



BA20250458434

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**STATE OF CALIFORNIA**  
*Office of the Secretary of State*  
**STATEMENT OF INFORMATION**  
**CORPORATION**

California Secretary of State  
 1500 11th Street  
 Sacramento, California 95814  
 (916) 657-5448

For Office Use Only

**-FILED-**

File No.: BA20250458434

Date Filed: 3/3/2025

Entity Details			
Corporation Name	Longevity Weight Loss Clinic and MedSpa Inc.		
Entity No.	B20250001604		
Formed In	CALIFORNIA		
Street Address of Principal Office of Corporation			
Principal Address	22212 CRYSTAL POND MISSION VIEJO, CA 92692		
Mailing Address of Corporation			
Mailing Address	22212 CRYSTAL POND MISSION VIEJO, CA 92692		
Attention			
Street Address of California Office of Corporation			
Street Address of California Office	None		
Officers			
Officer Name	Officer Address	Position(s)	
+ FIROUZEH F SABERI	400 S PASEO ESTRELLA ANAHEIM, CA 92807	Chief Financial Officer	
+ SHALA TAVAKOLI	25622 RAINTREE RD LAGUNA HILLS, CA 92653	Chief Executive Officer	
+ SHADI MOHAMMADIRAD	22212 CRYSTAL POND MISSION VIEJO, CA 92692	Secretary	
Additional Officers			
Officer Name	Officer Address	Position	Stated Position
+ KAMYAR SAKET	22212 CRYSTAL POND MISSION VIEJO, CA 92692	Chairperson of Board	
+ MATIN HADAVI	99 TALISMAN 636 IRVINE, CA 92620	Assistant Secretary	
+ FARIMAN JOZERAMEZANI	400 S PASEO ESTRELLA ANAHEIM, CA 92807	Assistant Chief Financial Officer	
Directors			
Director Name	Director Address		
+ KAMYAR SAKET	22212 CRYSTAL POND MISSION VIEJO, CA 92692		
The number of vacancies on Board of Directors is: 0			
Agent for Service of Process			
Agent Name	Saeid Habibi		
Agent Address	52 BIANCO IRVINE, CA 92618		

Type of Business	WEIGHT LOSS CLINIC AND MEDSPA
Type of Business	
Email Notifications	
Opt-in Email Notifications	Yes, I opt-in to receive entity notifications via email.
Labor Judgment	No Officer or Director of this Corporation has an outstanding final judgment issued by the Division of Labor Standards Enforcement or a court of law, for which no appeal therefrom is pending, for the violation of any wage order or provision of the Labor Code.
Electronic Signature	
<input checked="" type="checkbox"/> By signing, I affirm that the information herein is true and correct and that I am authorized by California law to sign.	
<i>Saeid Habibi</i>	<i>03/03/2025</i>
Signature	Date