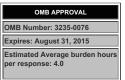
FORM D

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		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 CENTER

 [SUITE 440

 City
 State/Province/Country

 ZIP/Postal Code
 Phone No. of Issuer

 [BETHESDA]
 [MARYLAND]

3. Related Persons

Last Name	First Name		Middle Name	
Global Medical REIT L.P.	Global Medical REIT L.P.			
Street Address 1	Str	eet Address 2		
2 BETHESDA METRO CENTER	<u>د</u>	uite 440		
City	State/Province/Country	у	ZIP/Postal Code	
Bethesda	MARYLAND		20814	
Relationship: 🔽 Execu	ive Officer	Director	Promoter	
Clarification of Response (if Necessar	<i>i</i>)			
Last Name	First Name		Middle Name	
Global Medical REIT GP LLC	N/A			
Street Address 1	Str	eet Address 2		
2 BETHESDA METRO CENTE	<u>د</u>	uite 440		
City	State/Province/Country	у	ZIP/Postal Code	
Bethesda	MARYLAND		20814	
Relationship: 🔽 Execu	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 Gl Last Name Holley Street Address 1 2 BETHESDA MET City Bethesda Relationship: Clarification of Respons Executive Officer of G Last Name Kiernan 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 Gl Last Name Holley Street Address 1 2 BETHESDA MET City Bethesda Relationship: Clarification of Respons Executive Officer of G Last Name Kiernan 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	
Barber		Jamie			
Street Address 1		-	Street Address 2	2	
2 BETHESDA METH	RO CENTER]	Suite 440		
City		State/Province/0	Country	ZIP/Postal Code	
Bethesda		MARYLAND		20814	
Relationship:	Executiv	ve Officer	Director	Promoter	
Clarification of Response	e (if Necessary)				
Executive Officer of Glo	bal Medical R	EIT Inc.			
Last Name		First Name		Middle Name	
		Matthew			
Cypher		Matthew			
Street Address 1	O OBMERS]	Street Address 2	2]
2 BETHESDA METR			Suite 440		
City]	State/Province/0	Country	ZIP/Postal Code	1
Bethesda		MARYLAND		20814	
Relationship:	Executiv	ve Officer	Director	Promoter	
Clarification of Response	e (if Necessary)				
Director of Global Medi	ical REIT Inc.				
Last Name		First Name		Middle Name	
Last Name Crowley		First Name Paula		Middle Name	
			Street Address 2		
Crowley		Paula	Street Address 2		
Crowley Street Address 1 2 BETHESDA METE City	RO CENTER	Paula State/Province/0	Suite 440	2 ZIP/Postal Code	
Crowley Street Address 1 2 BETHESDA METH	RO CENTER	Paula State/Province/0	Suite 440	2 ZIP/Postal Code	
Crowley Street Address 1 2 BETHESDA METE City	RO CENTER	Paula	Suite 440	2	
Crowley Street Address 1 2 BETHESDA METE City	RO CENTER	Paula State/Province/0	Suite 440	2 ZIP/Postal Code	
Crowley Street Address 1 2 BETHESDA METH City Bethesda Relationship:	RO CENTER	Paula State/Province/G MARYLAND ve Officer	Suite 440	ZIP/Postal Code	
Crowley Street Address 1 2 BETHESDA METH City Bethesda Relationship: Clarification of Response	RO CENTER	Paula State/Province/G MARYLAND ve Officer	Suite 440	ZIP/Postal Code	
Crowley Street Address 1 2 BETHESDA METH City Bethesda Relationship:	RO CENTER	Paula State/Province/G MARYLAND ve Officer	Suite 440	ZIP/Postal Code	
Crowley Street Address 1 2 BETHESDA METH City Bethesda Relationship: Clarification of Response	RO CENTER	Paula State/Province/G MARYLAND ve Officer	Suite 440	ZIP/Postal Code	
Crowley Street Address 1 2 BETHESDA METH City Bethesda Relationship: Clarification of Response	RO CENTER	Paula State/Province/G MARYLAND ve Officer	Suite 440	ZIP/Postal Code	
Crowley Street Address 1 2 BETHESDA METE City Bethesda Relationship: Clarification of Response Director of Global Medi	RO CENTER	Paula State/Province/ MARYLAND ve Officer	Suite 440	ZIP/Postal Code ZIP/Postal Code ZIP/Postal Code Promoter	
Crowley Street Address 1 2 BETHESDA METF City Bethesda City Clarification of Response Director of Global Medi Last Name	RO CENTER	Paula State/Province/ MARYLAND ve Officer First Name	Suite 440	ZIP/Postal Code ZIP/Postal Code ZIP/Postal Code Promoter Middle Name	
Crowley Street Address 1 2 BETHESDA METE City Bethesda City Clarification of Response Director of Global Medi Last Name Marston Street Address 1	RO CENTER	Paula State/Province/0 MARYLAND ve Officer First Name Ronald	Suite 440 Country Director	ZIP/Postal Code ZIP/Postal Code ZIP/Postal Code Promoter Middle Name	
Crowley Street Address 1 2 BETHESDA METE City Bethesda Relationship: Clarification of Response Director of Global Medi Last Name Marston Street Address 1 2 BETHESDA METE	RO CENTER	Paula State/Province/0 MARYLAND ve Officer First Name Ronald	Suite 440 Country Director	ZIP/Postal Code ZIP/Postal Code Code Promoter Middle Name	
Crowley Street Address 1 2 BETHESDA METE City Bethesda Clarification of Response Director of Global Medi Last Name Marston Street Address 1 2 BETHESDA METE City	RO CENTER	Paula State/Province/ MARYLAND ve Officer First Name Ronald State/Province/	Suite 440 Country Director Street Address 2 Street 440 Country	ZIP/Postal Code	
Crowley Street Address 1 2 BETHESDA METE City Bethesda Relationship: Clarification of Response Director of Global Medi Last Name Marston Street Address 1 2 BETHESDA METE	RO CENTER	Paula State/Province/0 MARYLAND ve Officer First Name Ronald	Suite 440 Country Director Street Address 2 Street 440 Country	ZIP/Postal Code ZIP/Postal Code Code Promoter Middle Name	
Crowley Street Address 1 2 BETHESDA METE City Bethesda Clarification of Response Director of Global Medi Last Name Marston Street Address 1 2 BETHESDA METE City	RO CENTER C (if Necessary) C (if Necessary) RO CENTER RO CENTER	Paula State/Province/ MARYLAND ve Officer First Name Ronald State/Province/	Suite 440 Country Director Street Address 2 Street 440 Country	ZIP/Postal Code	
Crowley Street Address 1 2 BETHESDA METE City Bethesda Relationship: Clarification of Response Director of Global Medi Last Name Marston Street Address 1 2 BETHESDA METE City Bethesda	RO CENTER C (if Necessary) ical REIT Inc. RO CENTER C CENTER C Executi	Paula State/Province/ MARYLAND ve Officer First Name Ronald State/Province/ MARYLAND ve Officer	Suite 440 Country Director Street Address 2 Street 440 Country	ZIP/Postal Code Middle Name ZIP/Postal Code ZIP/Postal Code ZIP/Postal Code	
Crowley Street Address 1 2 BETHESDA METE City Bethesda Relationship: Clarification of Response Director of Global Medi Last Name Marston Street Address 1 2 BETHESDA METE City Bethesda	RO CENTER Executi (if Necessary) RO CENTER CO CENTE	Paula State/Province/ MARYLAND ve Officer First Name Ronald State/Province/ MARYLAND ve Officer	Suite 440 Country Director Street Address 2 Street 440 Country	ZIP/Postal Code Middle Name ZIP/Postal Code ZIP/Postal Code ZIP/Postal Code	

