

**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 ON M5G 201**

(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:

**PMH GAMMA KNIFE RELOAD**

(short description of the improvement)

to the above premises was substantially performed on **July 1 2022**

(date substantially performed)

Date certificate signed: **July 25, 2022**

(payment certifier where there is one)

*Steven Iacucci* *Jawin*  
(owner and contractor, where there is no payment certifier)

Name of owner: **UNIVERSITY HEALTH NETWORK**

Address for service: **700 BAY STREET SUITE 700 TORONTO ON M5G1Z6**

Name of contractor: **HEALTH CARE SOLUTIONS INC**

Address for service: **307-309 BAY STREET SAULT STE MARIE ON P6A1X2**

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

Address: **200 ELIZABETH STREET TORONTO ON M5G1Z6**

(Use A or B, whichever is appropriate)

☒ A. Identification of premises for preservation of liens:

**PRINCESS MARGARET HOSPITAL 610 UNIVERSITY AVENUE TORONTO ON M5G 1Z6**

(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)

Princess Margaret Hospital

Address	PIN Number	Legal Description
610 University Avenue	21208-0284(LT)	LT E E/S MURRAY ST PL 1-49-55 TORONTO; PT LT D E/S MURRAY ST PL 1-49-55 TORONTO PT 1, 63R4125;  CITY OF TORONTO;  TOGETHER WITH AN EASEMENT OVER PART 2 PLAN 66R24255 AS IN AT2127132