Florida Medical Association Alliance

Board of Directors Report



DATE:

FROM: *List Members of the Committee*

SUBJECT: *Name of the Committee* Committee Report

The *Committee Name* met via email/online and presents the following report:

**Informational Item No. 1: *Subject***

*Information goes here….*

**Informational Item No. 2:** ***Subject***

*Information goes here….*

**Informational Item No. 3:** ***Subject***

*Information goes here….*

**Informational Item No. 4: *Subject***

*Information goes here….*