

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

*Construction Act*

Windsor, ON

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

1995 Lens Ave, Windsor, ON N8W 1L9

(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:

**Fluoroscopy Turnkey Project**

(short description of the improvement)

to the above premises was substantially performed on February 16, 2024

(date substantially performed)

Date certificate signed: March 01, 2024

Courtney Laurin



**Kevin Douglas**

Digitally signed by Kevin Douglas  
Date: 2024.03.01 11:18:41 -05'00'

(payment certifier where there is one - signature required)

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

Name of owner: Windsor Regional Hospital

Address for service: 1995 Lens Ave, Windsor, ON N8W 1L9

Name of contractor: Health Care Solutions Inc.

Address for service: 307-390 Bay Street, Sault Ste. Marie, ON P6A 1X2

Name of payment certifier (where applicable): \_\_\_\_\_

Address: \_\_\_\_\_

(Use A or B, whichever is appropriate)

A. Identification of premises for preservation of liens:

Windsor Regional Hospital, Met Campus at 1995 Lens Ave, Windsor, ON N8W 1L9

(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)