

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): June 8, 2021 (June 8, 2021)**

**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**  
(I.R.S. 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:

<u>Title of each class:</u>	<u>Trading Symbol:</u>	<u>Name of each exchange on which registered:</u>
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 (17 CFR §230.405) or Rule 12b-2 of the Securities Exchange Act of 1934 (17 CFR §240.12b-2).

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 June 8, 2021, Global Medical REIT Inc. (the "Company") updated a presentation concerning the Company on its website, [www.globalmedicalreit.com](http://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>
<a href="#">99.1</a>	<a href="#">Investor Presentation dated June 8, 2021.</a>
104	Cover Page Interactive Data File (embedded within the Inline XBRL document)

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**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: June 8, 2021

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**Investor Presentation**  
June 2021

*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 ("SEC"). 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.*

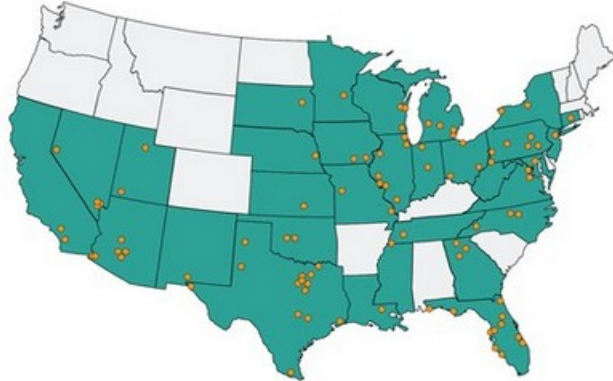
*This presentation includes information regarding certain of our tenants, which are not subject to SEC reporting requirements. The information related to our tenants contained in this report was provided to us by such tenants or was derived from publicly available information. We have not independently 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.*

## Company Profile

***Owner of national portfolio of purpose-built healthcare facilities leased to strong healthcare systems and physician 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	\$1.2B
Annualized Base Rent (ABR) <sup>(1)</sup>	\$91MM
# of Buildings Owned	145
# of Tenants	117
Weighted Average Rent Escalations	2.1%
Gross Leasable Area (SF)	3.8MM
Weighted Average Cap Rate	7.9%
Weighted Average Lease Term (years)	7.9



**NYSE:  
GMRE**

**\$938MM**  
Market Capitalization<sup>(2)</sup>  
(Common and OP)

**\$1.58B**  
Total Capitalization<sup>(2)</sup>

**5.5%**  
Dividend Yield<sup>(3)</sup>

(1) Monthly base rent at March 31, 2021 multiplied by 12 (or actual NOI for where more reflective of property performance); point in time value excludes future contractual increases  
 (2) Market capitalization based on June 7, 2021 share count and closing share price of \$14.99; total capitalization includes debt and preferred equity as of June 7, 2021  
 (3) Based on June 7, 2021 closing share price of \$14.99 and first quarter 2021 common dividend of \$0.205



## 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 groups and healthcare system 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 industry relationships
- ▶ Board with decades of public company and real estate experience



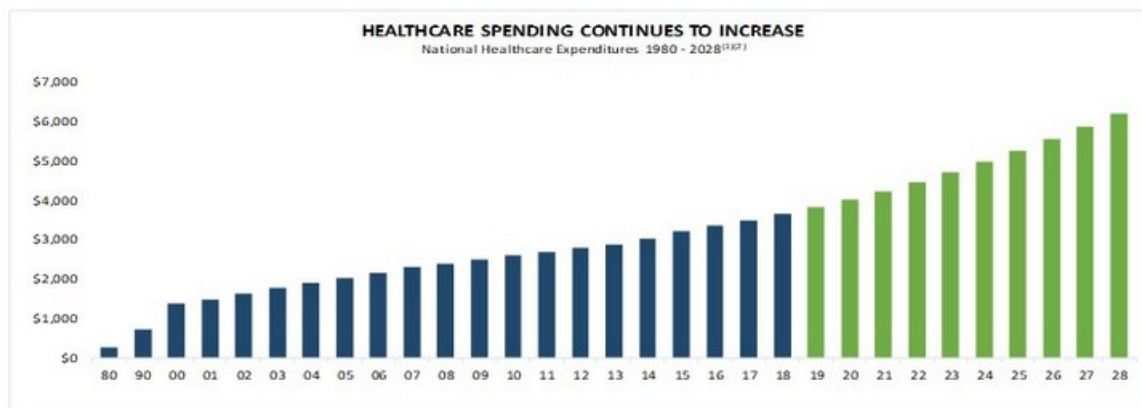
# Demographic & Healthcare Tailwinds Support Our Strategic Vision



