

UNITED STATES
SECURITIES AND EXCHANGE COMMISSION
Washington, D.C. 20549

FORM 8-K

CURRENT REPORT

**PURSUANT TO SECTION 13 OR 15(d) OF THE
SECURITIES EXCHANGE ACT OF 1934**

Date of Report (Date of earliest event reported): September 1, 2020 (September 1, 2020)

Global Medical REIT Inc.

(Exact name of registrant as specified in its charter)

Maryland
(State or other jurisdiction
of incorporation)

001-37815
(Commission
File Number)

46-4757266
(IRS Employer
Identification No.)

**2 Bethesda Metro Center, Suite 440
Bethesda, MD
20814**

(Address of principal executive offices)
(Zip Code)

(202) 524-6851
(Registrant's telephone number, including area code)

Not Applicable
(Former name or former address, if changed since last report)

Check the appropriate box below if the Form 8-K filing is intended to simultaneously satisfy the filing obligation of the registrant under any of the following provisions:

- Written communications pursuant to Rule 425 under the Securities Act (17 CFR 230.425)
- Soliciting material pursuant to Rule 14a-12 under the Exchange Act (17 CFR 240.14a-12)
- Pre-commencement communications pursuant to Rule 14d-2(b) under the Exchange Act (17 CFR 240.14d-2(b))
- Pre-commencement communications pursuant to Rule 13e-4(c) under the Exchange Act (17 CFR 240.13e-4(c))

Securities registered pursuant to Section 12(b) of the Act:

Title of each class:	Trading Symbols:	Name of each exchange on which registered:
Common Stock, par value \$0.001 per share	GMRE	NYSE
Series A Preferred Stock, par value \$0.001 per share	GMRE PrA	NYSE

Indicate by check mark whether the registrant is an emerging growth company as defined in Rule 405 of the Securities Act of 1933 (§230.405 of this chapter) or Rule 12b-2 of the Securities Exchange Act of 1934 (§240.12b-2 of this chapter).

Emerging growth company

If an emerging growth company, indicate by check mark if the registrant has elected not to use the extended transition period for complying with any new or revised financial accounting standards provided pursuant to Section 13(a) of the Exchange Act.

Item 7.01 Regulation FD Disclosure.

On September 1, 2020, Global Medical REIT Inc. (the “Company”) updated a presentation concerning the Company on its website, www.globalmedicalreit.com, on the “Investors” page. A copy of the investor presentation is furnished as Exhibit 99.1 to this Current Report on Form 8-K and is incorporated herein solely for purposes of this Item 7.01 disclosure. Such investor presentation shall not be deemed “filed” for any purpose, including for the purposes of Section 18 of the Securities Exchange Act of 1934, as amended (the “Exchange Act”), or otherwise subject to the liabilities of that Section. The information in this Item 7.01, as well as Exhibit 99.1, shall not be deemed incorporated by reference into any filing under the Securities Act of 1933, as amended, or the Exchange Act regardless of any general incorporation language in such filing.

Item 9.01 Financial Statements and Exhibits.

(d) Exhibits

<u>Exhibit No.</u>	<u>Description</u>
99.1	Investor Presentation dated September 1, 2020.
104	Cover Page Interactive Data File (embedded within the Inline XBRL document)

SIGNATURES

Pursuant to the requirements of the Securities Exchange Act of 1934, the registrant has duly caused this report to be signed on its behalf by the undersigned hereunto duly authorized.

Global Medical REIT Inc.

By: /s/ Jamie A. Barber
Jamie A. Barber
Secretary and General Counsel

Date: September 1, 2020



Investor Presentation
September 2020

This presentation is for informational purposes only and does not constitute an offer to sell, or a solicitation of offers to purchase, Global Medical REIT Inc.'s (the "Company", or "GMRE") securities. The information contained in this presentation does not purport to be complete and should not be relied upon as a basis for making an investment decision in the Company's securities. This presentation also contains statements that, to the extent they are not recitations of historical fact, constitute "forward-looking statements." Forward-looking statements are typically identified by the use of terms such as "may," "should," "expect," "could," "intend," "plan," "anticipate," "estimate," "believe," "continue," "predict," "potential" or the negative of such terms and other comparable terminology. The forward-looking statements included herein are based upon the Company's current expectations, plans, estimates, assumptions and beliefs that involve numerous risks and uncertainties. Assumptions relating to the foregoing involve judgments with respect to, among other things, future economic, competitive and market conditions and future business decisions, all of which are difficult or impossible to predict accurately and many of which are beyond the Company's control. Although the Company believes that the expectations reflected in such forward-looking statements are based on reasonable assumptions, the Company's actual results and performance could differ materially from those set forth in the forward-looking statements due to the impact of many factors including, but not limited to, those discussed under "Risk Factors" in the Company's Annual Report on Form 10-K and Quarterly Reports on Form 10-Q and any prospectus or prospectus supplement filed with the Securities and Exchange Commission. The Company undertakes no obligation to update or revise any such information for any reason after the date of this presentation, unless required by law.

