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 5, 2017 (June 5, 2017)

Global Medical REIT Inc.

(Exact name of registrant as specified in its charter)

Maryland	**001-37815**	**46-4757266**
(State or Other Jurisdiction of Incorporation)	(Commission File Number)	(I.R.S. Employer Identification No.)

4800 Montgomery Lane, Suite 450
Bethesda, MD
20814
(Address of Principal Executive Offices)
(Zip Code)

(202) 524-6851
(Registrant's Telephone Number, Including Area Code)

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))

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 5, 2017, Global Medical REIT Inc. (the “Company”) issued a press release providing an acquisition update and announcing guidance ranges for the third and fourth quarters of 2017. A copy of the press release is attached hereto as Exhibit 99.1 to this Current Report on Form 8-K and is incorporated by reference herein.

On June 5, 2017, the Company also updated an investor presentation concerning the Company on its website, www.globalmedicalreit.com, which is included on the “Investors” page of the website. A copy of the investor presentation is attached hereto as Exhibit 99.2 to this Current Report on Form 8-K and is incorporated by reference herein.

The information in Exhibit 99.1 and Exhibit 99.2 referenced in Item 9.01 below is being “furnished” and, as such, shall not be deemed to be “filed” for the purposes of Section 18 of the Securities Exchange Act of 1934, as amended, or otherwise subject to the liabilities of that Section and shall not be incorporated by reference into any registration statement or other document filed by the Company pursuant to the Securities Act of 1933, as amended, except as shall be expressly set forth by specific reference in such filing.

Item 9.01 Financial Statements and Exhibits.

(d) *Exhibits*

Exhibit No.	Description
99.1	Press release dated June 5, 2017.
99.2	Investor Presentation.

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

Dated: June 5, 2017

EXHIBIT INDEX

Exhibit No.	Description
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FOR IMMEDIATE RELEASE

GLOBAL MEDICAL REIT INC. PROVIDES ACQUISITION UPDATE AND ANNOUNCES GUIDANCE RANGES FOR THE THIRD AND FOURTH QUARTERS OF 2017

Bethesda, MD – June 5, 2017 – Global Medical REIT Inc. (NYSE: GMRE) (the "Company"), a Maryland corporation engaged primarily in the acquisition of licensed, state-of-the-art, purpose-built healthcare facilities and the leasing of these facilities to strong clinical operators with leading market share, today provides an update to its acquisition pipeline and announces guidance ranges for the quarters ended September 30, 2017 and December 31, 2017.

Acquisitions Placed Under Contract From March 31, 2017 through May 26, 2017

Between March 31, 2017 and May 26, 2017, the Company entered into four purchase contracts which will add approximately 148,200 aggregate square feet to its current property portfolio. The four purchase contracts, also discussed further below, are for the purchase of the Carrus Specialty Hospital and Carrus Rehabilitation Hospital in Sherman, Texas; the Lone Star Endoscopy Center located in Flower Mound, Texas; the Cardiologists of Lubbock facility located in Lubbock, Texas; and the Unity Family Medicine Center located in Brockport, New York.

March 31, 2017 through May 26, 2017 Executed Purchase Contract Highlight Table					
Property	**City**	**State**	**Purchase Price**	**Square Feet**	**Cap Rate**
Carrus Specialty Hospital and Carrus Rehabilitation Hospital	Sherman	TX	$26,000,000	81,352	8.8%
Lone Star Endoscopy Center	Flower Mound	TX	$4,050,000	10,062	7.0%
Cardiologists of Lubbock	Lubbock	TX	$8,200,000	27,280	7.3%
Unity Family Medical Center	Brockport	NY	$8,670,000	29,497	7.2%

Carrus – Sherman, Texas

This transaction includes a 29,642 square-foot long term acute care facility and a 34,181 square-foot inpatient rehabilitation facility (plus an additional 17,529 square feet of aggregate shell space) (the "Carrus Hospitals"). Upon closing, the Company will enter into a new, 20-year, triple-net lease with SDB Partners, LLC (who then intends to enter into subleases with the operators of the facilities, Texoma Hospital Partners, LLC and Carrus Rehabilitation Hospital, LLC). As full-service rehabilitation and long term acute care facilities, the Carrus Hospitals provide treatment for an array of illnesses and medical conditions, including diabetes, congestive heart failure, vascular disease, chronic obstructive pulmonary disease, cancer, severe heat trauma and brain injury, spinal cord injuries, polytrauma, as well as general medical disability and neurological disorders such as multiple sclerosis, Parkinson's, Guillain Barre Disease and muscular dystrophy, among others. The Carrus Hospitals benefit from limited competition in the North Texas and Oklahoma markets and have experienced recent growth in patient volumes. Please see the Company's Current Report on Form 8-K, filed on May 23, 2017 for additional details about this transaction.

Lone Star Endoscopy Center – Flower Mound, Texas

This transaction includes a 10,062 square foot ambulatory surgery center that is currently leased to Lone Star Endoscopy Center, LLC, pursuant to a triple-net lease with a remaining lease term of approximately nine years. The Company will assume this lease upon closing. Lone Star Endoscopy Center, LLC is a joint-venture between Baylor Scott & White Health, United Surgical Partners International, and Texas Digestive Disease Consultants, which is one of the largest gastroenterology group in Texas. Located in a growing area north of Dallas-Ft. Worth, the Lone Star Endoscopy Center provides the full spectrum of care for patients with concerns involving the esophagus, stomach, small bowel, colon, rectum, gallbladder, pancreas and liver, and others.

