Address 1 | Matthew | Suite 440 | | |
| Cypher Street Address 1 2 BETHESDA METRO | Matthew D CENTER | Suite 440 ce/Country | 2 | |
| Cypher Street Address 1 2 BETHESDA METRO City | Matthew O CENTER State/Province | Suite 440 ce/Country | ZIP/Postal Code | |
| Cypher Street Address 1 2 BETHESDA METRO City Bethesda | Matthew O CENTER State/Province | Suite 440 ce/Country | ZIP/Postal Code | |
| Cypher Street Address 1 2 BETHESDA METRO City Bethesda | O CENTER State/Province MARYLA! Executive Officer | Suite 440 cce/Country | ZIP/Postal Code | |
| Cypher Street Address 1 2 BETHESDA METRO City Bethesda Relationship: | O CENTER State/Provine MARYLAN Executive Officer if Necessary) | Suite 440 cce/Country ND | ZIP/Postal Code | |
| Cypher Street Address 1 2 BETHESDA METRO City Bethesda Relationship: | O CENTER State/Provine MARYLAN Executive Officer if Necessary) | Suite 440 cce/Country ND | ZIP/Postal Code | |
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| Cypher Street Address 1 2 BETHESDA METRO City Bethesda Relationship: Clarification of Response (i | CENTER State/Provinc MARYLA! Executive Officer if Necessary) | Suite 440 cce/Country ND | ZIP/Postal Code ZIP/Postal Code Promoter | |
| Cypher Street Address 1 2 BETHESDA METRO City Bethesda Relationship: Clarification of Response (i | CENTER State/Provinc MARYLA! Executive Officer if Necessary) al REIT Inc. | Suite 440 cce/Country ND | ZIP/Postal Code ZIP/Postal Code Promoter Middle Name | |
| Cypher Street Address 1 2 BETHESDA METRO City Bethesda Relationship: Clarification of Response (i Director of Global Medica Last Name Crowley | State/Provinc MARYLA! Executive Officer if Necessary) al REIT Inc. First Name | Suite 440 cce/Country ND Director | ZIP/Postal Code ZIP/Postal Code Promoter Middle Name | |
| Cypher Street Address 1 2 BETHESDA METRO City Bethesda Relationship: Clarification of Response (i Director of Global Medica Last Name Crowley Street Address 1 | State/Provinc MARYLA! Executive Officer if Necessary) al REIT Inc. First Name | Suite 440 ce/Country ND Director Street Address 2 Suite 440 | ZIP/Postal Code ZIP/Postal Code Promoter Middle Name | |
| Cypher Street Address 1 2 BETHESDA METRO City Bethesda Relationship: Clarification of Response (i Director of Global Medica Last Name Crowley Street Address 1 2 BETHESDA METRO | State/Provine MARYLAN Executive Officer if Necessary) Al REIT Inc. First Name Paula D CENTER | Suite 440 cc/Country ND Director Street Address 2 Suite 440 cc/Country | ZIP/Postal Code ZIP/Postal Code Promoter Middle Name | |
| Cypher Street Address 1 2 BETHESDA METRO City Bethesda Relationship: Clarification of Response (i Director of Global Medica Last Name Crowley Street Address 1 2 BETHESDA METRO City | State/Province Executive Officer if Necessary) all REIT Inc. First Name Paula O CENTER State/Province | Suite 440 cc/Country ND Director Street Address 2 Suite 440 cc/Country | ZIP/Postal Code 20814 Promoter Middle Name Promoter ZIP/Postal Code Promoter Pro | |
| Cypher Street Address 1 2 BETHESDA METRO City Bethesda Relationship: Clarification of Response (i Director of Global Medica Last Name Crowley Street Address 1 2 BETHESDA METRO City Bethesda | State/Province Executive Officer if Necessary) all REIT Inc. First Name Paula O CENTER State/Province | Suite 440 cc/Country ND Director Street Address 2 Suite 440 cc/Country | ZIP/Postal Code 20814 Promoter Middle Name Promoter ZIP/Postal Code Promoter Pro | |
| Cypher Street Address 1 2 BETHESDA METRO City Bethesda Relationship: Clarification of Response (i Director of Global Medica Last Name Crowley Street Address 1 2 BETHESDA METRO City Bethesda | State/Provine Executive Officer if Necessary) al REIT Inc. First Name Paula O CENTER State/Provine MARYLAN Executive Officer | Suite 440 ce/Country ND Director Street Address 2 Suite 440 ce/Country ND | ZIP/Postal Code 20814 Promoter Middle Name ZIP/Postal Code 20814 | |
| Cypher Street Address 1 2 BETHESDA METRO City Bethesda Relationship: Clarification of Response (i Director of Global Medica Last Name Crowley Street Address 1 2 BETHESDA METRO City Bethesda Relationship: | State/Province Executive Officer if Necessary) A REIT Inc. First Name Paula CENTER State/Province MARYLA! Executive Officer if Necessary) | Suite 440 ce/Country ND Director Street Address 2 Suite 440 ce/Country ND | ZIP/Postal Code 20814 Promoter Middle Name ZIP/Postal Code 20814 | |

