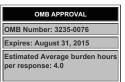
FORM D

Notice of Exempt Offering of Securities

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



| 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/Organizati | on | C Other |
| Over Five Years Ago | | - |
| © Within Last Five Years (Specify Year) | | |

• Yet to Be Formed

2. Principal Place of Business and Contact Information Name of Issuer

| Global Medical REIT Inc. | | | |
|--------------------------|------------------------|------------------|---------------------|
| Street Address 1 | | Street Address 2 | |
| 2 BETHESDA METRO CENTE | R | SUITE 440 | |
| City | State/Province/Country | ZIP/Postal 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 | |
| Street Address 1 | Street Address | 2 |
| 2 BETHESDA METRO CENTER | Suite 440 | |
| City | State/Province/Country | ZIP/Postal Code |
| Bethesda | MARYLAND | 20814 |
| | | |
| Relationship: Execut | ive Officer Director | Promoter |
| Clarification of Response (if Necessary |) | |
| Operating Partnership of the Issuer |) | |
| lop and a second second | | |
| | | |
| Last Name | First Name | Middle Name |
| Global Medical REIT GP LLC | N/A | |
| | | |
| Street Address 1 | Street Address | 2 |
| 2 BETHESDA METRO CENTER | Suite 440 | |
| City | State/Province/Country | ZIP/Postal Code |
| Bethesda | MARYLAND | 20814 |
| | | |
| Relationship: Execut | ive Officer Director | Promoter |

| Clarification | of Response | (if Necessary) |
|---------------|-------------|----------------|
|---------------|-------------|----------------|

