

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:

Nuclear Camera Turnkey Project

(short description of the improvement)

to the above premises was substantially performed on March 7, 2024

(date substantially performed)

Date certificate signed: March 20, 2024

Courtney Laurin



Kevin Douglas

Digitally signed by Kevin Douglas
Date: 2024.03.20 14:51:54 -04'00'

(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)