Last Name First Name Middle Name

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| Street Address 1 | DO CENTED | | Street Address 2 Suite 440 | | |
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| City | | te/Province/C | ountry | ZIP/Postal Code | |
| Bethesda | [M | IARYLAND | | 20814 | |
| Relationship: | Executive (| Officer | Director | Promoter | |
| Clarification of Response | e (if Necessary) | | | | |
| Director of Global Med | ical REIT Inc. | | | | |
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| | | | | | |
| Last Name | | st Name | | Middle Name | |
| Marston | Ro | onald | | | |
| Street Address 1 | | | Street Address 2 | | |
| 2 BETHESDA METI | RO CENTER | | Suite 440 | | |
| City | Sta | te/Province/C | ountry | ZIP/Postal Code | |
| Bethesda | M | IARYLAND | | 20814 | |
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| Relationship: | Executive C | Officer | Director | Promoter | |
| Clarification of Response | e (if Necessary) | | | | |
| Director of Global Med | ical REIT Inc. | | | | |
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| Last Name | Fire | st Name | | Middle Name | |
| Moore Jr. | Re | oscoe | | ٦ | |
| Street Address 1 | | | Street Address 2 | - | |
| 2 BETHESDA METI | RO CENTER | | Suite 440 | | |
| City | Sta | te/Province/C | ountry | ZIP/Postal Code | |
| Bethesda | | IARYLAND | | 20814 | |
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| Relationship: | Executive C | Officer | Director | Promoter | |
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| Clarification of Response | | | | | |
| Director of Global Med | ical REIT Inc. | | | | |
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| and Manage | E* | A Diame | | MOLIN, N | |
| Last Name | | st Name | | Middle Name | |
| Cole | | enry | | | |
| Street Address 1 | | | Street Address 2 | | - |
| 2 BETHESDA METI | | | Suite 440 | | |
| City | | te/Province/C | ountry | ZIP/Postal Code | |
| Bethesda | | IARYLAND | | 20814 | |
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| Relationship: | Executive C | Officer | Director | Promoter | |
| Clarification of Response | e (if Necessary) | | | | |
| Director of Global Med | ical REIT Inc. | | | | |
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| Last Name | Fire | st Name | | Middle Name | |
| Huiqi | Zł | hang | | 1 | |
| Street Address 1 | | | Street Address 2 | _ | |

