

Florida Medical Association, Inc.



Charter and Bylaws

**of the Florida Medical
Association, Inc.**

August 2018

Charter and Bylaws

**of the Florida Medical Association, Inc.
with the Principles of Medical Ethics and the
Guidelines for Expert Witness Testimony**

**Florida Medical Association, Inc.
1430 Piedmont Drive East
Tallahassee, Florida 32308**

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**CHARTER OF
FLORIDA MEDICAL ASSOCIATION, INC.**

ARTICLE I

The name of the corporation is FLORIDA MEDICAL ASSOCIATION, INC., and its principal place of business shall be located in Tallahassee, Leon County, State of Florida.

ARTICLE II

The general nature of the objects of the corporation is to promote the science and art of medicine and the betterment of public health; to unite the medical profession of Florida into one compact organization and to federate with similar organizations in other states and territories to form the American Medical Association, to extend medical knowledge and to advance medical science; to elevate the standards of medical education; to strive for the enactment, preservation and enforcement of just medical and public health laws; to promote friendly relationships among physicians and to guard and foster their material interests; to enlighten and alert the public; to encourage similar interests and objectives in the corporation's component medical societies, and to carry out these objects of the corporation as a business league not organized for profit, and no part of the net earnings shall inure to the benefit of any private member or individual, as an exempt corporation not for profit within Section 501(c)(6), 26 U.S.C.A., Internal Revenue Code of 1954.

ARTICLE III

The qualifications of each member of this corporation shall conform to the qualifications prescribed by the bylaws of this corporation. Any applicant for admission into this corporation shall be admitted into membership provided the applicant complies with the qualifications prescribed by the bylaws, and upon the payment of the current annual dues to the Treasurer of this corporation.

ARTICLE IV

The term for which this corporation is to exist is perpetual.

ARTICLE V

The names and residences of the subscribers of this Charter as follows: H. Mason Smith, M.D., 2602 Sunset Drive, Tampa, Florida; Shaler Richardson, M.D., 210 Talbot Avenue, Jacksonville, Florida; Gerry R. Holden, M.D., 205 Goodwin Street, Jacksonville, Florida; C.D. Christ, M.D., 508 South Orange Avenue, Orlando, Florida; Sheldon Stringer, M.D., 801 South Boulevard, Tampa, Florida.

ARTICLE VI

The affairs of the corporation are to be managed by: a President, a President-Elect, a Vice President or several Vice Presidents if so provided by the Bylaws, a Secretary, a Treasurer, the Immediate Past President, the House of Delegates of not less than three delegates or such additional number as is fixed in the Bylaws, a Board of Governors constituted as provided in the Bylaws and an Executive Committee constituted as provided in the Bylaws. Each officer and member of the House of Delegates, and of the Board of Governors or the Executive Committee, shall be elected or appointed at the time and in the manner fixed in the Bylaws.

ARTICLE VII

The names of the officers who are to manage all the affairs of this corporation until the first election or appointment of officers under this Charter are as follows: H. Mason Smith, M.D.; Shaler Robinson, M.D.; Gerry R. Holden, M.D.; C.D. Christ, M.D.; Sheldon Stringer, M.D.

ARTICLE VIII

The Bylaws of the corporation shall be made, altered or rescinded by the House of Delegates in the manner fixed by the Bylaws.

ARTICLE IX

The highest amount of indebtedness or liability of the corporation shall never be greater than two-thirds of the value of the property of the corporation.

ARTICLE X

This corporation reserves the right to amend, alter, change, or repeal any provisions contained in this Charter in this manner now or hereafter prescribed by law, and all rights conferred on members in this corporation are granted subject to this reservation.

**THE BYLAWS OF
FLORIDA MEDICAL ASSOCIATION, INC.**

**CHAPTER I
MEMBERSHIP**

Section 1. QUALIFICATIONS AND ELIGIBILITY

1. Any doctor of medicine may be accepted into membership in the Florida Medical Association, Inc., provided he complies with the qualifications prescribed by these bylaws. In addition, he must agree to uphold the integrity of the medical profession and abide by the AMA Principles of Medical Ethics, the FMA Guidelines for Expert Witness Testimony and the bylaws of the Association. All applications for membership shall include remittance of all required fees, dues, and assessments
2. Any doctor of osteopathy who has satisfactorily completed an internship and/or residency program approved by either the Accreditation Council for Graduate Medical Education (ACGME) or the American Osteopathic Association (AOA) may be accepted into membership in the Florida Medical Association, Inc., provided he complies with the qualifications prescribed by these bylaws. In addition, he must agree to uphold the integrity of the medical profession and abide by the AMA Principles of Medical Ethics, the FMA Guidelines for Expert Witness Testimony and the bylaws of the Association. All applications for membership shall include remittance of all required fees, dues, and assessments.
3. Bona fide students enrolled in accredited Florida medical school or osteopathic school curricula leading to the degree of Doctor of Medicine or Doctor of Osteopathy shall be privileged to apply for membership in the Florida Medical Association, Inc.