Moore Jr.	Roscoe]	
64		Street Address 2		
Street Address 1 2 BETHESDA METRO CEN	трр	Street Address 2		
	State/Province		ZIP/Postal Code	
			20814	
Bethesda		D	20014	
Relationship:	cecutive Officer	Director	Promoter	
· · · · · · · · · · · · · · · · · · ·		4		
Clarification of Response (if Nece				
Director of Global Medical REI	I Inc.			
				—
Last Name	First Name		Middle Name	
Cole	Henry]	
Street Address 1		Street Address 2	1	
2 BETHESDA METRO CEN	TER	Suite 440		
City	State/Province	e/Country	ZIP/Postal Code	
Bethesda	MARYLAN	D	20814	
Relationship:	xecutive Officer	Director	Promoter	
Clarification of Response (if Nece	ssary)			
Director of Global Medical REI	ſ Inc.			
				—
Last Name	First Name		Middle Name	
Huiqi	Zhang]	
Street Address 1		Street Address 2		
2 BETHESDA METRO CEN	TER	Suite 440		
City	State/Province		ZIP/Postal Code	1
Bethesda	MARYLAN	D	20814	
]
Relationship:	secutive Officer	Director	Promoter	
Clarification of Response (if Nece	ssary)			
Director of Global Medical REI	ſ Inc.			
				_
Last Name	First Name		Middle Name	
Wittman	Lori			
Street Address 1	(TED)	Street Address 2		
2 BETHESDA METRO CEN		Suite 440	ZID/Destal Cada	
City Bethesda	State/Province		ZIP/Postal Code]
		<i>u</i>		
Relationship:	xecutive Officer	Director	Promoter	
Clarification of Response (if Nece	ssary)			
Director of Global Medical REI	ſ Inc.			