## Shifting demographics and consumer preferences drive healthcare industry growth

### An Aging Population Will Drive Healthcare Costs

- ▶ The U.S. 65+ age group is growing faster than the country's population
  - ~10,000 Baby Boomers turn 65 every day
- ▶ Approximately 85% of adults over 65 have one or more chronic conditions; this includes diabetes, heart disease, arthritis, depression, and hypertension
- ▶ Women and men currently aged 60 have a 32% and 21% probability of reaching 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, U.S. Department of Commerce, Bureau of the Census, CDC, Social Security Administration

(1) Years 2019 - 2028 are projections

(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); For more information on this revision, see <http://www.cms.gov/nationalhealthexpenddata/downloads/benchmark2009.pdf>

Note: 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

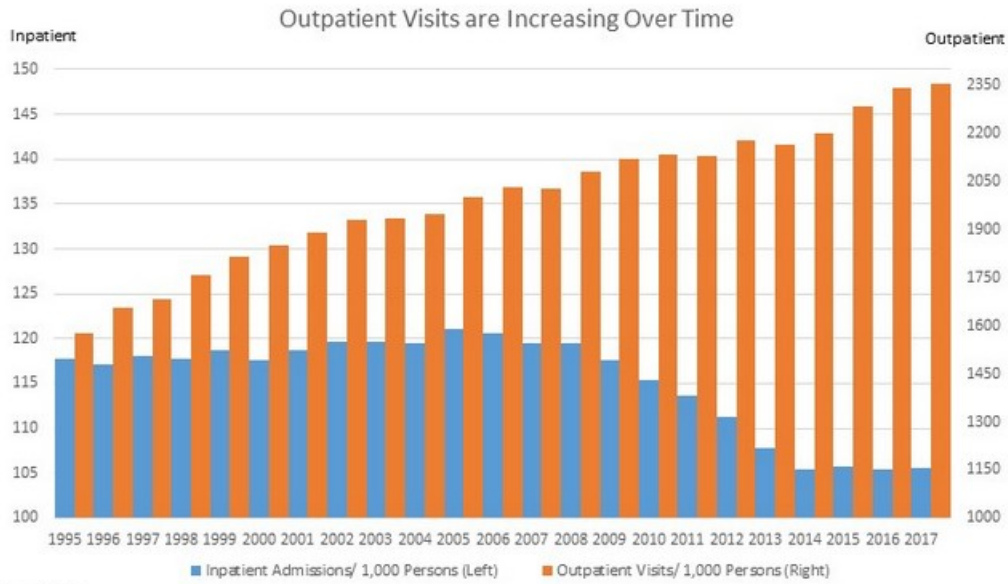


# Increasing Demand for Localized Delivery

*Shifting demographics and consumer preferences drive healthcare industry growth*