| General Partner of the | Issuer | | | | |
|--|--|---|--|---|--|
| | 100401 | | | | |
| | | | | | |
| | | | | | |
| Last Name | | First Name | | Middle Name | |
| Busch | | Jeffrey | | | |
| | | Joenicy | | | |
| Street Address 1 | |] | Street Address 2 | 2 | |
| 2 BETHESDA MET | RO CENTE | R | Suite 440 | | |
| City | | State/Province/ | Country | ZIP/Postal Code | |
| Bethesda | | MARYLAND |) | 20814 | |
| | | | | | |
| Polationshine | E From | tive Officer | Director | Dromotor. | |
| Relationship: | Execu | tive Officer | Director | Promoter | |
| Clarification of Respons | e (if Necessar | y) | | | |
| Executive Officer and | Director of Gl | obal Medical RE | IT Inc. | | |
| | | | | | |
| | | | | | |
| | | | | | |
| Last Name | | First Name | | Middle Name | |
| Leon | | Alfonzo | | | |
| Street Address 1 | | | Street Address 2 | 2 | |
| 2 BETHESDA MET | RO CENTE | R | Suite 440 | | |
| City | | State/Province/ | Country | ZIP/Postal Code | |
| | | | | | |
| Bethesda | | MARYLAND | • | 20814 | |
| | | | | | |
| | | | | | |
| Relationship: | Execu | tive Officer | Director | Promoter | |
| | Percent | | Director | Promoter | |
| Clarification of Respons | e (if Necessar | y) | Director | Promoter | |
| L | e (if Necessar | y) | Director | Promoter | |
| Clarification of Respons | e (if Necessar | y) | Director | Promoter | |
| Clarification of Respons | e (if Necessar | y) | Director | Promoter | |
| Clarification of Respons | e (if Necessar | y) | Director | Promoter Middle Name | |
| Clarification of Respons | e (if Necessar | y) REIT Inc. | Director | | |
| Clarification of Respons Executive Officer of Gl Last Name Holley | e (if Necessar | y) REIT Inc. First Name | | Middle Name | |
| Clarification of Respons Executive Officer of Gl Last Name Holley Street Address 1 | ie (if Necessar; obal Medical | y) REIT Inc. First Name | Street Address 2 | Middle Name | |
| Clarification of Respons Executive Officer of Gl Last Name Holley Street Address 1 2 BETHESDA MET | ie (if Necessar; obal Medical | y) REIT Inc. First Name Danica R | Street Address 2 | Middle Name | |
| Clarification of Respons Executive Officer of Gl Last Name Holley Street Address 1 2 BETHESDA MET | ie (if Necessar; obal Medical | y) REIT Inc. First Name Danica | Street Address 2 | Middle Name | |
| Clarification of Respons Executive Officer of Gl Last Name Holley Street Address 1 2 BETHESDA MET | ie (if Necessar; obal Medical | y) REIT Inc. First Name Danica R | Street Address 2 | Middle Name | |
| Clarification of Respons Executive Officer of Gl Last Name Holley Street Address 1 2 BETHESDA MET City | ie (if Necessar; obal Medical | y) REIT Inc. First Name Danica State/Province/ | Street Address 2 | Middle Name | |
| Clarification of Respons Executive Officer of Gl Last Name Holley Street Address 1 2 BETHESDA MET City | ie (if Necessar) | y) REIT Inc. First Name Danica State/Province/ | Street Address 2 | Middle Name | |
| Clarification of Respons Executive Officer of Gl Last Name Holley Street Address 1 2 BETHESDA MET City Bethesda | ie (if Necessar) | y) REIT Inc. First Name Danica State/Province/ MARYLAND | Street Address 2 | Middle Name | |
| Clarification of Respons Executive Officer of Gl Last Name Holley Street Address 1 2 BETHESDA MET City Bethesda Relationship: | e (if Necessar) iobal Medical RO CENTE | y) REIT Inc. First Name Danica State/Province/ MARYLAND tive Officer | Street Address 2 | Middle Name | |
| Clarification of Respons Executive Officer of Gl Last Name Holley Street Address 1 2 BETHESDA MET City Bethesda Relationship: Clarification of Respons | RO CENTE | y) REIT Inc. First Name Danica State/Province/ MARYLANE tive Officer y) | Street Address 2 | Middle Name | |
| Clarification of Respons Executive Officer of Gl Last Name Holley Street Address 1 2 BETHESDA MET City Bethesda Relationship: Clarification of Respons | RO CENTE | y) REIT Inc. First Name Danica State/Province/ MARYLANE tive Officer y) | Street Address 2 | Middle Name | |
| Clarification of Respons Executive Officer of Gl Last Name Holley Street Address 1 2 BETHESDA MET City Bethesda Relationship: | RO CENTE | y) REIT Inc. First Name Danica State/Province/ MARYLANE tive Officer y) | Street Address 2 | Middle Name | |