This presentation includes information regarding certain of our tenants, which are not subject to SEC reporting requirements. The information related to our tenants contained in this report was provided to us by such tenants or was derived from publicly available information. We have not independently investigated or verified this information. We have no reason to believe that this information is inaccurate in any material respect, but we cannot provide any assurance of its accuracy. We are providing this data for informational purposes only.



DIFFERENTIATED STRATEGY

- ▶ Net lease operating platform, which tends to be more resilient during economic fluctuations
- ▶ Healthcare facilities providing mission critical services with leading operators
- ▶ Proven investment strategy resulting in operational flexibility for tenants and improved asset value



DISCIPLINED EXECUTION

- ▶ Primary focus on physician and real estate tenants with triple-net lease structures
- ▶ Meticulous underwriting with multiple layers of review and approvals for acquisitions
- ▶ Investments are structured with favorable credit support and attractive lease coverage ratios



LARGE MARKET OPPORTUNITY

- ▶ Long-term demographic tailwinds – increasing specialization and localization of healthcare delivery
- ▶ Robust investment pipeline with network that facilitates referral-based transactions with attractive pricing
- ▶ Deep market of high-quality assets with attractive cap rates in secondary markets



SEASONED MANAGEMENT TEAM AND BOARD OF DIRECTORS

- ▶ Extensive expertise in healthcare real estate acquisitions, finance, development and administration
- ▶ Decades of experience with deep relationships in the space
- ▶ Board with decades of public company and real estate experience

Company Profile



Owner of national portfolio of purpose-built healthcare facilities leased to strong healthcare systems and groups with leading market share in secondary markets, designed to produce increasing, reliable rental revenue by leasing each property primarily under long-term, triple net leases

Portfolio Snapshot

Gross Real Estate Assets	\$996.9M
Annualized Base Rent (ABR)	\$77.4M
# of Buildings Owned	116
# of Tenants	97
Weighted Average Rent Escalations	2.1%
Gross Leasable Area (SF)	3.2M
Portfolio Rent Coverage*	4.62x
MOB/ASC Rent Coverage*	5.44x
IRF, SH, ACH, LTACH Rent Coverage*	3.19x
Leased Rate	99.8%
Weighted Average Cap Rate	7.9%
Weighted Average Lease Term (years)	8.1

*Not fully reflective of COVID-19 pandemic effects, see page 22



**NYSE:
GMRE**

\$546M

Market Capitalization
(Common and OP)

\$1.09B

Total Capitalization

7.1%

Dividend Yield



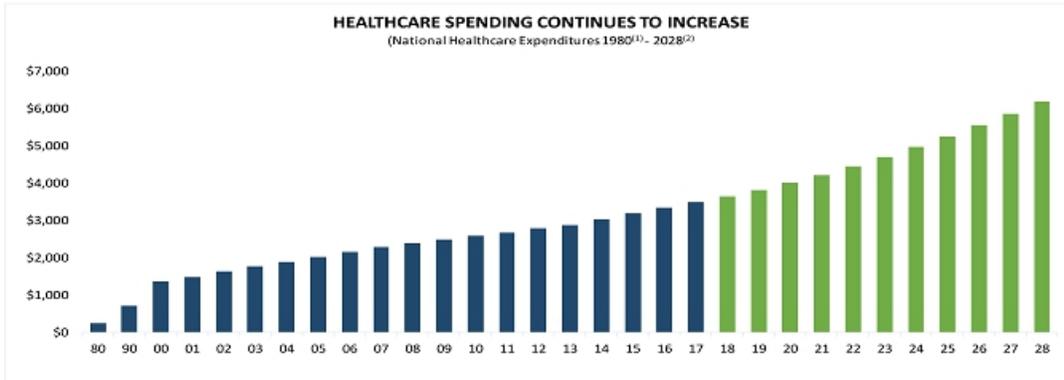
Increasing Demand for Localized Delivery



Shifting demographics and consumer preferences drive healthcare industry growth

An Aging Population Will Drive Healthcare Costs ⁽¹⁾

- ▶ The U.S. 65+ age group is growing faster than the country's population
 - ~10,000 Baby Boomers turn 65 every day
 - By 2030, older adults will make up 20% of the American population, up from **13%** today
- ▶ Approximately 90% of adults over 65 have one or more chronic conditions; this includes diabetes, heart disease, arthritis, depression, and hypertension
- ▶ About 25% of Baby Boomers expect to live past age 90, which will require more medical attention and lead to an increase to healthcare spending



Source: Centers for Medicare & Medicaid Services, Office of the Actuary, National Health Statistics Group. Data last modified March 24, 2020.