Cardiologists of Lubbock – Lubbock, Texas

This transaction includes a 27,280 square-foot cardiac clinic (the "Cardiac Clinic") located in Lubbock, Texas. Upon closing, the Company will enter into a new, 12-year, triple-net lease with the Lubbock Heart Hospital. The property is located adjacent to the Lubbock Heart and Surgical Hospital, which is a 74-bed physician-owned hospital that has operated in the growing Lubbock, Texas market since 2003. Rent payments under the new lease with the Company are expected to be guaranteed by Surgery Partners, Inc., which manages the Cardiac Clinic through a joint venture agreement.

Unity Family Medicine – Brockport, New York

This transaction includes a 29,497 square-foot clinic located in Brockport, New York. The property is currently leased to Unity Hospital of Rochester pursuant to a triple-net lease with a remaining lease term of approximately 13 years. The Company will assume this lease upon closing. Constructed in 2011 and expanded in 2015, services provided at the property include primary care, OBGYN, lab and x-ray services. The Unity Hospital of Rochester is a large not-for-profit hospital that was part of the Unity Health System, which merged in 2014 with the Rochester General Hospital to form the Rochester Regional Health System ("RRHS"). RRHS is one of the largest health systems in the region.

Non-GAAP Financial Measures

FFO, AFFO and Normalized AFFO are non-GAAP financial measures within the meaning of the rules of the United States Securities and Exchange Commission. The Company considers FFO, AFFO and Normalized AFFO to be important supplemental measures of its operating performance and believes FFO is frequently used by securities analysts, investors, and other interested parties in the evaluation of REITs, many of which present FFO when reporting their results. In accordance with the National Association of Real Estate Investment Trusts' ("NAREIT") definition, FFO means net income or loss computed in accordance with generally accepted accounting principles ("GAAP") before non-controlling interests of holders of operating partnership units, excluding gains (or losses) from sales of property and extraordinary items, plus real estate related depreciation and amortization (excluding amortization of deferred financing costs), and after adjustments for unconsolidated partnerships and joint ventures. The Company does not expect to incur any gains or losses from the sales of property or record any adjustments for unconsolidated partnerships and joint ventures during the year ended December 31, 2017. Because FFO excludes real estate related depreciation and amortization (other than amortization of deferred financing costs), the Company believes that FFO provides a performance measure that, when compared period-over-period, reflects the impact to operations from trends in occupancy rates, rental rates, operating costs, development activities and interest costs, providing perspective not immediately apparent from the closest GAAP measurement, net income or loss.

Management calculates AFFO, which is also a non-GAAP financial measure, by modifying the NAREIT computation of FFO by adjusting it for certain cash and non-cash items and certain recurring and non-recurring items. For the Company these items include acquisition and disposition costs, loss on the extinguishment of debt, straight line deferred rental revenue, stock-based compensation expense, amortization of deferred financing costs, recurring capital expenditures, recurring lease commissions, recurring tenant improvements and other items.

Management calculates Normalized AFFO, which is also a non-GAAP financial measure, by modifying AFFO by adjusting for non-recurring income and expenses. For the Company these items include the costs of establishing a system of Sarbanes-Oxley-complaint internal controls and procedures and the portion of our General Counsel and Secretary's salary for 2017 that is reimbursable by the Company to its external manager (such reimbursement obligation expires on May 8, 2018).

Management believes that reporting AFFO in addition to FFO is a useful supplemental measure for the investment community to use when evaluating the operating performance of the Company on a comparative basis. Management also considers normalized AFFO to be a useful measure to evaluate the Company's operating results excluding non-recurring income and expenses. Normalized AFFO can help investors compare the operating performance of the Company between periods or as compared to other companies. The Company's Normalized AFFO, AFFO and FFO computations may not be comparable to Normalized AFFO, AFFO and FFO reported by other REITs that do not compute FFO in accordance with the NAREIT definition, that interpret the NAREIT definition differently than the Company does or that compute FFO, AFFO and Normalized AFFO in a different manner.

Guidance for the Third Quarter and Fourth Quarter of 2017

The Company has established the following guidance ranges for the third quarter ending September 30, 2017 and the fourth quarter ending December 31, 2017:

	Third Quarter 2017 Range[1]		Fourth Quarter 2017 Range[2]	
	(dollars in thousands except per share amounts)			
	High	Low	High	Low
Net Income[3]	**$ 447**	**$ 285**	**$ 681**	**$ 653**
Depreciation expense	$ 2,110	$ 2,093	$ 2,166	$ 2,110
Amortization expense	$ 521	$ 517	$ 535	$ 521
FFO	**$ 3,078**	**$ 2,895**	**$ 3,382**	**$ 3,284**
Acquisition costs	$ —	$ 211	$ —	$ —
Straight line deferred rental revenue	$ (876)	$ (869)	$ (900)	$ (876)
Stock-based compensation expense	$ 643	$ 643	$ 602	$ 602
Amortization of deferred financing costs	$ 359	$ 354	$ 373	$ 362
AFFO	**$ 3,204**	**$ 3,234**	**$ 3,457**	**$ 3,372**
Professional fees and services related to Sarbanes-Oxley implementation	$ 120	$ 120	$ 60	$ 60
Compensation expense reimbursement	$ 31	$ 31	$ 31	$ 31
Normalized AFFO	**$ 3,355**	**$ 3,385**	**$ 3,548**	**$ 3,463**
AFFO per share[4]	**$ 0.18**	**$ 0.18**	**$ 0.20**	**$ 0.19**
Normalized AFFO per share[4]	**$ 0.19**	**$ 0.19**	**$ 0.20**	**$ 0.20**

(1) For purposes of the low end of the third quarter 2017 range, assumes (i) the Carrus Specialty Hospital and Carrus Rehabilitation Hospital transaction and the Lone Star Endoscopy Center transaction, each described above, both close on June 30, 2017 and (ii) no additional acquisitions occur during the third quarter other than the closing on July 15, 2017 of the Cardiologists of Lubbock transaction and Unity Family Medical Center transaction, each as described above.