## Conveniently Located Healthcare Will Be in Higher Demand

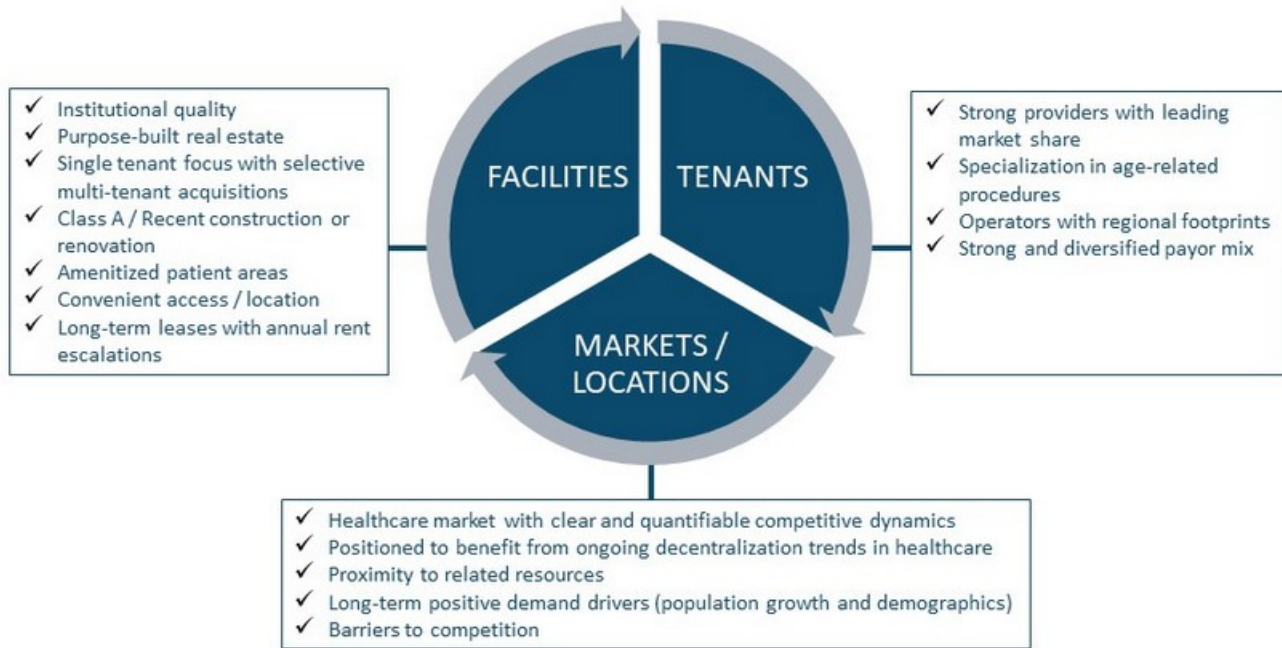
- ▶ 74% of Baby Boomers surveyed cited independence as a motivation for aging in place.
- ▶ 82% of seniors surveyed rated conveniently located hospitals and healthcare facilities as extremely or very important when choosing a community.



Source: Fresenius Medical Care, AARP

## Targeted Approach To Acquisitions

*Focused on constructing a portfolio comprised substantially of off-campus, purpose-built, medical facilities such as MOB, 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

