

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

Construction Act

City of Toronto

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

4001 Leslie Street, Toronto, ON M2K 1E1

(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:

MRI Design-Build Project

(short description of the improvement)

to the above premises was substantially performed on October 19, 2022

(date substantially performed)

Date certificate signed: November 22, 2022

(payment certifier where there is one - signature required)

 Paul F. White, G-E HEALTHCARE

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



Courtney Laurin, HCS

Name of owner: North York General Hospital

Address for service: 4001 Leslie Street, Toronto, ON M2K 1E1

Name of contractor: Health Care Solutions Inc.

Address for service: 390 Bay St., Suite 307, 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:

4001 Leslie Street, Toronto, ON M2K 1E1

(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)