For purposes of the high end of the third quarter 2017 range, assumes (i) the Carrus Specialty Hospital and Carrus Rehabilitation Hospital transaction, the Lone Star Endoscopy Center transaction, the Cardiologists of Lubbock transaction and the Unity Family Medical Center transaction, each described above, all close on June 30, 2017.

(2) For purposes of the low end of the fourth quarter 2017 range, assumes the four transactions under contract described above all close prior to the beginning of the quarter and no additional acquisitions occur during the fourth quarter. For purposes of the high end of the fourth quarter 2017 range, assumes the four transactions under contract described above all close prior to the beginning of the quarter and the Company closes on August 15, 2017 an additional acquisition with a purchase price of $10 million at an assumed capitalization rate of 7.5%. The aforementioned assumed acquisition is based on the Company's historical acquisition activity and no such acquisition is currently under contract and there can be no assurance that such a property, if put under contract, would close by August 15, 2017 or at all.

(3) The Company's Quarterly Report on Form 10-Q for the quarter ended March 31, 2017 includes approximately $1.2 million of costs incurred in connection with the Company's amended revolving credit facility that were erroneously expensed and included in the General and Administrative line item within the Company's Consolidated Statement of Operations for the quarter ended March 31, 2017. When the Company files its Quarterly Report on Form 10-Q for the quarter and six months ended June 30, 2017, the Company intends to correct this immaterial error by removing the $1.2 million from expense and capitalizing it as deferred financing costs on the Company's Consolidated Balance Sheet as of June 30, 2017. The capitalization of the $1.2 million will result in an increase of approximately $111,000 of interest expense per quarter which represents the amortization of the $1.2 million into interest expense over the remaining life of the credit facility, which is scheduled to end in December 2019.

(4) Based on the weighted average diluted share count of 17,605,000 for the third quarter of 2017 and 17,608,000 for the fourth quarter of 2017.

The foregoing projections reflect management's view of what the Company's financial results would be for the third quarter ending September 30, 2017 and the fourth quarter ending December 31, 2017 based on the following assumptions: (i) the Company does not raise additional capital or complete any additional acquisitions in 2017 other than as discussed above and (ii) the Company does not incur any additional costs related to acquisition activity in 2017 other than costs related to the acquisitions discussed above. The guidance set forth in this release is intended to illustrate that, even if the Company were unable to raise additional capital and continue its acquisition and growth strategy, it would still be able to achieve coverage of its quarterly dividend in 2017. This guidance is for illustrative purposes only and should not be interpreted to mean that the Company intends to halt its acquisition and growth strategy. Therefore, it is likely that the Company's actual results will differ materially from the estimates set forth above. Except as otherwise required by law, the Company assumes no, and hereby disclaims any, obligation to update any of the foregoing projections as a result of new information or new or future developments.

About Global Medical REIT Inc.

Global Medical REIT Inc. is a Maryland corporation engaged primarily in the acquisition of licensed, state-of-the-art, purpose-built healthcare facilities and the leasing of these facilities to strong clinical operators with leading market share. The Company's strategy is to produce increasing, reliable rental revenue by expanding its portfolio, and leasing its healthcare facilities to market-leading operators under long-term triple-net leases. The Company's management team has significant healthcare, real estate and public real estate investment trust, or REIT, experience and has long-established relationships with a wide range of healthcare providers. The Company intends to elect to be taxed as a REIT for U.S. federal income tax purposes commencing with its taxable year ending December 31, 2016.

Forward-Looking Statements

Certain statements contained herein may be considered "forward-looking statements" within the meaning of the Private Securities Litigation Reform Act of 1995, and it is the Company's intent that any such statements be protected by the safe harbor created thereby. These forward-looking statements are identified by their use of terms and phrases such as "anticipate," "believe," "could," "estimate," "expect," "intend," "may," "should," "plan," "predict," "project," "will," "continue" and other similar terms and phrases, including references to assumption and forecasts of future results. Except for historical information, the statements set forth herein including, but not limited to, any statements regarding expected financial performance or other financial items; any statements concerning our plans, strategies, objectives and expectations for future operations and our pipeline of acquisition opportunities and expected acquisition activity, including the timing and/or successful completion of any acquisitions; and any statements regarding our expected performance for the third quarter ending September 30, 2017 and the fourth quarter ending December 31, 2017, including, but not limited to, our expected net income (loss), FFO, AFFO and Normalized AFFO and components thereof, are forward-looking statements. These forward-looking statements are based on our current expectations, estimates and assumptions and are subject to certain risks and uncertainties. Although the Company believes that the expectations, estimates and assumptions reflected in its forward-looking statements are reasonable, actual results could differ materially from those projected or assumed in any of the Company's forward-looking statements. Important factors that could cause the Company's actual results to differ materially from estimates, stated expectations or projections contained in the Company's forward-looking statements are set forth in the "Risk Factors" section of our Annual Report on Form 10-K, as amended by Amendment No. 2 thereto, for the year ended December 31, 2016, which were filed with the United States Securities and Exchange Commission on March 27, 2017 and May 9, 2017, respectively, and elsewhere in the reports the Company has filed with the United States Securities and Exchange Commission, including that unfavorable global and domestic economic conditions may adversely impact the Company's business, the Company may not be successful in completing acquisitions in its investment pipeline in a timely fashion or at all or that it identifies and pursues in the future, and the Company's expenses may be higher than anticipated due to, among other things, unexpected or higher than expected expenses related to Sarbanes-Oxley compliance, legal expenses auditing expenses, acquisition expenses and travel expenses. You are cautioned not to place undue reliance on forward-looking statements. The Company does not intend, and undertakes no obligation, to update any forward-looking statement.