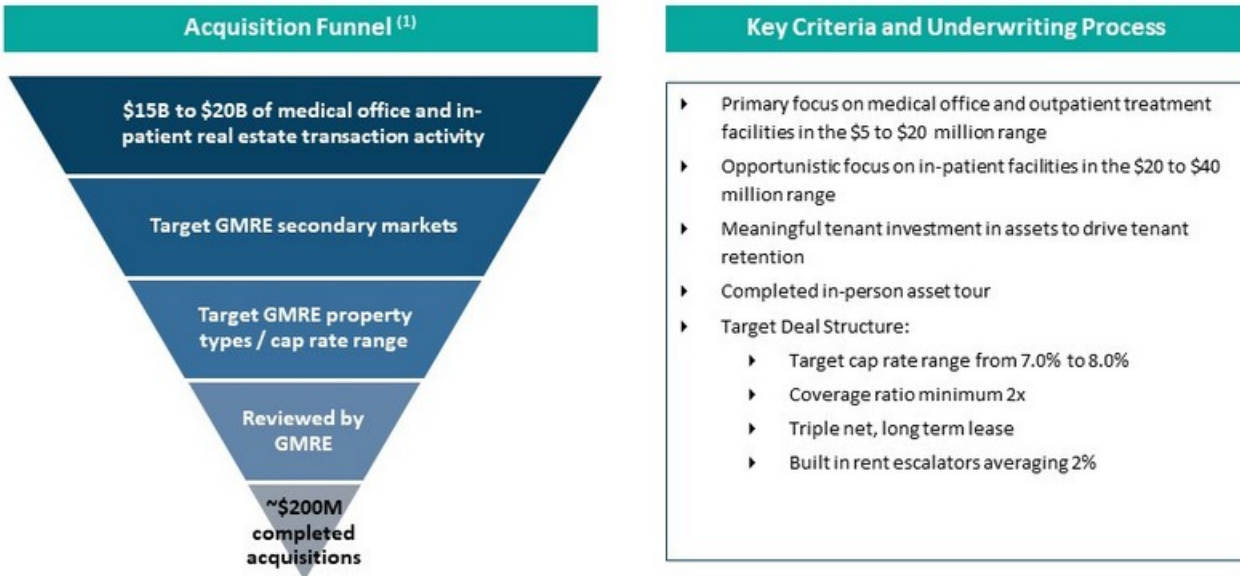
## Certainty of Closing

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

*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*



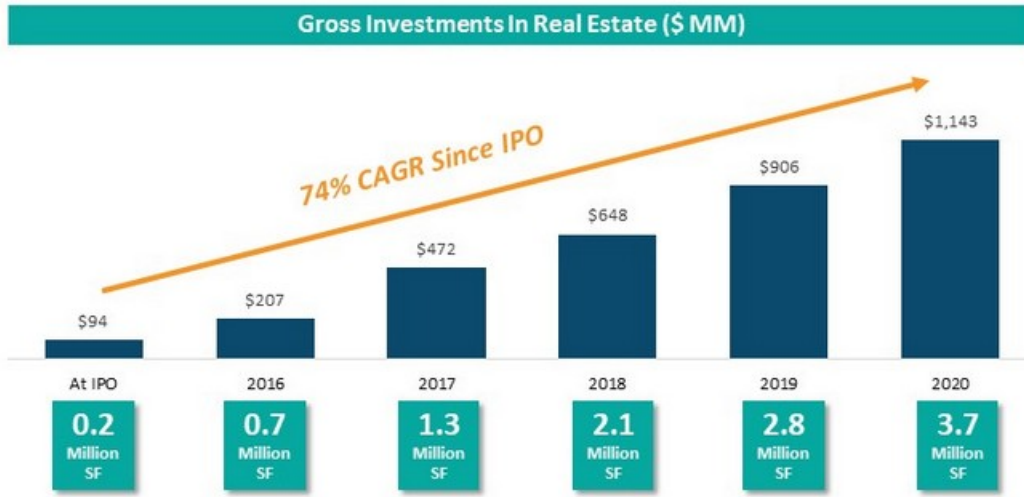
*Medical office real estate is highly liquid, with transaction volumes averaging \$2 to \$4 billion per quarter over the last five years.*

(1)Annual basis

## Strong Track Record of Acquisitions Since IPO



From IPO through 2020, GMRE has grown the portfolio from \$94 million to \$1.1 billion of Gross Investments in Real Estate, or 74% annually.



In 2020, GMRE completed 18 acquisitions totaling 915,241 SF for an aggregate purchase price of \$226.5 million, producing ABR<sup>(1)</sup> of \$17.7 million at a weighted average cap rate of 7.8%

YTD in 2021, GMRE completed 11 acquisitions totaling 354,205 SF for an aggregate purchase price of \$113.8 million, producing ABR<sup>(2)</sup> of \$8.4 million at a weighted average cap rate of 7.4%

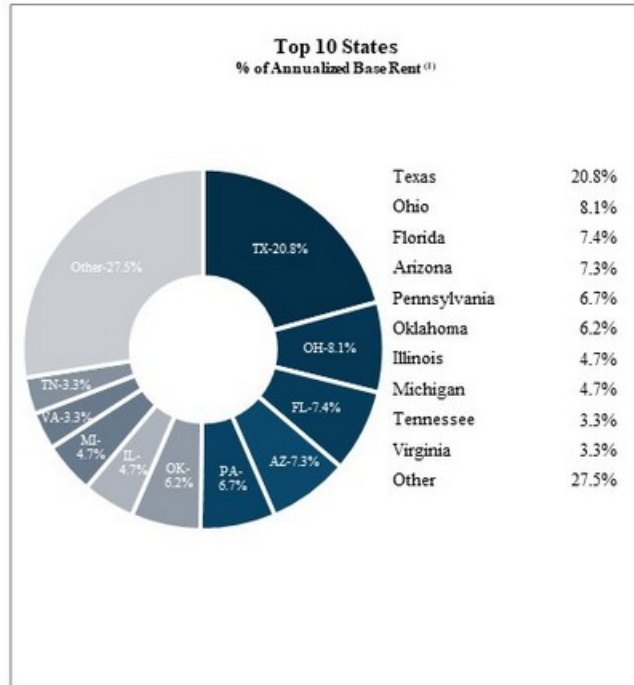
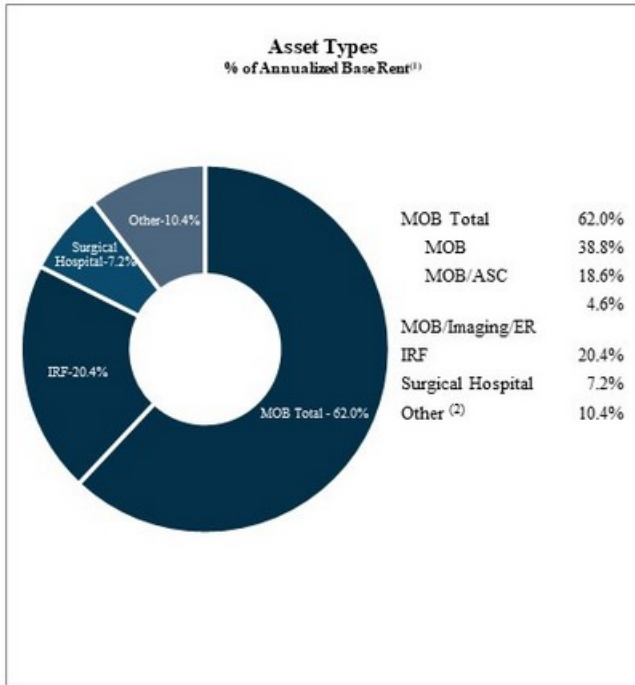
The Company has a current pipeline under contract of two properties for an aggregate purchase price of \$26.2 million

