

**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)

610 University Avenue, Toronto Ontario M5G 2C1

(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:

PM Hematology Clinic Refresh

(short description of the improvement)

to the above premises was substantially performed on May 30, 2021

(date substantially performed)

Date certificate signed: June 15, 2021

*gBrady*

Greg Brady, University Health Network

(payment certifier where there is one)

Manny Furtado, Furcon Environmental

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

Name of owner: University Health Network

Address for service: 190 Elizabeth Street, Toronto Ontario M5G 2C4

Name of contractor: Furcon Environmental Inc.

Address for service: 2495 Haines Road, Mississauga Ontario L4Y 1Y7

Name of payment certifier (where applicable): University Health Network

Address: 700 Bay Street, 6th Floor, Toronto Ontario M5G 1Z6

(Use A or B, whichever is appropriate)

☒ A. Identification of premises for preservation of liens:

610 University Avenue, Toronto Ontario M5G 2C1

(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)