| Clarification of Respons Executive Officer of Gl Last Name Holley Street Address 1 2 BETHESDA MET City Bethesda Relationship: Clarification of Respons Executive Officer of G | RO CENTE | y) REIT Inc. First Name Danica R State/Province/ MARYLAND tive Officer y) REIT Inc. | Street Address 2 | Middle Name ZIP/Postal Code ZIP/Postal Code Promoter | |
| Clarification of Respons Executive Officer of Gl Last Name Holley Street Address 1 2 BETHESDA MET City Bethesda Relationship: Clarification of Respons Executive Officer of Gl Last Name | RO CENTE | y) REIT Inc. First Name Danica R State/Province/ IMARYLAND tive Officer y) REIT Inc. First Name | Street Address 2 | Middle Name | |
| Clarification of Respons Executive Officer of Gl Last Name Holley Street Address 1 2 BETHESDA MET City Bethesda Relationship: Clarification of Respons Executive Officer of G | RO CENTE | y) REIT Inc. First Name Danica R State/Province/ MARYLAND tive Officer y) REIT Inc. | Street Address 2 | Middle Name ZIP/Postal Code ZIP/Postal Code Promoter | |
| Clarification of Respons Executive Officer of Gl Last Name Holley Street Address 1 2 BETHESDA MET City Bethesda Relationship: Clarification of Respons Executive Officer of Gl Last Name Kiernan | RO CENTE | y) REIT Inc. First Name Danica R State/Province/ IMARYLAND tive Officer y) REIT Inc. First Name | Street Address 2 | Middle Name ZIP/Postal Code ZIP/Postal Code ZIP/Postal Code Middle Name | |
| Clarification of Respons Executive Officer of Gl Last Name Holley Street Address 1 2 BETHESDA MET City Bethesda Relationship: Clarification of Respons Executive Officer of Gl Last Name Kiernan | e (if Necessar; iobal Medical RO CENTE Execu ie (if Necessar; iobal Medical | y) REIT Inc. First Name Danica R State/Province/ ive Officer y) REIT Inc. First Name R REIT Inc. | Street Address 2 | Middle Name ZIP/Postal Code ZIP/Postal Code ZIP/Postal Code Middle Name | |
| Clarification of Respons Executive Officer of Gl Last Name Holley Street Address 1 2 BETHESDA MET City Bethesda Relationship: Clarification of Respons Executive Officer of Gl Last Name Kiernan Street Address 1 2 BETHESDA MET | e (if Necessar; iobal Medical RO CENTE Execu ie (if Necessar; iobal Medical | y) REIT Inc. First Name Danica R State/Province/ MARYLANE tive Officer y) REIT Inc. First Name R R R | Street Address 2 Suite 440 Country Director Street Address 2 Street Address 2 | Middle Name ZIP/Postal Code ZIP/Postal Code ZIP/Postal Code Middle Name | |
| Clarification of Respons Executive Officer of GI Last Name Holley Street Address 1 2 BETHESDA MET City Bethesda Relationship: Clarification of Respons Executive Officer of G Last Name Last Name Last Name Street Address 1 2 BETHESDA MET City | e (if Necessar; iobal Medical RO CENTE Execu ie (if Necessar; iobal Medical | y) REIT Inc. First Name Danica R State/Province/ MARYLAND (MARYLAND (MARYLAND First Name R First Name R State/Province/ | Street Address 2 Suite 440 Country Director Street Address 2 Street Address 2 Street Address 2 Street Address 2 | Middle Name ZIP/Postal Code Middle Name | |
| Clarification of Respons Executive Officer of Gl Last Name Holley Street Address 1 2 BETHESDA MET City Bethesda Relationship: Clarification of Respons Executive Officer of Gl Last Name Kiernan Street Address 1 | e (if Necessar; iobal Medical RO CENTE Execu ie (if Necessar; iobal Medical | y) REIT Inc. First Name Danica R State/Province/ MARYLANE tive Officer y) REIT Inc. First Name R R R | Street Address 2 Suite 440 Country Director Street Address 2 Street Address 2 Street Address 2 Street Address 2 | Middle Name ZIP/Postal Code ZIP/Postal Code Promoter Middle Name 2 | |
| Clarification of Respons Executive Officer of GI Last Name Holley Street Address 1 2 BETHESDA MET City Bethesda Relationship: Clarification of Respons Executive Officer of G Last Name Last Name Last Name Street Address 1 2 BETHESDA MET City | e (if Necessar; iobal Medical RO CENTE Execu ie (if Necessar; iobal Medical | y) REIT Inc. First Name Danica R State/Province/ MARYLAND (MARYLAND (MARYLAND First Name R First Name R State/Province/ | Street Address 2 Suite 440 Country Director Street Address 2 Street Address 2 Street Address 2 Street Address 2 | Middle Name ZIP/Postal Code Middle Name | |