Section 2. MEMBERSHIP CATEGORIES

The FMA Board of Governors shall establish and define the membership categories for participation in the Florida Medical Association, the rights associated with each membership category, and the applicable dues.

Section 3. RIGHTS AND PRIVILEGES

Membership in the Association confers no vested right to the holder thereof, but is a conditional privilege revocable for cause. Each doctor of medicine or osteopathy and student, by accepting membership in the Association, becomes subject to all provisions of these Bylaws, and subject to disciplinary proceedings authorized hereunder.

**Section 4. SUSPENSION OR INVOLUNTARY TERMINATION
OF MEMBERSHIP**

The Association has the responsibility to purge the Association of those unworthy to be members and it is the obligation of the Association and the individual members thereof to give unlimited cooperation and assistance to the Association in the discharge of its responsibility. The Association, or its designee as determined by the Board of Governors shall have the authority, power and duty to maintain high ethical and professional standards of its members, and to take such proceedings as are authorized to ensure such standards for members of the Association. Violation of the Principles of Medical Ethics as adopted by the Association is a cause for censuring, suspending or otherwise disciplining a member. The commission by a member of any act contrary to honesty, justice or good morals, whether the act is committed in the course of his relations as a doctor of medicine or

osteopathy or otherwise, and whether or not the act is a crime, constitutes a cause for discipline.

Failure of a chartered county medical society to take adequate and proper action against a member who has been indicted by the Council on Ethical and Judicial Affairs shall be deemed sufficient reason for the Council on Ethical and Judicial Affairs to take appropriate action which, if resulting in suspension or termination of his membership in the Association, shall require the chartered county medical society likewise to suspend or terminate his membership in that society or be subject to revocation of its charter.

CHAPTER II
MEETINGS OF ALL MEMBERS

The Board of Governors may, from time to time, convene a meeting of all of the membership of the Association. The meeting shall be held at the place and time selected by the Board of Governors.

CHAPTER III HOUSE OF DELEGATES

Section 1. DESIGNATION AND COMPOSITION

The House of Delegates is the legislative and business body of the Association and its members are the officers of the Association, as defined in Chapter V, Section 1 of these Bylaws, the elected members of the Association's Board of Governors, and the delegates officially elected by the component societies, specialty societies, Specialty Society Section, Young Physicians Section, Medical Student Section, Resident Section and the Florida Medical Association Alliance, in accordance with the provisions of these Bylaws.

Section 2. ANNUAL MEETING

The House of Delegates shall meet annually. The Board of Governors shall select the site and date of Annual Meetings. The President shall deliver an address at a session of the House of Delegates each year.

Section 3. SPECIAL SESSIONS OF THE HOUSE OF DELEGATES

1. The House of Delegates may be called into special session. Except in emergencies, delegates shall be notified in writing of a called meeting at least thirty days prior to the date of the meeting. The purpose of the called meeting and its agenda shall be stated in the notice calling the meeting.

2. The House of Delegates shall convene a special session in the following circumstances:

- a. The President of the Association determines that such a meeting is in the best interest of the Association;
- b. The Speaker of the House of Delegates shall be required to call a special session of the House of Delegates upon written request of at least ten percent of the current delegates and at least ten percent of the component societies participating in the House of Delegates;
- c. The Speaker of the House of Delegates shall be required to call a special session of the House of Delegates upon written request of any ten percent of the total Association membership; or
- d. The Speaker of the House of Delegates shall be required to call a special session of the House of Delegates upon a three-fourths vote of the Board of Governors.

Disputes involving paragraphs b and c shall be resolved by the Board of Governors.

Section 4. QUORUM

At any meeting of the House of Delegates a majority of the eligible registered delegates shall constitute a quorum.

Section 5. DETERMINATION OF DELEGATES

Commencing with the annual meeting of the House of Delegates to be held in 2003 and continuing with the House of Delegates meeting to be held each year thereafter, delegates and alternate delegates to the House of Delegates shall be selected by the component societies in accordance with the procedures set forth in this Section 5.

Each chartered county medical society shall be entitled to select annually and to send to each meeting of the House of Delegates one delegate for every forty active members of the Association

within that society, and one for any fraction over and above the last complete unit of forty, as shown on the Association's records on December 31 of the preceding calendar year, provided that each component society holding a charter from the Association shall be entitled to at least one delegate.

The officers of the Association and the elected members of the Board of Governors shall be delegates to the House of Delegates and shall not be considered when determining the number of delegates to which a chartered county medical society is entitled.

Each specialty society and each representative society recognized by the FMA shall be entitled to select annually and send to each meeting of the House of Delegates one delegate for every forty active members, or any fraction thereof, of the specialty society or representative society who are members of the Association who shall be entitled to vote. Each delegate must be an active member of the Association.