COMPANY CONTACT:

Global Medical REIT Inc.

Danica Holley
Chief Operating Officer
(202) 524-6854 / danicah@globalmedicalreit.com

-OR-

INVESTOR RELATIONS:

The Equity Group Inc.

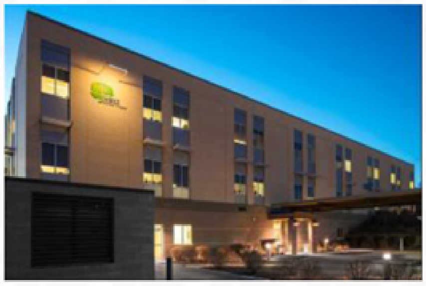
Jeremy Hellman
Senior Associate
(212) 836-9626 / jhellman@equityny.com

Adam Prior
Senior Vice-President
(212) 836-9606 / aprior@equityny.com

Exhibit 99.2

INVESTOR PRESENTATION

May 2017



GLOBAL MEDICAL REIT

Capital Partners to Health Care Providers

DISCLAIMER

This presentation is for informational purposes only and does not constitute an offer to sell, or a solicitation of offers to purchase, the Company's 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.

AT A GLANCE

GLOBAL MEDICAL REIT

STOCK INFORMATION *

- GMRE (NYSE) STOCK PRICE: $9.29
- Market Capitalization: $164 million
- Common shares outstanding: 17.6 million

KEY BUSINESS POINTS

- Healthcare REIT focused on the acquisition and leasing of state-of-the-art, purpose built healthcare facilities
- Substantial pipeline of high quality assets
- Experienced management
- Attractive industry tailwinds

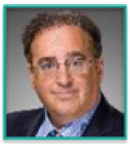
BALANCE SHEET HIGHLIGHTS

- Well positioned to execute on pipeline acquisitions using recently-announced credit facility
- Addition of recently announced credit facility provides acquisition financing optionality

* Data is as of May 31, 2017

LEADERSHIP

Key team members average over 20 years healthcare and real estate experience

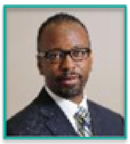


JEFFREY BUSCH, *Chairman and President*

- 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

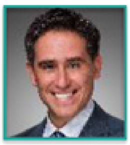
DAVID YOUNG, *Chief Executive Officer*

- Over 25 years of experience in medical and hospital real estate
- Vice President – Acquisitions at Windrose Medical Properties Trust (NYSE: WRS), which was acquired by Welltower (NYSE: HCN)
- Executive responsible for business development for Healthcare Property Investors (NYSE: HCP) and helped it grow from AUM of $300 million to over $3.5 billion
- Developed specialized real estate financing of hospitals and medical clinics as part of GE financial services



DON McCLURE, *Chief Financial Officer and Treasurer*

- Over 20 years of experience in accounting and extensive experience in operational business development, creating policy and procedures specific to REIT compliance
- Prior role as accounting manager of Washington Real Estate Investment Trust (NYSE: WRE)
- Previously CFO of Quantum Real Estate Management



ALFONZO LEON, *Chief Investment Officer*

- Over 15 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

COMPANY OVERVIEW

Healthcare REIT focused on the acquisition and leasing of state-of-the-art, purpose built healthcare facilities

Focus on state-of-the-art, licensed medical facilities that through their technology and design enhance the quality of care

- Facilities built or adapted to contemporary best healthcare practices
- Target the "factory" where core medical procedures are delivered
- Lease to leading medical providers with dominant local market share
- Focus on single tenant, net lease real estate

Current portfolio of 42 facilities net leased to twenty tenants

- Approximately 946,000 square feet of leasable area
- 9 years average lease term remaining
- 12 years average age of portfolio – youngest of listed healthcare REITs

Pipeline primed for growth

- Large and increasing acquisition pipeline under review
- Focus on relationships and off-market transactions

Rapid Trajectory to Dividend Coverage

- Current annualized dividend of $0.80 per year
- Portfolio in place as of May 1 provides for current contracted rent cash payments of at least $17.6 million to be received in 2017 and $23.8 million in 2018

Externally managed by Inter-American Management, LLC ("Advisor")

- Owners of the Advisor own approximately 14.8% of GMR's common stock
- Commitment to consider internalization when stockholders' equity reaches $500 million

STRATEGY TO OUTPERFORM

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Creating attractive returns by leveraging management expertise and differentiated investment strategy

Attractive Acquisition Dynamics

- Less competitive market segment
- Deal sourcing through relationships
- Origination of new, custom leases

Outsized Current Returns

- Contractual rent increases
- Low impact of tenant improvements
- Insulation from operating cost increases