⁽¹⁾Years 1980 – 2017 are historical data.

⁽²⁾CMS completed a benchmark revision in 2009, introducing changes in methods, definitions and source data that are applied to the entire time series (back to 1960).

⁽³⁾Projections do not take into account the impacts of COVID-19 because of the timing of the report and the highly uncertain nature of the pandemic.

For more information on this revision, see <https://www.cms.gov/nationalhealthspenddata/downloads/benchmark2009.pdf>.

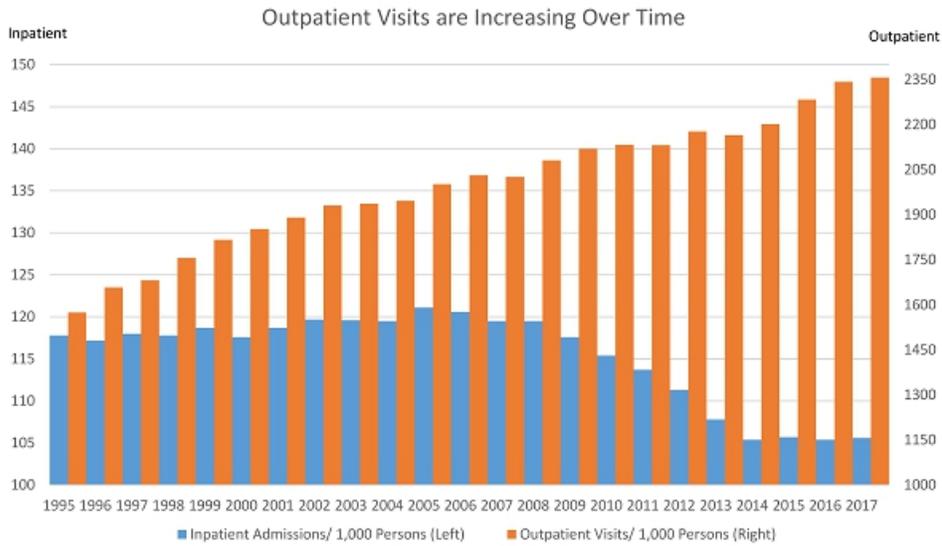
Increasing Demand for Localized Delivery



Shifting demographics and consumer preferences drive healthcare industry growth

Conveniently Located Healthcare Will Be in Higher Demand ⁽¹⁾

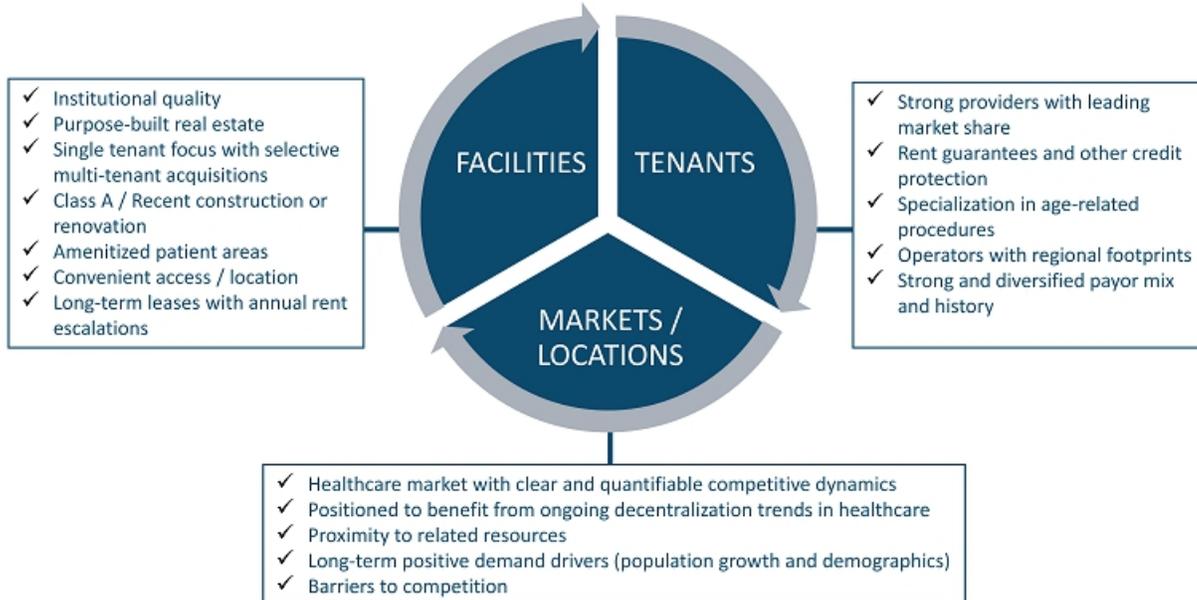
- ▶ According to the 2017 CVS Health Institute survey, individuals aged 65+ want to be independent as long as possible.
- ▶ 79% of the survey participants noted that they plan to “age in place,” either alone or with a spouse or family member.
- ▶ 96% of seniors rated convenient location as somewhat important or very important to their healthcare decisions.



