

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

City Of Burlington

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

UNits 100,111,112 & 114, 5045 Mainway, Burlington, Ontario, L7L 5Z1

(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:

Interior Build Out

(short description of the improvement)

to the above premises was substantially performed on 15TH APRIL 2025

(date substantially performed)

Date certificate signed: 15TH APRIL 2025

(payment certifier where there is one)

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

Name of owner: Plastic Surgery partners Inc +/-or
1000595987 Inc

Address for service: Juravinski Hospital , 711 Concession Street, Suite B3-135, Hamilton, On L8V1C3

Name of contractor: Blackwood Miller Ltd.

Address for service: 10-1240 Burloak Drive, Burlington, Ontario, L7L 6B3

Name of payment certifier (where applicable): BLACKWOOD MILLER LTD

Address: 10-1240 BURLOAK DRIVE, BURLINGTON, ONTARIO L7L 6B3

(Use A or B, whichever is appropriate)

☒ A. Identification of premises for preservation of liens:

Unit 100,111,112,114 5045 Mainway, Burlington, On L7L 5Z1

(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, a concise description of the premises, including addresses,
and the name and address of the person or body to whom the claim for lien must be given)