

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

Construction Act

City of Toronto, Ontario

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

700 University Ave, 4th Floor, Toronto, Ontario M5G 1X6

(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:

2223-099 MI Dual Head Gamma Cammera Replacement

(short description of the improvement)

to the above premises was substantially performed on **March 15th, 2024**

(date substantially performed)

Date certificate signed: **April 24th, 2024**



(payment certifier where there is one)

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

Name of owner: **University Health Network**

700 University Ave, 4th Floor

Address for service: **Toronto, Ontario M5G 1X6**

Name of contractor: **Furcon Environmental Inc.**

Address for service: **2495 Haines Rd, Mississauga, ON L4Y 1Y7**

Name of payment certifier (where applicable): **Quasar Consulting Group**

Address: **250 Rowntree Dairy Rd, Woodbridge, ON L4L 9J7**

(Use A or B, whichever is appropriate)

A. Identification of premises for preservation of liens:

The Michener Institute - 10th Floor Room 1003 & 9th Floor Room 903

(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)