Source: AHA Annual Survey 2017.
(1) CVS Health Institute, 2017.

Targeted Approach To Acquisitions

Focused on constructing a portfolio comprised substantially of off-campus, purpose-built, medical facilities such as MOBs, specialty hospitals, IRFs and ASCs, that are geographically situated to take advantage of the aging U.S. population and the decentralization of healthcare



Flexible Partner

Ability to navigate complex transactions through an adaptable approach to negotiations and deal structuring, creating a favorable reputation within the market

Strong Broker Relationships

Large, broad network of investment sales brokers, coupled with a solid reputation of being able to execute, drives direct referrals to prospective sellers

Certainty of Closing

Well-positioned with a variety of capital sources to pursue investment transactions with a competitive advantage among other bidders who have limited capital sources

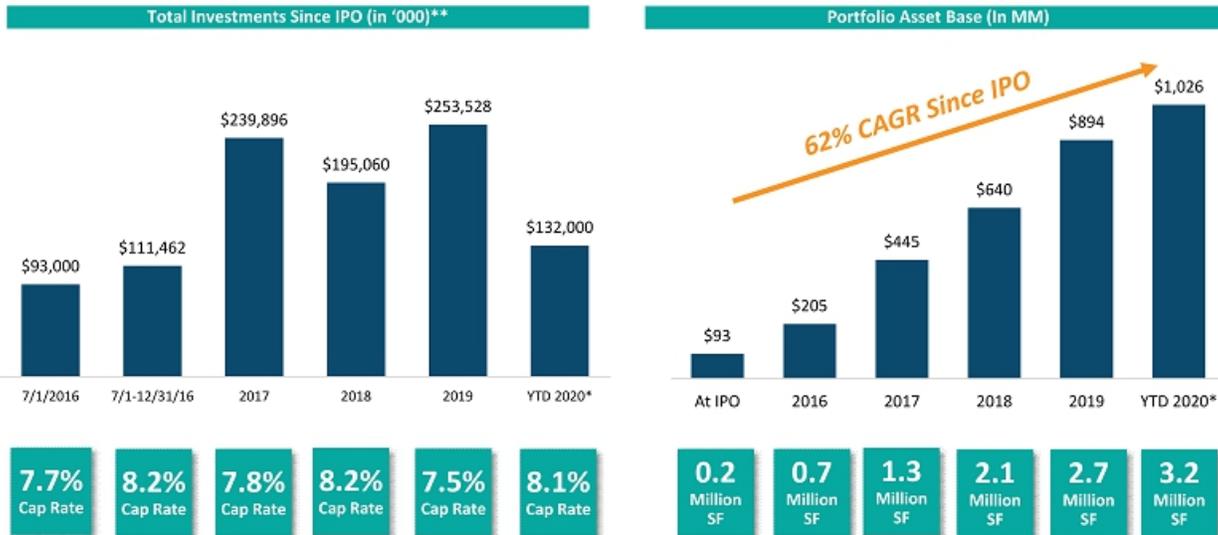
Tax Efficient Currency – OP Units

OP Units provide efficient use of equity currency while offering sellers an attractive, tax-advantaged form of consideration

Strong Track Record of Acquisitions Since IPO



Since January 1, 2020, the Company completed eight acquisitions, encompassing an aggregate 627,414 leasable square feet for a total purchase price of \$132.0 million with annualized base rent of \$10.7 million at a weighted average cap rate of 8.1%.



Since IPO, portfolio has grown from \$93 million to \$1,026 million of Gross Real Estate Assets, or 62% annually.