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 Retailing

- C Restaurants
- Technology
- C Computers
- Other Health Care

Health Care

0

C

0

0

C Manufacturing

Real Estate

0

C

C Commercial

C Residential

Construction

Other Real Estate

C Biotechnology

Health Insurance Hospitals & Physicians

Pharmaceuticals

- C Telecommunications
- C Other Technology

Travel

- C Airlines & Airports
- C Lodging & Conventions
- C 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
- \$25,000,001 \$100,000,000 C
- C Over \$100,000,000
- \odot Decline to Disclose
- C Not Applicable

- \$1 \$5,000,000 C
- 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
- 0 Not Applicable

6. Federal Exemption(s) and Exclusion(s) Claimed (select all that apply)

	Rule 504(b)(1) (not (i), (ii) or (iii))	□ Rule 505
	Rule 504 (b)(1)(i)	Rule 506(b)
Π	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 Sale

2021-06-21

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

Type(s) of Securities Offered (select all that apply) 9.

Pooled Investment Fund Γ Equity Interests

Tenant-in-Common Securities Debt

- Aggregate Net Asset Value Range C No Aggregate Net Asset Value

Mineral Property Securities	Option, Warrant or Other Right to Acquire Another Security
Security to be Acquired Upon	

Г	Exercise of Option, Warrant or Other Right to Acquire	Γ	Other (describe)
	Security		

10. Business Combination Transaction
Is this offering being made in connection with a business combination transaction, such as a merger, acquisition or exchange offer?
Clarification of Response (if Necessary)
11. Minimum Investment
Minimum investment accepted from any outside \$ 0 USD
12. Sales Compensation
Recipient CRD Number 🔽 None
(Associated) Broker or Dealer I None (Associated) Broker or Dealer CRD I None Number
Street Address 1 Street Address 2
City State/Province/Country ZIP/Postal Code
State(s) of Solicitation

13. Offering and Sales Amounts

Total Offering Amount	\$ 463200 USD 🗖 Indefinite
Total Amount Sold	\$ 463200 USD
Total Remaining to be Sold	\$ USD 🗖 Indefinite
Clarification of Respons	e (if Necessary)
14. Investors	
do not qualify	ities in the offering have been or may be sold to persons who as accredited investors, ch non-accredited investors who already have invested in the
to persons wh	whether securities in the offering have been or may be sold o do not qualify as accredited investors, enter the total estors who already have invested in the offering:
15. Sales Con	nmissions & 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
----------------------	---

Estimate

USD

Finde	ers' Fees \$		USD	🗖 Esti	mate
Clarification of Response (if	Necessary)				
16. Use of Proce	eds				
Provide the amount of the g any of the persons required If the amount is unknown, p	to be named as ex	ecutive officers, di	irectors or promo	ters in respo	
		\$ 0		USD	Estimate
Clarification of Response (if	Necessary)				

ve.

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:

- 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 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 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 business or any State in which the iss
- 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 signar's signature.

Issuer	Signature	Name of Signer	Title	Date
Global Medical REIT Inc.	/s/ Jamie A. Barber	Jamie A. Barber	General Counsel & Secretary	2021-10-15