

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

Construction Act

Scarborough

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

3276 St. Clair Ave E

(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:

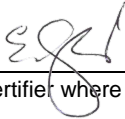
Providence Healthcare DA Replacement

(short description of the improvement)

to the above premises was substantially performed on March 23, 2023

(date substantially performed)

Date certificate signed: March 27, 2023



(payment certifier where there is one)

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

Name of owner: Unity Health Toronto

Address for service: 3276 St. Clair Ave E

Name of contractor: AC Mechanical Contractors Ltd

Address for service: 17-2857 Sherwood Heights Drive, Oakville ON L6J 7J9

Name of payment certifier (where applicable): HH Angus & Associates Ltd

Address: 1127 Leslie St., Toronto, ON M3C 2J6

(Use A or B, whichever is appropriate)

☒ A. Identification of premises for preservation of liens:

Providence Healthcare, 3276 St. Clair Ave E ON M1L1W1

(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)