

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)

Toronto General Hospital-200 Elizabeth St, Toronto, ON, M5G 2C4

(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:

University Health Network-Toronto General Hospital-Medical Imaging Reception Desk Replacement

(short description of the improvement)

to the above premises was substantially performed on March 16, 2022
(date substantially performed)

Date certificate signed: April 27, 2022

(payment certifier where there is one)

Gregory Brady

Ky Leu

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

Name of owner: University Health Network

Address for service: Toronto General Hospital-200 Elizabeth St, Toronto, ON, M5G 2C4

Name of contractor: Sure General Contractors Inc

Address for service: 215 Midwest Rd, Toronto, ON, M1P 3A6

Name of payment certifier (where applicable): _____

Address: _____

(Use A or B, whichever is appropriate)

☒ A. Identification of premises for preservation of liens:

200 Elizabeth St, Toronto, Ontario, M5G 2C4

(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)