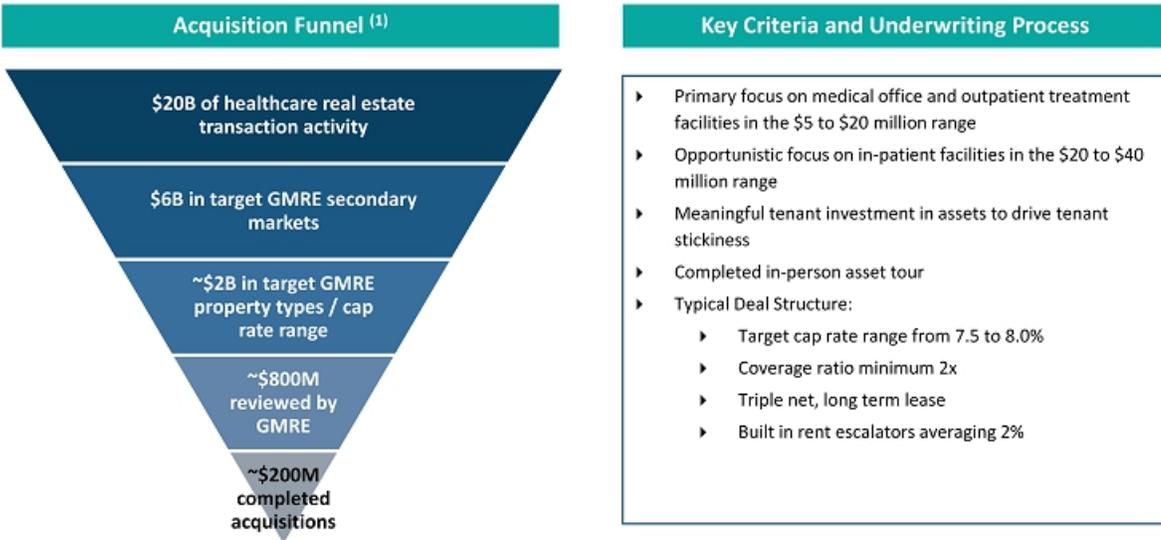
*1/1/2020-6/30/2020

**Based on contractual purchase prices

Disciplined Underwriting and Due Diligence Process



Focus on acquiring medical office and outpatient facilities in the \$5 to \$20 million range and opportunistically acquire in-patient facilities in the \$20 to \$40 million range



Healthcare real estate is highly liquid, with transaction volumes averaging \$2 to \$4 billion per quarter over the last five years.

(1) Annual basis

Portfolio Constructed to Maximize Risk Adjusted Returns



Diversified portfolio by tenant affiliation/property location, strong tenant credit metrics and well-laddered lease expirations provide cash flow stability

Tenant Affiliations/Property Locations
% of Annualized Base Rent⁽¹⁾

(A)	On Campus or Adjacent	20%
(B)	Health System Affiliated	52%
(C)	On Campus or Affiliated	59%
(D)	Rehab Hospital / LTACH	26%
(E)	Retail Center	23%
(F)	Medical Office Park	24%
(G)	National Surgical Operator	13%
(A), (B), (D), (E), (F) or (G)		95%

Tenant Credit Strength By Asset Type
(Pre-COVID-19)

Category	% of ABR	Rent Coverage Ratio
Inpatient Rehab Facility (IRF)	21.63%	3.84x
Surgical Hospital (SH)	8.04%	3.32x
Acute Care Hospital	2.98%	-1.36x
Long-term Acute Care Hospital (LTACH)	2.89%	2.65x
TOTAL/WEIGHTED AVERAGE	35.54%	3.19x
Medical Office Building (MOB)	16.82%	6.62x
MOB/Ambulatory Surgery Center (ASC)	21.25%	5.44x
TOTAL/WEIGHTED AVERAGE	38.07%	5.96x
All Tenants Calculated for Rent Coverage	73.61%	4.62x
Large/Credit Tenants Not Calculated	19.69%	N/A
Other Tenants Not Available	6.70%	N/A

Lease Expiration Schedule
% of Annualized Base Rent⁽¹⁾



⁽¹⁾ Monthly base rent as of June 30, 2020 multiplied by 12

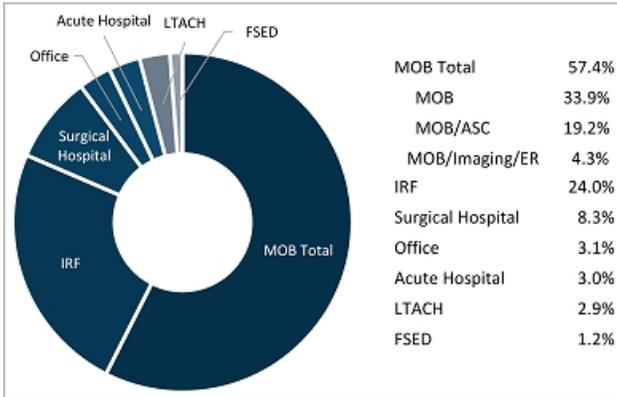
all data as of June 30, 2020 unless otherwise stated – see page 20 for additional disclosures

