

**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)

**30 Bond Street, Toronto, ON M5B 1W8**

(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:

**Replacement of Roof Area BN-3.2**

(short description of the improvement)

to the above premises was substantially performed on **September 27, 2023**

(date substantially performed)

Date certificate signed: **December 6 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: **30 Bond Street, Toronto, ON M5B 1W8**

Name of contractor: **Atlas-Apex Roofing Inc.**

Address for service: **65 Disco Road, Etobicoke, ON M9W 1M2**

**Rimkus Consulting Group**

Name of payment certifier (where applicable): **Canada, Inc.**

Address: **2121 Argentia Road, 4<sup>th</sup> Floor, Mississauga, ON L5N 2X4**

(Use A or B, whichever is appropriate)

A. Identification of premises for preservation of liens:

**St. Michael's Hospital, 30 Bond Street, Toronto, ON M5B 1W8**

(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)