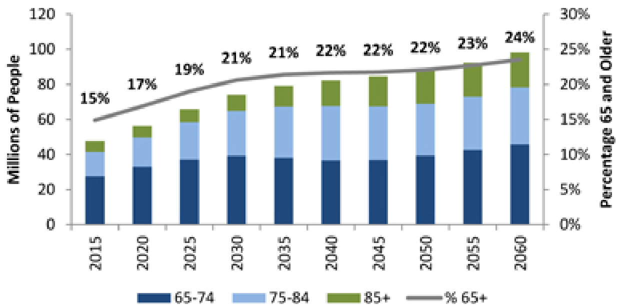
Capital Appreciation

- Newer real estate / core to provider
- Barriers to entry / lower supply
- Increase in healthcare demand

ATTRACTIVE INDUSTRY TRENDS

Demographic shifts and changing consumer preferences spurring healthcare industry growth

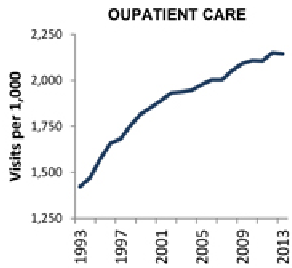
PROJECTED AGING OF US POPULATION

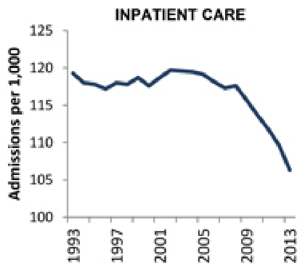


- 65+ age group expected to double between 2015 and 2060
- 85+ age group expected to triple between 2015 and 2060
- Use of healthcare dramatically increases with age
- GMR targets practice types frequently utilized by older demographics: cardiovascular treatment, cosmetic plastic surgery, eye surgery, gastroenterology, oncology treatment and orthopedics

Source: Centers for Medicare & Medicaid Services, Office of the Actuary

CHANGING CONSUMER PREFERENCES ARE A MAJOR FACTOR IN GMRE'S PROPERTY SELECTION





- Consumer preference shifting to outpatient care
- 50.8% growth in outpatient visits from 1993-2013
- 10.9% decrease in inpatient admissions from 1993-2013
- Need for more outpatient facilities
- Preference for smaller, specialized and efficient hospitals

Source: American Hospital Association Annual Survey, for community hospitals

EVIDENCE-BASED DESIGN

GLOBAL MEDICAL REIT

As EBD research becomes more widely recognized and reproduced, facilities with these features expect to outperform

- EBD research demonstrates an interrelatedness between the design of a healthcare facility and patient outcomes
- Certain design elements have an important impact on productivity, safety, health and morale for both physicians and patients
- Facilities with these features can attract and retain strong tenants and will outperform over time

STATE-OF-THE-ART MEDICAL TECHNOLOGY

EFFICIENT TREATMENT AND PROCESSING DESIGN

BETTER PATIENT OUTCOMES

ADVANCED BUILDING ENGINEERING

AMENITIZED PATIENT ENVIRONMENT

GMR INVESTMENT CRITERIA

GLOBAL MEDICAL REIT

FOCUS ON TENANT OPERATIONS

- ✓ Excellent medical practice groups with sustainable practices
- ✓ Single, long-term tenants = no vacancy rate
- ✓ Existing, long-standing provider
- ✓ Strong and diversified payor mix

STRATEGIC LOCATIONS

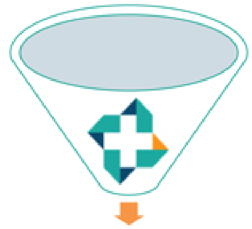
- ✓ Position to take advantage of decentralization trends
- ✓ Identifiable, predictable, historical market demand
- ✓ Proximity to related resources for reliable patient flow
- ✓ Barriers to entry/competition

HIGH-QUALITY FACILITIES

- ✓ State-of-the-art technology and design
- ✓ Facilities recently built or renovated
- ✓ Facilities core to provider business model
- ✓ Functionality, reusability, conversion value

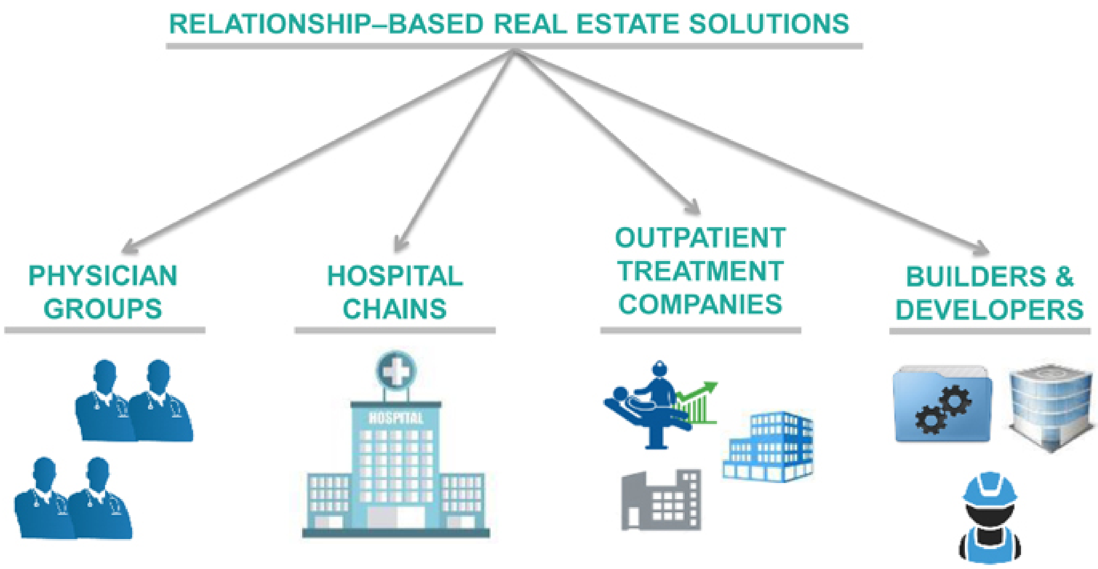
PROVIDERS CRITICAL TO LOCAL POPULATIONS

- ✓ Dominant specialty group practices; regional sole providers
- ✓ Regional specialty hospitals
- ✓ Critical access hospitals
- ✓ Long-term practice success / expert hospital management history