| 2 BETHESDA METI | RO CENTEI | ₹ | Suite 440 | |
|--|-----------------|----------------|------------------------------------|-----------------------------|
| City | | State/Province | /Country | ZIP/Postal Code |
| Bethesda | | MARYLANI | | 20814 |
| Detriesua | | MAKTLAN | | 20014 |
| Relationship: | Execut | ive Officer | Direct | or Promoter |
| Clarification of Response | e (if Necessary | ·) | | |
| Director of Global Med | ical REIT Inc | | | |
| | | | | |
| Last Name | | First Name | | Middle Name |
| Wittman | | Lori | | |
| Street Address 1 | | | Street Add | lress 2 |
| 2 BETHESDA METI | RO CENTEI | 2 | Suite 440 | |
| City | | State/Province | Country | ZIP/Postal Code |
| Bethesda | | MARYLANI | | 20814 |
| Betnesda | | MARYLANI | <u> </u> | 20814 |
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| Relationship: | Execut | ive Officer | Direct | or Promoter |
| Clarification of Response | e (if Necessary | 7) | | |
| Director of Global Med | ical REIT Inc | | | |
| | | | | |
| 4. Industry Gro Agriculture Banking & Financia | | Health C | Care otechnology | C Retailing |
| C Commercial Bar | | 7.4 | alth Insurance | C Restaurants |
| 0.00 | iking | 2000 | spitals & Physici armaceuticals | ians Technology |
| C Insurance C Investing | | 7000 | her Health Care | C Computers |
| C Investment Bank | ting | 1,000 | | C Telecommunications |
| C Pooled Investme | nt Fund | | | C Other Technology |
| Other Banking & | & Financial | | | Travel |
| C Services | | C Manufac | cturing | C Airlines & Airports |
| C Business Services | | Real Est | | C Lodging & Conventions |
| Energy | | 2000 | mmercial | C Tourism & Travel Services |
| C Coal Mining C Electric Utilities | | | nstruction ITS & Finance | C Other Travel |
| C Energy Conserve | ation | 280 | sidential | C Other |
| C Environmental S | | C Otl | her Real Estate | |
| C Oil & Gas | | | | |
| C Other Energy | | | | |
| | | | | |
| F 105 10 | | | | |
| 5. Issuer Size | | | | |
| Revenue Range | | | 2000 | Net Asset Value Range |
| No Revenues | | | 2000 | Aggregate Net Asset Value |
| C \$1 - \$1,000,000 | | | - | - \$5,000,000 |
| S1,000,001 - \$5,0 | | | 200 | ,000,001 - \$25,000,000 |
| \$5,000,001 - \$25, | | | | 5,000,001 - \$50,000,000 |
| \$25,000,001 - \$10 | | | 200 | 0,000,001 - \$100,000,000 |
| Over \$100,000,0 | 00 | | C Ov | rer \$100,000,000 |
| ⊙ Decline to Disclo | se | | C De | cline to Disclose |
| C Not Applicable | | | C No | t Applicable |

| 6. Federal Exemption(apply) | (s) and Exclusion(s) Claimed (select all that |
|---|--|
| Rule 504(b)(1) (not (i), (ii) or (iii)) | Rule 505 |
| Rule 504 (b)(1)(i) | ☑ Rule 506(b) |
| Rule 504 (b)(1)(ii) | Rule 506(c) |
| Rule 504 (b)(1)(iii) | Securities Act Section 4(a)(5) |
| | Investment Company Act Section 3(c) |
| | |
| 7. Type of Filing | |
| New Notice Date of First S | sale 2020-01-17 First Sale Yet to Occur |
| Amendment | |
| 3. Duration of Offering | |
| oes the Issuer intend this offering to | 0 6 |
| | • |
|) T () 10 | 0" 1/ 1 1 11 11 1 |
| 2 , | s Offered (select all that apply) |
| Pooled Investment Fund Interests | Equity |
| Tenant-in-Common Securities | Debt Option Warmant or Other Dight to |
| Mineral Property Securities | Option, Warrant or Other Right to Acquire Another Security |
| Security to be Acquired Upon Exercise of Option, Warrant or Other Right to Acquire Security | Other (describe) |
| | |
| 10. Business Combina | ation Transaction |
| s this offering being made in connecti | |
| ransaction, such as a merger, acquisic | |
| | |
| | |
| 11. Minimum Investme | ent |
| Ainimum investment accepted from a | |
| nvestor | USD |
| 12. Sales Compensati | on |
| - | |
| Recipient | Recipient CRD Number None |
| | (Arradical Parlamental CDP |
| Associated) Broker or Dealer | None (Associated) Broker or Dealer CRD None Number |
| | |
| Street Address 1 | Street Address 2 |
| | |
| City | State/Province/Country ZIP/Postal Code |
| | |
| state(s) of Solicitation | □ All States |
| | |