Executive Officer of Global Medical REIT Inc.

| Last Name | | First Name | | Middle Name | |
|--|---|--|---|---|---|
| Webb | | Allen | | | |
| Street Address 1 | | | Street Address 2 | <u>-1</u> 2 | |
| 2 BETHESDA METH | RO CENT | ER | Suite 440 | | |
| City | | State/Province | /Country | ZIP/Postal Code | |
| Bethesda | | MARYLANI |) | 20814 | |
| | | | | | |
| Relationship: | Exec | cutive Officer | Director | Promoter | |
| Clarification of Response | e (if Necessa | ary) | | | |
| Executive Officer of Glo | bal Medica | al REIT Inc. | | | |
| | | | | | |
| | | | | | |
| Last Name | | First Name | | Middle Name | |
| Barber | | Jamie | | | |
| Street Address 1 | | | Street Address 2 | | |
| 2 BETHESDA METH | RO CENT | ER | Suite 440 | | |
| City | | State/Province | | ZIP/Postal Code | 1 |
| Bethesda | | MARYLANI |) | 20814 | |
| 1 | 1 | | | | 1 |
| Relationship: | Exec | cutive Officer | Director | Promoter | |
| Clarification of Response | e (if Necessa | ary) | | | |
| Executive Officer of Glo | bal Medica | al REIT Inc. | | | |
| | | | | | |
| | | | | | |
| | | | | | |
| Last Name | | First Name | | Middle Name | |
| Last Name | | First Name | | Middle Name | _ |
| | | | Street Address 2 | | _ |
| Cypher | RO CENT | Matthew | Street Address 2 | | |
| Cypher Street Address 1 | RO CENT | Matthew ER State/Province | Suite 440 /Country | ZIP/Postal Code | |
| Cypher Street Address 1 2 BETHESDA METH City | RO CENT | Matthew ER State/Province | Suite 440 /Country | ZIP/Postal Code | |
| Cypher Street Address 1 2 BETHESDA METH | RO CENT | Matthew ER | Suite 440 /Country | 2 | |
| Cypher Street Address 1 2 BETHESDA METH City | 1 | Matthew ER State/Province | Suite 440 /Country | ZIP/Postal Code | |
| Cypher Street Address 1 2 BETHESDA METI City Bethesda Relationship: | Exec | Matthew ER State/Province MARYLANI cutive Officer | Country | ZIP/Postal Code | |
| Cypher Street Address 1 2 BETHESDA METH City Bethesda Relationship: Clarification of Response | Exec | | Country | ZIP/Postal Code | |
| Cypher Street Address 1 2 BETHESDA METI City Bethesda Relationship: | Exec | | Country | ZIP/Postal Code | |
| Cypher Street Address 1 2 BETHESDA METH City Bethesda Relationship: Clarification of Response | Exec | | Country | ZIP/Postal Code | |
| Cypher Street Address 1 2 BETHESDA METT City Bethesda Relationship: Clarification of Response Director of Global Medi | Exec | Matthew ER State/Province MARYLANI Cutive Officer ary) nc. | Country | ZIP/Postal Code | |
| Cypher Street Address 1 2 BETHESDA METT City Bethesda Clarification of Response Director of Global Medi Last Name | Exec | Matthew ER State/Province MARYLANI Cutive Officer ary) nc. First Name | Country | ZIP/Postal Code ZIP/Postal Code ZO814 Promoter | |
| Cypher Street Address 1 2 BETHESDA METH City Bethesda Relationship: Clarification of Response Director of Global Medi Last Name Crowley | Exec | Matthew ER State/Province MARYLANI Cutive Officer ary) nc. | Suite 440 /Country | ZIP/Postal Code ZIP/Postal Code ZIP/Postal Code Promoter Middle Name | |
| Cypher Street Address 1 2 BETHESDA METI City Bethesda Relationship: Clarification of Response Director of Global Medi Last Name Crowley Street Address 1 | e (if Necessa ical REIT I | Matthew R State/Province MARYLANI Cutive Officer ary) nc. First Name Paula | Suite 440 /Country Director Street Address 2 | ZIP/Postal Code ZIP/Postal Code ZIP/Postal Code Promoter Middle Name | |
| Cypher Street Address 1 2 BETHESDA METH City Bethesda Relationship: Clarification of Response Director of Global Medi Last Name Crowley Street Address 1 2 BETHESDA METH | e (if Necessa ical REIT I | Matthew R Kate/Province MARYLANI MARYLANI Mary) nc. First Name Paula ER | Street Address 2 | ZIP/Postal Code ZIP/Postal Code ZIP/Postal Code Promoter Middle Name | |
| Cypher Street Address 1 2 BETHESDA METT City Bethesda Relationship: Clarification of Response Director of Global Medi Last Name Crowley Street Address 1 2 BETHESDA METT City | e (if Necessa ical REIT I | Matthew R State/Province MARYLANI MARYLANI Cutive Officer ary) nc. First Name Paula ER State/Province | Street Address 2 | ZIP/Postal Code ZIP/Postal Code Middle Name ZIP/Postal Code | |
| Cypher Street Address 1 2 BETHESDA METH City Bethesda Relationship: Clarification of Response Director of Global Medi Last Name Crowley Street Address 1 2 BETHESDA METH | e (if Necessa ical REIT I | Matthew R Kate/Province MARYLANI MARYLANI Mary) nc. First Name Paula ER | Street Address 2 | ZIP/Postal Code ZIP/Postal Code ZIP/Postal Code Promoter Middle Name | |
| Cypher Street Address 1 2 BETHESDA METT City Bethesda Relationship: Clarification of Response Director of Global Medi Last Name Crowley Street Address 1 2 BETHESDA METT City | e (if Necessa ical REIT I | Matthew R State/Province MARYLANI MARYLANI Cutive Officer ary) nc. First Name Paula ER State/Province | Street Address 2 | ZIP/Postal Code ZIP/Postal Code Middle Name ZIP/Postal Code | |
| Cypher Street Address 1 2 BETHESDA METT City Bethesda Relationship: Clarification of Response Director of Global Medi Last Name Crowley Street Address 1 2 BETHESDA METT City | e (if Necessa ical REIT I RO CENT | Matthew ER State/Province MARYLANI Cutive Officer ry) nc. First Name Paula ER State/Province MARYLANI Cutive Officer | Street Address 2 | ZIP/Postal Code ZIP/Postal Code Middle Name ZIP/Postal Code ZIP/Postal Code ZIP/Postal Code | |
| Cypher Street Address 1 2 BETHESDA METT City Bethesda Relationship: Clarification of Response Director of Global Medi Last Name Crowley Street Address 1 2 BETHESDA METT City Bethesda Relationship: | e (if Necessa RO CENT | Matthew R Matthew ER State/Province MARYLANI Cutive Officer First Name Paula ER State/Province MARYLANI Cutive Officer ary) | Street Address 2 | ZIP/Postal Code ZIP/Postal Code Middle Name ZIP/Postal Code ZIP/Postal Code ZIP/Postal Code | |