OFF-MARKET DEAL SOURCING

In addition to brokerage relationships, GMR executives have robust relationships with healthcare providers, allowing for direct negotiation and generation of new long term leases without broker intermediaries



MARKET DOMINANT TENANTS

GLOBAL MEDICAL REIT

ESTABLISHED PROVIDER

What we seek to acquire:

- Demonstrated clinical leaders
- Going concern history
- High market share
- Stable and competent management
- Robust and durable payor contracts

Competitive advantages:

- Predictable, stable rents
- Strong and diversified payor mix
- Higher barrier to entry for competitors
- Supports long term lease terms

CLINICAL EXPERTISE

What we seek to acquire:

- Prominent local physicians
- Board credentials
- Strong peer reviews
- Academic identity
- Age-related procedure expertise

Competitive advantages:

- Require newer, purpose-built real estate
- Creates patient loyalty and stronger market share
- Focused on the future of healthcare

STRONG CREDIT

What we seek to acquire:

- Strong EBITDARM / rent coverage
- Guarantors with strong credit
- Subordination of profits to rent
- Operators with regional or national footprint

Competitive advantages:

- Rent coverage in excess of peers
- Implicit credit stronger than peers

McKESSON

smp

AIO THE EYE SURGEONS VISIONARY EYE CARE

LUMIN HEALTH™

Gastro One Excellence in Digestive Health

Select MEDICAL

PROPRIETARY DEAL STRUCTURES

GLOBAL MEDICAL REIT

When possible, GMR originates new leases as opposed to assuming in place leases, which creates value

Target annual base rent of 7%-9% of projected total investment cost

Typically 2%-3% annual rent escalations

- Attractive and sustainable base return for REIT and shareholders
- Built-in inflation protection

Absolute NNN lease, 10-20 year initial lease terms

- No operating expense risk to GMR
- Minimal recurring capital expenditure exposure
- Minimal asset management expense

Credit enhancements mitigate risk

- Subordination of tenant physician salaries and medical practice profit distributions to timely payment of rent
- Licenses, CONs (Certificates of Need) stay with the real estate in the event of change in occupancy
- Personal, corporate, sponsor guarantees and/or third party letters of credit
- High rent coverage ratios (EBITDARM) required of tenant for security
- GMRE has right to evict and replace management of medical provider tenant
- Cross-collateralization for portfolio investments by GMR with same operator
- Comprehensive tenant reporting requirements and annual audits

