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June 22, 2022

Rea Construction  
70 Deerhide Crescent.  
North York, Ontario, M9M 2Y6

Attn: Marcelo Lemos  
Re: **Publication of Certificate of Substantial Performance**  
TGH TOP Transplant Outpatient Pharmacy  
200 Elizabeth St,  
Toronto, Ontario

Building Permit Number: 21 249230 BLD 00 BA

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Dear Marcelo Lemos,

We have reviewed your request for certification of Substantial Performance of the Contract on this project and find it in order. A copy of the Certificate of Substantial Performance is attached.

Please forward evidence of your publication of this certificate directly to the Owner, with a copy to Thomas Brown Architects, so we may include it in our certification for the release of holdback.

Yours Truly,



Chris Kubbinga  
Architect, OAA  
**Thomas Brown Architects Inc.**

Attachments: Certificate of Substantial Performance of the Contract

cc: Steve Iacucci, Project Manager, Project Manager Office, University Health Network (UHN)

**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)

**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:

**TGH TOP TRANSPLANT OUTPATIENT PHARMACY**

(short description of the improvement)

to the above premises was substantially performed on **2022-06-17**

(date substantially performed)

Date certificate signed: **2022-06-21**

(payment certifier where there is one)

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

Name of owner: **UNIVERSITY HEALTH NETWORK**

Address for service: **100 QUEEN ST. W. TORONTO, ON M5H 2N2**

Name of contractor: **REA CONSTRUCTION**

Address for service: **70 DEERHIDE CRESCENT NORTH YORK, ON M9M 2Y6**

**THOMAS BROWN ARCHITECTS**

Name of payment certifier (where applicable): **INC**

Address: **197 SPADINA AVENUE, SUITE 500, TORONTO, ON M5T 2C8**

(Use A or B, whichever is appropriate)

☒ A. Identification of premises for preservation of liens:

**TORONTO GENERAL HOSPITAL, 200 ELIZABETH ST, TORONTO, ON 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, 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)