

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

Construction Act

Toronto

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

600 University Avenue, Toronto, Ontario, M5G 1X5

(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:

FL 04 Dentistry CBCT Project

(short description of the improvement)

to the above premises was substantially performed on July 24, 2024

(date substantially performed)

Date certificate signed: 2024/08/12

(payment certifier where there is one)

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

Name of owner: Sinai Health System

Address for service: 600 University Avenue, Toronto, ON M5G 1X5

Name of contractor: Sure General Contractors Inc.

Address for service: 215 Midwest Road, Toronto, ON M1P 3A6

Name of payment certifier (where applicable): DIVYESH PATEL

Address: 1100 – 100 Sheppard Ave. East, Toronto ON, M2N 6N5

(Use A or B, whichever is appropriate)

☐ A. Identification of premises for preservation of liens:

(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:

Carmel Pulo, 600 University Avenue, Toronto, ON M5G 1X5

(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)