Tenant Base – Diversified by Use and Geography

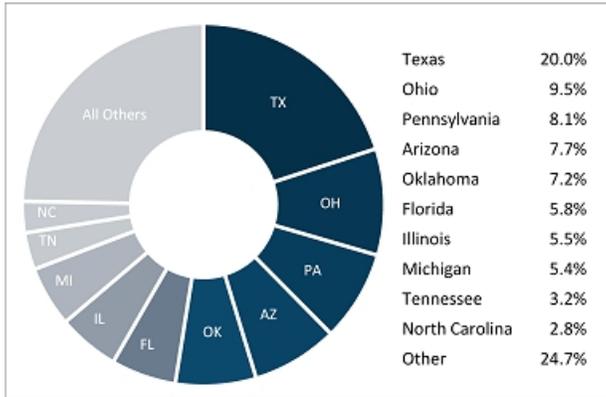


No one tenant contributes greater than 9.4% to annualized based rent

Top Asset Types
% of Annualized Base Rent⁽¹⁾



Top 10 States
% of Annualized Base Rent⁽¹⁾



Top 10 Tenants
% of Annualized Base Rent⁽¹⁾



⁽¹⁾ Monthly base rent as of June 30, 2020 multiplied by 12
all data as of June 30, 2020 unless otherwise stated

Established Strong Healthcare Operators as Tenants



Not-For-Profit Health System Affiliations



For-Profit Systems Affiliations and Surgical Operator Partnerships



Dominant Local Physician Groups



Strong Balance Sheet to Support Long Term Growth



Aim to continue to expand access to multiple sources of capital over time to fund acquisition activity

Highlights	Capitalization (\$ MM)								
<ul style="list-style-type: none"> ▶ Total liquidity of approximately \$89.2M, as of June 30, 2020* ▶ 3.46% Weighted Average Interest Rate ▶ Weighted Average Term of Debt is 3.3 years <p>*Includes cash balances and available capacity under our Credit Facility</p>	 <table border="0" style="margin-top: 10px;"> <tr> <td>Total Debt</td> <td style="text-align: right;">\$467</td> </tr> <tr> <td>7.5% Series A Preferred Equity</td> <td style="text-align: right;">\$75</td> </tr> <tr> <td>Market Capitalization (Common and OP)</td> <td style="text-align: right;">\$546</td> </tr> <tr> <td>Total Capitalization</td> <td style="text-align: right;">\$1,092</td> </tr> </table>	Total Debt	\$467	7.5% Series A Preferred Equity	\$75	Market Capitalization (Common and OP)	\$546	Total Capitalization	\$1,092
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7.5% Series A Preferred Equity	\$75								
Market Capitalization (Common and OP)	\$546								
Total Capitalization	\$1,092								



CORPORATE

- ❖ Initiated work from home protocols mid-March
- ❖ Suspended non-essential travel
- ❖ Guarded stance on acquisition pace for balance of 2020

OPERATIONS

- ❖ Second quarter collections were 95%
- ❖ Structured rent deferral agreements for tenants under financial pressure – equating to approximately \$1.1 million in rents at the end of the second quarter, reflecting a reduction from first quarter estimate of \$2.0 million
- ❖ 100% of our facilities that were open at the beginning of the pandemic remain open. None of our facilities have closed.

CAPITAL DEPLOYMENT & LIQUIDITY

- ❖ Closed on \$132.0 million of acquisitions through July 31st
- ❖ Raised \$14.2 million of common equity through the “at-the-market” sales program through August 13, 2020
- ❖ Increased credit facility capacity by \$100 million and added new lenders

INTERNALIZED MANAGEMENT

- ❖ On July 9th, 2020 the Company completed a management internalization transaction for an aggregate purchase price of \$18.1 million, subject to working capital adjustments, in an all cash transaction.
- ❖ The internalization transaction provides a number of benefits, including economies-of-scale with growth, a simplified corporate structure, elimination of conflicts of interest, improved cost of capital and management continuity.
- ❖ Eliminated base management fee associated with externally managed structures, and significantly lowered incremental costs on increases to stockholders’ equity.
- ❖ The internalization also affords lower cash G&A expenses and has the potential to broaden our stockholder base, which ultimately aids liquidity.

Seasoned Leadership



JEFFREY BUSCH, *Chairman, Chief Executive Officer and President*



- 20+ years of experience in healthcare, real estate development, management and investment
- Former assistant to the U.S. Secretary of Housing & Urban Development
- United States Special Representative to United Nations in Geneva
- Developed a multitude of institutional quality real estate assets spanning several sectors including residential, commercial, hospitality and retail

ROBERT KIERNAN, *Chief Financial Officer and Treasurer*



- 30+ years of experience in financial accounting, reporting and management, with extensive experience in SEC reporting and SOX compliance
- Served as the Senior Vice President, Controller and Chief Accounting Officer of FBR & Co. ("FBR")(NASDAQ: FBRC) beginning in October 2007
- Prior role as Senior Vice President, Controller and Chief Accounting Officer of Arlington Asset Investment Corp. (NYSE: AI)
- Previously Senior Manager in the assurance practice at Ernst & Young

