

**FORM 9**  
**CERTIFICATE OF SUBSTANTIAL PERFORMANCE OF THE**  
**CONTRACT UNDER SECTION 32 OF THE ACT** *Construction Act*

Toronto

.....  
(County/District/Regional Municipality/Town/City in which premises are situated)

Princess Margaret Hospital, 610 University Avenue, Toronto, ON M5T 1P5

.....  
(street address and city, town, etc., or, if there is no street address, the location of the premises)

This is to certify that the contract for the following improvement:

PMH, MRL medgas panel compliance 2425-313

.....  
(short description of the improvement)

December 20, 2024

to the above premises was substantially performed on .....

(date substantially performed)

February 10, 2025

Date certificate signed: .....



.....  
(payment certifier where there is one)

.....  
(owner and contractor, where there is no payment certifier)

Princess Margaret Hospital

Name of owner: .....

67 College Street, 2<sup>nd</sup> floor, Toronto, ON M5G 2M1

Address for service: .....

English and Mould Mechanical Contractors Inc.

Name of contractor: .....

521 Piercy Road, Unit1, Bolton, ON, L7E 5B5

Address for service: .....

Zaro Dimitrov P.Eng.

Name of payment certifier (where applicable): .....

Zdesign+ Ltd. 181 Carlaw Avenue, Suite 211, Toronto, ON, M4M 1S2

Address: .....

(Use A or B, whichever is appropriate)

- ☒ A. Identification of premises for preservation of liens:  
21208-0284 (LT) being: LT E E/S MURRAY ST PL 1-49-55 TORONTO; PT LT D E/S MURRAY ST PL 1-49-55 TORONTO PT 1,  
63R4125; CITY OF TORONTO; TOGETHER WITH AN EASEMENT OVER PART 2 PLAN 66R24255 AS IN AT2127132

.....  
(if a lien attaches to the premises, a legal description of the premises,  
including all property identifier numbers and addresses for the premises)

- ☐ B. Office to which claim for lien must be given to preserve lien:

.....  
(if the lien does not attach to the premises, the name and address of the person or body to whom the claim for lien must be given)