

FORM 6
CERTIFICATE OF SUBSTANTIAL PERFORMANCE OF THE CONTRACT UNDER SECTION 32 OF
THE ACT (CONSTRUCTION LIEN ACT)

Toronto, Ontario, Canada
(Country/District/Regional Municipality/Town/City in which premises are situated)
825 Coxwell Avenue, Toronto, Ontario, M4C 3E7
(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:

MICHAEL GARRON HOSPITAL – PHASE 1 NEW PATIENT CARE TOWER PROJECT

to the above premises was substantially performed on:

September 16, 2024
(date substantially performed)

Date certificate signed: **September 16, 2024**



Alex Bonadiman, WT Partnership

(payment certifier where there is one)

n/a

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

Name of Owner: **TORONTO EAST HEALTH NETWORK**, a non-share capital corporation
incorporated under the laws of Ontario (the “**Contracting Authority**”)

Address for Service: **825 Coxwell Avenue, Toronto, Ontario, M4C 3E7**

Name of Contractor: **ELLISDON DESIGN BUILD INC.**, a corporation incorporated under the laws of
the Province of Ontario (the “**Construction Contractor**”)

Address for Service: **1004 Middlegate Road, Suite 1000, Mississauga, Ontario L4Y 1M4**

Name of Payment Certifier: **WTP Property Consultants Ltd. o/a WT Partnership**

Address: **18 King Street East, Suite 801, Toronto, Ontario, M5C 1C4**

(Use A or B, whichever is appropriate)

☒ A. Identification of premises for the preservation of liens:

PIN: 10420-0615 (LT)

Description: BLK D PL 2984 EAST YORK; TORONTO (E YORK) , CITY OF TORONTO

PIN: 10420-0613 (LT)

Description: BLK C PL 2250 TWP OF YORK EXCEPT PL 2984 & PL 2956; TORONTO (E YORK) , CITY OF
TORONTO

(where liens attach to premises, reference to lot and plan number or instrument registration number)

☐ B. Office to which claim for lien must be given to preserve lien:

N/A

(where liens do not attach to premises)