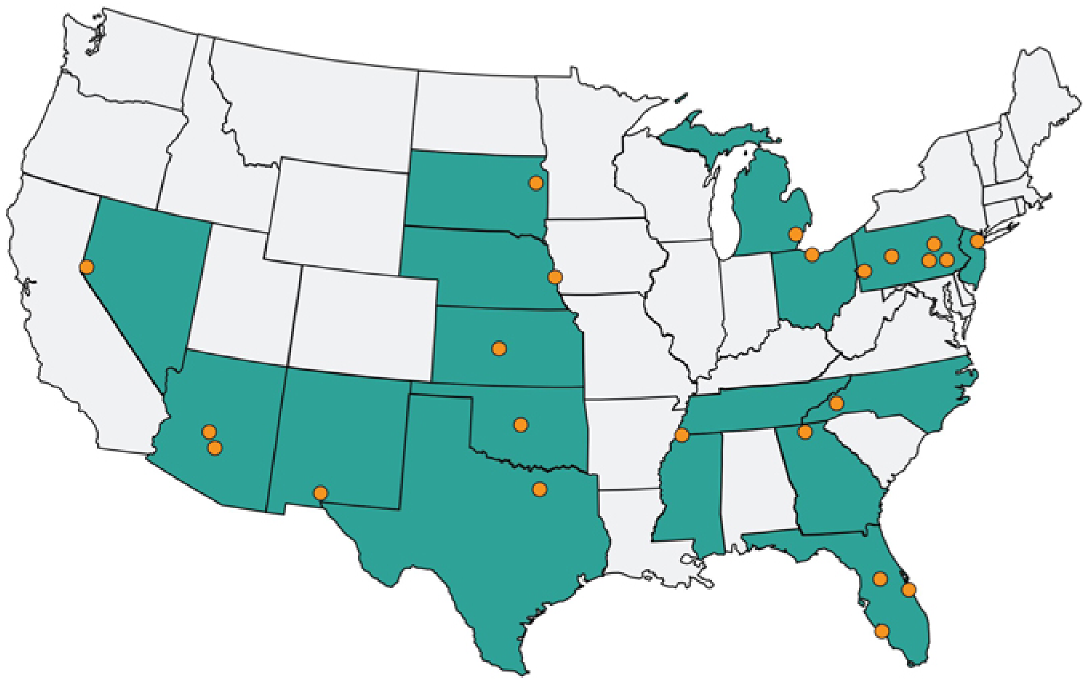
PROPERTY PORTFOLIO AS OF MAY 1, 2017

Property	City	State	Type	Leasable Square Feet	Leased Space	Lease Years Remaining
HealthSouth (3)	Mesa/Altoona/Mechanicsburg	AZ/PA	Rehab Hospitals	200,746	100%	6
Brown Clinic (3)	Watertown	SD	Primary Care	46,884	100%	15
Carson City (2)	Carson City	NV	Primary +	20,632	100%	7
Prospect Medical	East Orange	NJ	Medical Office	60,442	100%	10
Northern Ohio Medical (7)	Sandusky	OH	Primary Care	44,702	100%	12
Berks Eye Facilities (2)	Reading	PA	Surgery	23,500	100%	10
Omaha Facility	Omaha	NE	LTACH	41,113	100%	7
Gastro One Facilities (6)	Memphis	TN	Treatment	52,266	100%	11
Plano Facility	Plano	TX	Out. Hospital	24,000	100%	19
Ellijay Facilities (3)	Ellijay	GA	Medical Office	44,162	100%	10
Melbourne Facility	Melbourne	FL	Orth. Rehab.	75,899	100%	9
West Mifflin Facility	West Mifflin	PA	Surgery	27,193	100%	14
Michigan Facility	Westland	MI	Surgery	15,018	100%	9
Asheville Facility	Asheville	NC	Surgery	8,840	100%	5
Las Cruces	Las Cruces	NM	Surgery	15,761	100%	12
Prescott	Prescott	AZ	Medical Office	12,000	100%	12
Geisinger	Lewisburg	PA	Imaging Center	28,480	100%	6
SLHVI	Clermont	FL	Medical Office	18,152	100%	8
SWFNA	Cape Coral	FL	Medical Office	25,814	100%	10
GBRH	Great Bend	KS	Acute Care Hospital	63,978	100%	15
OCOM	Oklahoma City	OK	Orthopedic + Hospital	96,596	100%	9
Total				**946,178**	**100%**	**9****

** Weighted average age calculated as of most recent renovation

PROPERTY PORTFOLIO MAP AS OF MAY 1, 2017

GLOBAL MEDICAL REIT

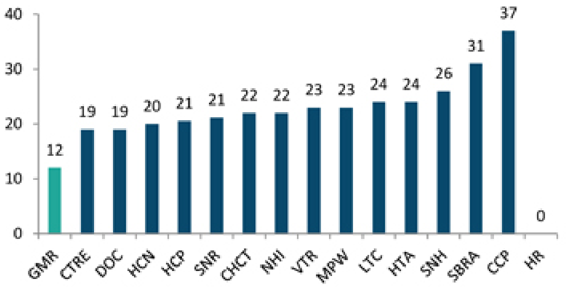


PORTFOLIO METRICS

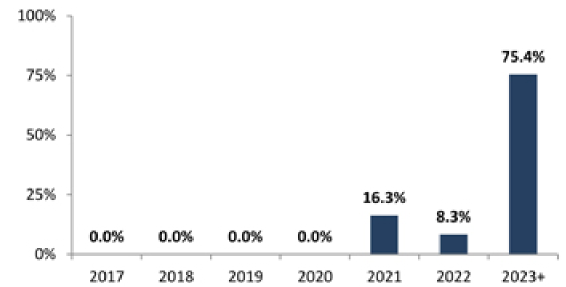
GLOBAL MEDICAL REIT

Portfolio metrics reflecting newer buildings, dominant tenants and long term leases

AVERAGE ASSET AGE



LEASE MATURITY – SQ. FT. EXPIRING



PREMIUM PORTFOLIO FUNDAMENTALS

- Youngest assets of listed healthcare REIT peers, driving high quality tenant retention
- Weighted average lease term remaining of 9 years
- No lease rollovers until 2021
- 100% net lease portfolio insulates GMR from operating expense increases and capital expenditures
- 100% leased space
- $24.83 average annual base rent per square foot

ASSOCIATES IN OPTHALMOLOGY WEST MIFFLIN, PA

KEY STATISTICS

Asset Type	Surgery Center and Medical Office Building
Gross Leasable Area	27,193
Average Age	9 years
EBITDARM / Rent	7x at lease inception
Leased Occupancy	100%
Lease Expiration	9/25/2030
Transaction Value	$20.0 million

STATE OF THE ART FACILITY

TOP FACILITIES AND CREATIVE LEASE

- The building contains state of are equipment used diagnosis and treatment of cataracts, glaucoma, diabetic eye care and macular degeneration
- The building is accredited by the Accreditation Association for Ambulatory Health Care (AAAHC)
- Profitable operator provides high, 7x rent coverage
- NNN Lease with annual rent increases of 2%
- GMR secured a new 15-year lease at closing with four (4) five (5) year renewal options
- Lease is protected by a strong corporate guarantor
- AIO subordinates profits before distributions to physicians, to rent payments

LOCALLY DOMINANT TENANT

- The facility is operated by Associates in Ophthalmology (AIO) and Associates Surgery Centers (ASC) respectively via two separate lease agreements that expire in 2030
- Located in the Pittsburgh market, the facility can draw from a population of 764,000 within a 10-mile radius of the property.
- 32% of the regional population is over the age of 55, a key demographic for AIO services
- 34 doctor practice provides highest quality care
- Market-leading ophthalmology practice with 11+ physicians and 7 locations

HEALTHSOUTH PORTFOLIO ARIZONA (1) AND PENNSYLVANIA (2)