| Jingguo | Zhang | |] | |
|-------------------------|--------------------|------------------|-----------------|----------|
| Street Address 1 | | Street Address 2 | | |
| 2 BETHESDA ME | TRO CENTER | Suite 440 | | |
| City | State/Province | | ZIP/Postal Code | |
| Bethesda | MARYLANI | - | 20814 | |
| Dethesta | | | | |
| Relationship: | Executive Officer | Director | Promoter | |
| Clarification of Respon | nse (if Necessary) | | | |
| Director of Global M | edical REIT Inc. | | | |
| | | | | <u>.</u> |
| | | | | |
| Last Name | First Name | | Middle Name | |
| Marston | Ronald | |] | |
| Street Address 1 | | Street Address 2 | | |
| 2 BETHESDA ME | TRO CENTER | Suite 440 | | |
| City | State/Province | /Country | ZIP/Postal Code | |
| Bethesda | MARYLANI |) | 20814 | |
| | | | | |
| Relationship: | Executive Officer | Director | Promoter | |
| Clarification of Respon | aso (if Nooossory) | | I [| i |
| Director of Global Mo | | | | |
| Director of Global M | | | | |
| | | | | |
| Last Name | First Name | | Middle Name | |
| Moore Jr. | Roscoe | | ٦ | |
| Street Address 1 | | Street Address 2 | | |
| 2 BETHESDA ME | TRO CENTER | Suite 440 | | |
| City | State/Province | | ZIP/Postal Code | |
| Bethesda | MARYLANI | - | 20814 | |
| | | | | |
| Relationship: | Executive Officer | Director | Promoter | |
| | | (Record) | A | |
| Clarification of Respon | | | | 1 |
| Director of Global Mo | edical REIT Inc. | | | |
| | | | | |
| | | | | |
| Last Name | First Name | | Middle Name | |
| Cole | Henry | | | |
| Street Address 1 | | Street Address 2 | | |
| 2 BETHESDA ME | | Suite 440 | | |
| City | State/Province | - | ZIP/Postal Code | |
| Bethesda | MARYLANI |) | 20814 | |
| Relationship: | Executive Officer | Director | Promoter | |
| Clarification of Respo | nse (if Necessary) | | | |
| Director of Global Me | | | | |
| | | | | |
| | | | | |
| Last Name | First Name | | Middle Name | |
| Huiqi | Zhang | |] | |
| | | Street Address 2 | _ | |
| Street Address 1 | | Street Autress 2 | | |

| 2 BETHESDA METRO CENTE | R | Suite 440 | |
|--|------------------|------------------|-----------------|
| City | State/Province/ | Country | ZIP/Postal Code |
| Bethesda | MARYLAND | | 20814 |
| | | | |
| Relationship: Execu | tive Officer | Director | Promoter |
| Clarification of Response (if Necessar | y) | | |
| Director of Global Medical REIT In | 2. | | |
| | | | |
| | | | |
| Last Name | First Name | | Middle Name |
| Wittman | Lori | | |
| Street Address 1 | | Street Address 2 | |
| 2 BETHESDA METRO CENTE | R | Suite 440 | |
| City | State/Province/0 | Country | ZIP/Postal Code |
| Bethesda | MARYLAND | | 20814 |
| | | | |
| 10.00 | tive Officer | Director | Promoter |
| Relationship: Execu | | Perst | · * |
| Clarification of Response (if Necessar | | Rates) | |

