

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

*Construction Act*

City of Toronto

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

600 University Avenue, Toronto, Ontario M5G 1X5

(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:

Mount Sinai Hospital - 6th floor pathology office renovation

(short description of the improvement)

to the above premises was substantially performed on April 01, 2025

(date substantially performed)

Date certificate signed: April 10, 2025

Mount Sinai Hospital



(payment certifier where there is one)

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

Name of owner: Sinai Health System

Address for service: 600 University Avenue, Toronto, Ontario M5G 1X5

Name of contractor: REA Construction

Address for service: 70 Deerhide Crescent, North York, ON M9M 2Y6.

Name of payment certifier (where applicable): Mount Sinai Hospital

Address: 600 University Avenue, Toronto, Ontario M5G 1X5

(Use A or B, whichever is appropriate)

☒ A. Identification of premises for preservation of liens:

600 University Avenue, Toronto, Ontario M5G 1X5

(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)