| 13. Offering and Sales Amounts |
|---|
| Total Offering Amount \$ 3848000 USD Indefinite |
| Total Amount Sold \$ 3848000 USD |
| Total Remaining to be \$ 0 USD □ Indefinite |
| Clarification of Response (if Necessary) |
| |
| 14. Investors |
| |
| Select if securities in the offering have been or may be sold to persons who do not qualify as accredited investors, Number of such non-accredited investors who already have invested in the offering |
| Regardless of whether securities in the offering have been or may be sold to persons who do not qualify as accredited investors, enter the total number of investors who already have invested in the offering: |
| 15. Sales Commissions & Finders' Fees Expenses |
| 13. Sales Commissions & Finders Fees Expenses |
| Provide separately the amounts of sales commissions and finders' fees expenses, if any. If the amount of an expenditure is not known, provide an estimate and check the box next to the amount. |
| Sales Commissions \$ 0 USD Estimate |
| Finders' Fees \$ 0 USD Estimate |
| Clarification of Response (if Necessary) |
| |
| |
| 16. Use of Proceeds |
| Provide the amount of the gross proceeds of the offering that has been or is proposed to be used for payments to any of the persons required to be named as executive officers, directors or promoters in response to Item 3 above. If the amount is unknown, provide an estimate and check the box next to the amount. \$ 0 USD |
| Clarification of Response (if Necessary) |
| |
| Signature and Submission |
| |
| Please verify the information you have entered and review the Terms of Submission below before signing and clicking SUBMIT below to file this notice. |
| Terms of Submission |
| In submitting this notice, each Issuer named above is: |
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- Notifying the SEC and/or each State in which this notice is filed of the offering of securities
 described and undertaking to furnish them, upon written request, the information furnished to
 offerees
- Irrevocably appointing each of the Secretary of the SEC and, the Securities Administrator or other legally designated officer of the State in which the Issuer maintains its principal place of business and any State in which this notice is filed, as its agents for service of process, and agreeing that these persons may accept service on its behalf, of any notice, process or pleading, and further agreeing that such service may be made by registered or certified mail, in any Federal or state action, administrative proceeding, or arbitration brought against it in any place subject to the jurisdiction of the United States, if the action, proceeding or arbitration (a) arises out of any activity in connection with the offering of securities that is the subject of this notice, and (b) is founded, directly or indirectly, upon the provisions of: (i) the Securities Act of 1933, the Securities Exchange Act of 1934, the Trust Indenture Act of 1939, the Investment Company Act of 1940, or the Investment Advisers Act of 1940, or any rule or regulation under any of these statutes, or (ii) the laws of the State in which the issuer maintains its principal place of business or any State in which this notice is filed.
- Certifying that, if the issuer is claiming a Regulation D exemption for the offering, the issuer is not disqualified from relying on Regulation D for one of the reasons stated in Rule 505(b)(2)(iii) or Rule 506(d).

Each Issuer identified above has read this notice, knows the contents to be true, and has duly caused this notice to be signed on its behalf by the undersigned duly authorized person.

For signature, type in the signer's name or other letters or characters adopted or authorized as the signer's signature.

| Issuer | Signature | Name of Signer | Title | Date |
|-----------------------------|---------------------|-----------------|--------------------------------|------------|
| Global Medical REIT Inc. | /s/ Jamie A. Barber | Jamie A. Barber | General Counsel & Secretary | 2020-04-17 |