4. Industry Group

C Agriculture

Banking & Financial Services

- C Commercial Banking
- C Insurance
- C Investing
- C Investment Banking C Pooled Investment Fund
- Other Banking & Financial C Services

C Business Services

Energy

- C Coal Mining
- C Electric Utilities
- C Energy Conservation
- C Environmental Services
- C Oil & Gas
- C Other Energy

C Biotechnology C Health Insurance

Health Care

C Manufacturing

Real Estate

C Commercial

C Construction

C Residential

C Other Real Estate

- C Hospitals & Physicians
- C Pharmaceuticals
- C Other Health Care

Travel

- - O Tourism & Travel Services
 - O Other Travel

C Other

5. Issuer Size

Revenue Range

- C No Revenues
- C \$1 - \$1,000,000
- C \$1,000,001 - \$5,000,000
- C \$5,000,001 - \$25,000,000
- C \$25,000,001 - \$100,000,000
- C Over \$100,000,000
- \odot Decline to Disclose
- C Not Applicable

Aggregate Net Asset Value Range

- 0 No Aggregate Net Asset Value
- C \$1 - \$5,000,000
- C \$5,000,001 - \$25,000,000
- C \$25,000,001 - \$50,000,000
- 0 \$50,000,001 - \$100,000,000
- C Over \$100,000,000
- C Decline to Disclose
- C Not Applicable

C Retailing

C Restaurants

Technology

- C Computers
- C Telecommunications
- C Other Technology

- C Airlines & Airports
- C Lodging & Conventions

| | Federal Exemption(s) and Exclusion(s) Claimed (select all that apply) | | | | |
|---|---|--|-------------------------------------|--|--|
| | Rule 504(b)(1) (not (i), (ii) or (iii)) | | □ Rule 505 | | |
| Π | 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 Fil | ing | | |
|----|-------------|--------------------|------------|-------------------------|
| • | New Notice | Date of First Sale | 2020-01-17 | First Sale Yet to Occur |

☐ Amendment

8. Duration of Offering
Does the Issuer intend this offering to last more than one year?
C Yes O No

9. Type(s) of Securities Offered (select all that apply) □ Pooled Investment Fund Interests ☑ Equity

| Г | Tenant-in-Common Securities | Г | Debt |
|---|--|---|---|
| Π | Mineral Property Securities | | Option, Warrant or Other Right to Acquire Another Security |
| Г | Security to be Acquired Upon Exercise of Option, Warrant or Other Right to Acquire Security | | Other (describe) |

10. Business Combination Transaction

Is this offering being made in connection with a business combination transaction, such as a merger, acquisition or exchange offer? C Yes No

Clarification of Response (if Necessary)

| 11. Minimum Investment | |
|---|--|
| Minimum investment accepted from any outside \$ | USD |
| 12. Sales Compensation | |
| Recipient | Recipient CRD Number 🔲 None |
| (Associated) Broker or Dealer None | (Associated) Broker or Dealer CRD None |
| Street Address 1 | Street Address 2 |
| | Province/Country ZIP/Postal Code |
| | |

13. Offering and Sales Amounts

| Total Offering Amount | \$ 962000 USI | D | Indefinite |
|-------------------------------|------------------|---|------------|
| Total Amount Sold | \$ 962000 USI | D | |
| Total Remaining to be Sold | \$ 0 USI | D | Indefinite |

Clarification of Response (if Necessary)

14. Investors

offering

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

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:

1

15. 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 | Estimate |
|----------------|---------|-----|----------|
| (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

Clarification of Response

In submitting this notice, each Issuer named above is:

- 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 the issuer maintains its principal place of business or any State in which the state in which the state in which the issuer maintains its principal place of business or any State in which the state in which the state is principal place of business or any State in which the state in which the issuer maintains its principal place of business or any State in which the issuer maintains its principal place of business or any State in which the issuer maintains its principal place of business or any State in which the issuer maintains its principal place of business or any State in which the issuer maintains its principal place of business or any State in which the issuer maintains its principal place of business or any State in which the issuer maintains its principal place of business or any State in which the issuer maintains its principal
- 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 |