(1) Monthly base rent at March 31, 2021 multiplied by 12 (or actual NOI where more reflective of property performance); point in time value excludes future contractual increases

(2) Monthly base rent at March 31, 2021 multiplied by 12 (or actual NOI for where more reflective of property performance); point in time value excludes future contractual increases

# Portfolio Data

(as of March 31, 2021)



(1) Monthly base rent as of March 31, 2021 multiplied by 12

(2) Other includes Office (2.8%), Acute Hospital (2.6%), LTACH (2.6%), Behavioral Hospital (1.4%), and FSED (1.0%)

# Tenant Metrics

(as of March 31, 2021 unless otherwise stated)



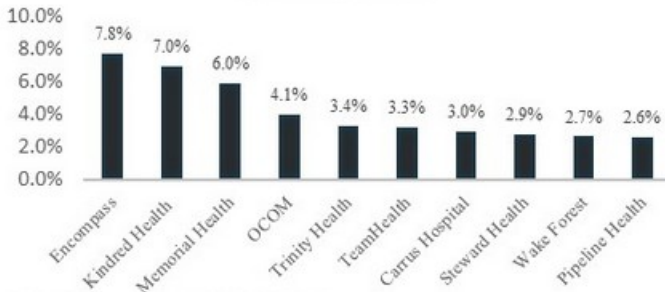
## Lease Expiration (\$ in thousands)

Year	Number of Leases	Leasable Square Feet	% of Total Leasable SF	ABR	% of Total ABR
2021	6	21,388	0.6%	\$ 357	0.4%
2022	17	77,227	2.0%	1,515	1.7%
2023	15	235,218	6.2%	5,581	6.1%
2024	39	675,601	17.7%	14,735	16.1%
2025	9	235,288	6.2%	6,401	7.0%
2026	26	413,637	10.8%	7,427	8.1%
2027	18	328,382	8.6%	9,070	9.9%
2028	7	112,185	2.9%	2,877	3.1%
2029	17	316,339	8.3%	9,272	10.1%
2030	12	278,731	7.3%	6,643	7.3%
Thereafter	39	1,088,902	28.5%	27,502	30.1%
<b>Total Leased</b>	<b>205</b>	<b>3,782,898</b>	<b>99.1%</b>	<b>\$ 91,380</b>	<b>100.0%</b>
<b>Current Vacancy</b>		<b>33,499</b>	<b>0.9%</b>		
<b>Total Leasable</b>		<b>3,816,397</b>	<b>100.0%</b>		