ALFONZO LEON, *Chief Investment Officer*



- 17+ years of experience in real estate finance and has completed \$3 billion of transactions
- Prior experience as principal at investment advisor to pension funds and investment banker representing healthcare systems, developers and REITs
- Healthcare real estate investment banker for Cain Brothers
- Acquired \$800 million in multi-family, office, medical office, and industrial property on behalf of institutional investors while at LaSalle Investment

DANICA HOLLEY, *Chief Operating Officer*



- 18+ years of management and business development experience
- More than a decade of experience managing multinational teams for complex service delivery across disciplines
- More than 8 years in healthcare programs and infrastructure as Executive Director of Safe Blood International

JAMIE BARBER, *General Counsel and Corporate Secretary*



- 10+ years of experience with SEC compliance and reporting matters, corporate governance, investment banking and REIT-related capital markets
- Served as Associate General Counsel of FBR
- Prior role as Senior Associate – REIT Capital Markets at Hunton & Williams LLP, where he represented public REITs in conjunction with their SEC compliance requirements, corporate governance matters, offerings of equity and debt securities and merger and acquisition transactions
- Previously with Sullivan & Cromwell LLP and KPMG

Independent Directors



Majority independent Board with strong backgrounds in healthcare, real estate and capital markets

Henry Cole

- President of Global Development International, providing development support and oversight for initiatives in medical and healthcare programs (e.g. Instant Labs Medical Diagnostics, MedPharm & MPRC Group)
- Former President and Founder of international programs at The Futures Group International, a healthcare consulting firm
- Director of International Health and Population Programs for GE's Center for Advanced Studies
- Yale (B.S.); Johns Hopkins (MA)

Paula Crowley

- Previously Chair Emeritus of Anchor Health Properties from November 2017 to April 2020, and Chairman of the Board from October 2015 through November 2017
- Co-founder and former CEO of Anchor Health Properties which was sold to Brinkman Management and Development in October 2015
- Prior to Anchor, spent eight years as Development Director with The Rouse Company of Columbia, Maryland
- University of Pennsylvania (M.B.A., Masters in City Planning); Middlebury College (B.A.)

Matthew Cypher, Ph.D.

- Director of the Steers Center for Global Real Estate and Atara Kaufman Professor of Real Estate at Georgetown University's McDonough School of Business
- Former director at Invesco Real Estate (NYSE: IVR) where he was responsible for oversight of the Underwriting Group, which acquired \$10.2 billion worth of institutional real estate
- Underwrote \$1.5 billion of acquisitions and oversaw the Valuations group, which marked to market Invesco's more than \$13 billion North American portfolio
- Penn State University (B.S.); Texas A&M University (M.S. and Ph.D.)

Ronald Marston

- Founder and CEO of Health Care Corporation of America (HCCA) Management Company, originally a subsidiary of Hospital Corporation of America (HCA)
- 30+ years in international healthcare focused on healthcare systems with prior experience developing the Twelfth Evacuation Hospital in Vietnam
- Tennessee Technological University (B.S.); California Western University (Ph.D.)

Dr. Roscoe Moore

- Rear Admiral (Retired) and Chief Veterinary Medical Officer of United States Public Health Service
- Former Assistant United States Surgeon General, point person for global development support with a focus on less developed countries
- Epidemic Intelligence Service Officer with the U.S. Centers for Disease Control and Prevention (CDC)
- Chief epidemiologist with the Centers of Devices and Radiological Health in the US Food and Drug Administration (FDA)
- Tuskegee University (B.S. & DVM); University in Michigan (M.P.H.); Johns Hopkins University (Ph.D.)

Lori Wittman

- Served as the Chief Financial Officer for Care Capital Properties, Inc. (NYSE: CCP) ("Care Capital"), a publicly-traded REIT which was originally formed as a spin-off from Ventas, Inc. (NYSE: VTR) ("Ventas") and owned over 340 healthcare properties nationwide and had an enterprise value of approximately \$3.5 billion prior to its acquisition by Sabra Healthcare in August 2017
- University of Chicago (M.B.A., Finance & Accounting); University of Pennsylvania (M.C.P., Housing & Real Estate Finance) Clark University (B.A.)

