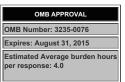
FORM D

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)
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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	
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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	
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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	
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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