GLOBAL MEDICAL REIT

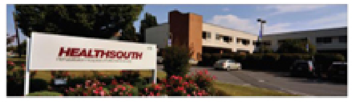
KEY STATISTICS

Asset Type	Inpatient Rehab Hospitals
Gross Leasable Area	200,746 square feet
Asset Quality	Class A-/B+ Assets
EBITDARM/Rent	6x average at purchase
Leased Occupancy	100%
Lease Expiration	5/2021 (PA) & 11/2024 (AZ)
Transaction Value	$68.1 million

STATE OF THE ART FACILITIES

Altoona, PA

Mesa, AZ



Mechanicsburg, PA

SERVING CONTEMPORARY TRENDS

- Although each facility has a different overall layout, the buildings are purpose built to provide a complete compliment of care
- Sustainable Design Elements such as the use of sunshade devices on windows
- Centrally Located Nursing Stations
- Comforts amenities such as ample Lounge areas and parking for family visits
- Care enhancement services like on-site Pharmacies to properly obtain and administer prescriptions to patients.

MARKET DOMINANT TENANT

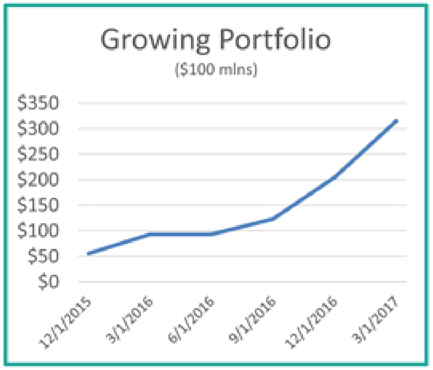
- HealthSouth is the leading U.S. provider of post-acute healthcare services, offering both facility-based and home-based post-acute services.
- Operates in 30 plus states and Puerto Rico through network home health agencies, and hospice agencies.
- HealthSouth had $3.1 billion in revenue in 2015 and $4.6 billion in total assets as of the end of 2015.
- The inpatient rehabilitation (IRF) industry is highly fragmented, and HealthSouth has no single, large competitor

PIPELINE OVERVIEW

Addition of recently announced credit facility provides acquisition financing optionality

STEADY PORTFOLIO GROWTH

- At May 1, 2017 GMR's portfolio exceeded $315 million with leasable square feet of approximately 946,000
- Multiple facilities under executed contracts or letters of intent
- Significant and growing pipeline of assets actively engaged



PIPELINE CHARACTERISTICS

- Customized long-term leases
- Market dominant tenants
- Facilities core to provider business model
- Class A, recently built assets

SOURCING

- Current emphasis on assets within dominant health system portfolios
- Originating deals directly from owners of multiple properties
- Focus on relationships and off-market transactions

INVESTMENT HIGHLIGHTS

GLOBAL MEDICAL REIT

- State-of-the-Art Healthcare Facilities
- Management Team with Public REIT Experience
- Attractive Industry Trends
- High Quality Initial Portfolio
- Market Dominant Tenants
- Substantial Pipeline of High Quality Assets

APPENDIX

EXTERNALLY MANAGED BY INTER-AMERICAN

GLOBAL MEDICAL REIT

Reducing G&A during initial growth phase with a path to internalization

Background and Strong Alignment of Interests

- Our advisor is 85% owned by ZH International Holdings, Ltd., a Hong Kong listed real estate company
- ZH International is engaged in global real estate development, investment, management and sales and REIT management
- Following recent IPO, our officers, directors and our primary sponsor own approximately 14.2% of our outstanding common stock on a fully diluted basis

Advisory Agreement

- Three year initial term with automatic renewals each year thereafter
- Advisor manages day-to-day affairs of the Company
- Other Inter-American Management LLC entities do not compete with GMR for assets

Management Fees

- Base management fee equal to 1.5% of stockholders equity, paid quarterly
- Incentive fee of 20% of AFFO after 8% hurdle to investors
- Reimbursement of certain expenses incurred by the advisor on behalf of GMR, but no reimbursement of compensation expenses of advisor

Path to Internalization

- When our stockholders' equity reaches $500 million, GMR will form a special committee of independent directors to evaluate internalization of management
- Committee will act in the interest of stockholders to consider effect of internalization
- Terms of the internalization must be mutually agreed to by Board and advisor

INDEPENDENT DIRECTORS

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

HENRY COLE, *Independent Director*

- 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)

MATTHEW CYPHER, Ph. D, *Independent Director*

- Professor at Georgetown University's McDonough School of Business as the director of the Real Estate Finance Initiative
- 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.)

KURT HARRINGTON, *Independent Director*

- Over 40 years experience in managing financial functions for large and small publicly traded companies
- Previously CFO of three public companies, Arlington Asset Investment Corp. (NYSE: AI), FBR Capital Markets and Jupiter National, Inc.
- Director of Wheeler Real Estate Investment Trust (NASDAQ: WHLR) and trustee and treasurer of Nichols College
- Nichols College (B.S.); CPA

RONALD MARSTON, *Independent Director*

- 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, *Independent Director*

- 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.)

INTERESTED 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

DAVID YOUNG, *Director*

- Over 25 years of experience in medical and hospital real estate
- Vice President – Acquisitions at Windrose Medical Properties Trust (NYSE: WRS), which was acquired by Welltower (NYSE:HCN)
- Executive responsible for business development for Healthcare Property Investors (NYSE: HCP) and helped it grow from AUM of $300 million to over $3.5 billion
- Developed specialized real estate financing of hospitals and medical clinics as part of GE financial services

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*

- 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);