Non-Independent Directors



Jeffrey Busch, *Chairman*

- Over 20 years of experience in healthcare, real estate development, management and investment
- Former assistant to the U.S. Secretary of Housing & Urban Development
- United States Special Representative to United Nations in Geneva
- Developed large-scale residential, commercial, hospitality and retail properties

Zhang Jingguo, *Director*

- Approximately 20 years experience in real estate development in China
- Serves as President of Henan Real Estate Chamber of Commerce
- Co-founder of Henan Zensun Real Estate, one of the top 100 property development companies in China
- Honored with many awards as an outstanding developer and contributor to the Henan real estate industry

Zhang Huiqi, *Director*

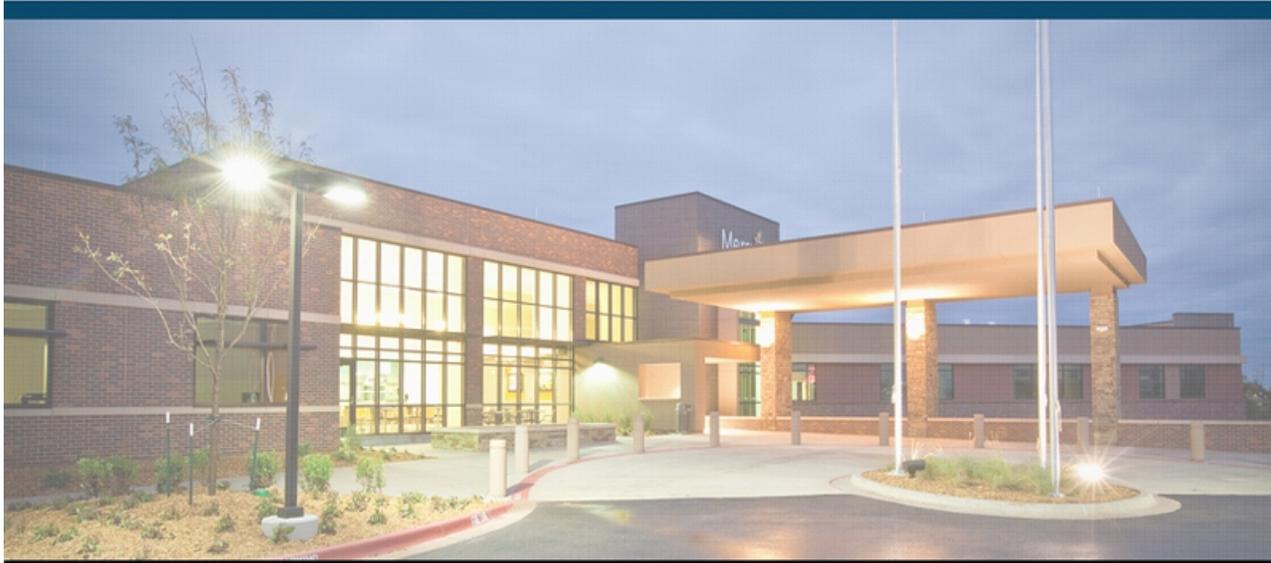
- Non-Executive Director of Xingye Wulian Service Group Co. Ltd.
- Supervisor for Henan Hongguang Real Estate Limited, a company engaged in property development in China
- Supervisor for Henan Zensun Corporate Development Company Limited, a company engaged in construction and management in China
- University College London (B.S); Beijing Forestry University (B.S); University of Leicester (MA);

Portfolio Snapshot

For purposes of calculating our portfolio weighted-average EBITDARM coverage ratio ("Rent Coverage Ratio"), we excluded credit-rated tenants or their subsidiaries for which financial statements were either not available or not sufficiently detailed. These ratios are based on latest available information only. Most tenant financial statements are unaudited and we have not independently verified any tenant financial information (audited or unaudited) and, therefore, we cannot assure you that such information is accurate or complete. Certain other tenants (approximately 7% of our portfolio) are excluded from the calculation due to lack of available financial information. Additionally, our Rent Coverage Ratio adds back physician distributions and compensation. In regards to City Hospital at White Rock, which is GMRE's only Acute Care Hospital, it has experienced a -0.4x coverage ratio over the trailing 12 months ending March 31, 2020. The coverage ratio presented for City Hospital is for the three months ending March 31, 2020. Management believes that all adjustments are reasonable and necessary. **Due to the significant reduction in our tenants' businesses due to the pandemic, we expect the Rent Coverage Ratio to be materially lower for the remainder of 2020 and possibly longer.**

Rent Coverage Ratio

For purposes of calculating our portfolio weighted-average EBITDARM coverage ratio ("Rent Coverage Ratio"), we excluded credit-rated tenants or their subsidiaries for which financial statements were either not available or not sufficiently detailed. These ratios are based on latest available information only. Most tenant financial statements are unaudited and we have not independently verified any tenant financial information (audited or unaudited) and, therefore, we cannot assure you that such information is accurate or complete. Certain other tenants (approximately 11% of our portfolio) are excluded from the calculation due to lack of available financial information. Additionally, our Rent Coverage Ratio adds back physician distributions and compensation. Management believes that all adjustments are reasonable and necessary. **Due to the significant reduction in our tenants' businesses due to the pandemic, we expect the Rent Coverage Ratio to be materially lower for the remainder of 2020 and possibly longer.**



INVESTOR RELATIONS

Evelyn Infurna

Evelyn.Infurna@icrinc.com

203.682.8265