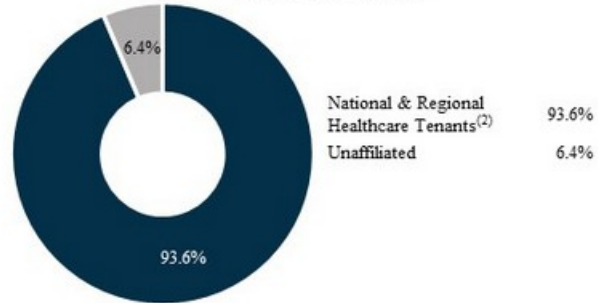
## Rent Coverage

Tenant Credit Strength By Asset Type Category	% of ABR	Rent Coverage Ratio*
Inpatient Rehab Facility (IRF)	18.7%	3.5x
Surgical Hospital (SH)	7.2%	3.0x
Long-Term Acute Care Hospital (LTAC)	2.6%	3.2x
<b>TOTAL/WEIGHTED AVERAGE</b>	<b>28.5%</b>	<b>3.3x</b>
Medical Office Building (MOB)	16.3%	6.6x
MOB/Ambulatory Surgery Center (ASC)	17.0%	4.8x
<b>TOTAL/WEIGHTED AVERAGE</b>	<b>33.3%</b>	<b>5.7x</b>
<b>All Tenants Calculated for Rent Coverage</b>	<b>61.8%</b>	<b>4.6x</b>
Large/Credit Tenants Not Calculated	29.6%	N/A
Other Tenants Not Available	8.6%	N/A

**Top 10 Tenants**  
% of Annualized Base Rent<sup>(1)</sup>



**Tenant Affiliations**  
% of Annualized Base Rent<sup>(1)</sup>



(1) Monthly base rent as of March 31, 2021 multiplied by 12

(2) National and Regional Healthcare Tenants include health systems, national operators, and regional physician groups

# Established Strong Healthcare Operators as Tenants



Not-For-Profit Health System Affiliations



For-Profit Systems Affiliations and Surgical Operator Partnerships



Dominant Local Physician Groups





## GMRE has access to multiple sources of capital to fund acquisition activity

### Highlights

- ▶ Borrowing capacity on credit facility of approximately \$244 million<sup>(1)</sup>
- ▶ 2.93% weighted average interest rate as of 6/07/21
- ▶ Weighted average term of debt as of 6/07/21 was 4.79 years
- ▶ During the first quarter, issued 2.7 million shares on the ATM at a weighted average price of \$13.07, for gross proceeds of \$35.4 million
- ▶ Completed underwritten offering in March 2021 raising gross proceeds of \$114.7 million

### Multiple Capital Sources



### Capitalization (\$ MM)



Revolver <sup>(2)</sup>	\$ 156
Term Loan	350
Notes Payable	66
<b>Total Debt</b>	<b>\$ 572</b>
Preferred Equity	\$ 75
Market Value of equity <sup>(3)</sup>	938
<b>Total Capitalization</b>	<b>\$ 1,585</b>

(1) Available capacity under the credit facility as of June 7, 2021

(2) Balance as of June 7, 2021

(3) Based on common stock outstanding of 60.8MM and OP units outstanding of 1.8MM and June 7, 2021 closing share price of \$14.99

## Seasoned Leadership

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### **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

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### **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

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### **ALFONZO LEON**, *Chief Investment Officer*



- 19+ 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

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### **DANICA HOLLEY**, *Chief Operating Officer*



- 19+ 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

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### **JAMIE BARBER**, *General Counsel and Corporate Secretary*



- 15+ 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.)

# Disclosures

(as of March 31, 2021)



## 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 9% of our portfolio) are excluded from the calculation due to (i) lack of available financial information or (ii) receipt of significant COVID-19 relief funds that may cause reported coverage to differ materially from underlying performance. Additionally, our Rent Coverage Ratio adds back physician distributions and compensation. Management believes all adjustments are reasonable and necessary.

## Additional Information

The information in this document should be read in conjunction with the Company's Annual Report on Form 10-K, Quarterly Reports on Form 10-Q, Current Reports on Form 8-K, and other information filed with, or furnished to, the SEC. You can access the Company's reports and amendments to those reports filed or furnished to the SEC pursuant to Section 13(a) or 15(d) of the Exchange Act in the "Investor Relations" section on the Company's website ([www.globalmedicalreit.com](http://www.globalmedicalreit.com)) under "SEC Filings" as soon as reasonably practicable after they are filed with, or furnished to, the SEC. The information on or connected to the Company's website is not, and shall not be deemed to be, a part of, or incorporated into, this Earnings Supplemental. You also can review these SEC filings and other information by accessing the SEC's website at <http://www.sec.gov>.

Certain information contained in this package, including, but not limited to, information contained in our Top 10 tenant profiles is derived from publicly-available third-party sources. The Company has not independently verified this information and there can be no assurance that such information is accurate or complete.