The Specialty Society Section, the Young Physicians Section and the Florida Medical Association Alliance shall be entitled to select annually and send to each meeting of the House of Delegates one delegate who shall be entitled to vote. The Resident and Fellow Section shall be entitled to select annually and send to each meeting of the House of Delegates four delegates who shall be entitled to vote. The Medical Student Section shall be entitled to select one delegate from each medical school in the state of Florida, who shall be entitled to vote. No delegate may represent more than one organization entitled to representation in the House of Delegates.

The House of Delegates shall have the power to determine its own membership and by three-fourths vote of those delegates present in official session refuse to seat any delegate or alternate delegate.

Section 6. DELEGATES TO THE HOUSE OF DELEGATES OF THE AMERICAN MEDICAL ASSOCIATION

The House of Delegates shall elect from the active members of the Association representatives to the House of Delegates of the American Medical Association in accordance with the Constitution and Bylaws of that body and these bylaws in such manner that one-half of the delegates to which the Association is entitled are elected each year. In the event the Association is entitled to an odd-number of delegates, the majority of the delegates (half plus one) shall be elected the first year and the remainder shall be elected the next year. Each delegate shall be elected for a two-year term. The delegates shall be elected by secret ballot in such a manner that the candidates with the highest number of votes cast shall be elected to fill the number of delegate seats available for election that year. Notwithstanding the two-year term for which delegates are elected, beginning with the Association's Annual Meeting in 1999, delegates elected as representatives to the House of Delegates of the American Medical Association shall assume office immediately upon adjournment of the House of Delegates at which they were elected.

There shall also be elected an equal number of alternate delegates. The candidates with the next highest order of votes cast shall be elected as alternate delegates, provided that one alternate delegate seat shall be filled by a member of the Young Physicians Section.

Early in the electoral year, the delegates and alternate delegates to the American Medical Association shall meet and elect by secret ballot the officers of the delegation, who may be either delegates or alternate delegates to the American Medical Association.

Section 7. CHARTERS

The House of Delegates shall, upon the recommendation of the Council on Ethical and Judicial Affairs and approval of the Board of Governors, issue charters to county medical societies which have made application and which are organized in accordance with the Charter and Bylaws of the Association.

Section 8. DELEGATES CREDENTIALS

Each component society and other organization authorized to send delegates to the House of Delegates shall notify the Secretary of the Association which of its members have been selected as delegates to the House of Delegates of the Florida Medical Association as soon as practicable after their election, but no later than 60 days preceding the Annual Meeting. Except for the delegate selected by the Florida Medical Association Alliance to the House of Delegates, each delegate so elected shall be an active member of the FMA in good standing and shall have paid his current Association dues and assessments. Each delegate and alternate delegate selected by the Florida Medical Association Alliance shall be a spouse, widow or widower of a member of the Association.

Each delegate, before being seated, shall present an official certification of eligibility from the President or Secretary of his component society, or in the case of the delegate selected by the Florida Medical Association Alliance, from the Secretary of the Alliance, to the Chair of the Credentials Committee. Officers of the Association and elected members of the Board of Governors shall be seated upon an official certification from the President or Secretary of the Association that the officers and members of the board have been duly elected in accordance with the Bylaws.

Section 9. TENURE OF DELEGATES

Each delegate seated at an Annual Meeting shall serve until the next Annual Meeting, and shall serve at all interim or called meetings between Annual Meetings, unless the component society or the Florida Medical Association Alliance, by certification of its President or Secretary duly designates a different delegate.

Section 10. ALTERNATE DELEGATES

Each component society shall select alternate delegates corresponding in number to the delegates to which it is entitled, and shall designate to the Secretary of the Association in the order in which they are to serve. The Young Physicians Section, the Medical Student Section, the Resident Section and the Florida Medical Association Alliance shall be entitled to select alternate delegates to serve with each of its delegates.

Each alternate not seated as a delegate at the Annual Meeting shall continue to serve as an alternate until the next Annual Meeting and for all interim or called meetings between Annual Meetings, unless the component society by certification of its President or Secretary duly designates a different alternate.

A qualified alternate delegate may be seated for a delegate who is unable to attend the Annual Meeting or any session of the House of Delegates. The component society may seat an alternate delegate for the delegate provided that the alternate delegate deposits with the Credentials Committee a certificate signed by the President or Secretary of the component society stating that the alternate has been properly selected to serve. An alternate who has been seated at any single session of the House of Delegates shall serve throughout that session and may not have his place taken by any other delegate or alternate provided further, that once an alternate has been seated for a delegate during any session of the House of Delegates, that alternate shall be the only alternate thereafter eligible to serve for that particular delegate at subsequent sessions of the House of Delegates during the Annual Meeting.

Section 11. VOTING REQUIREMENTS

The officers of the Association and the elected members of the Board of Governors shall be considered delegates to the House of Delegates and shall be entitled to vote on any question before the House of Delegates. Any seated delegate is privileged to vote on any question before the House of Delegates, but must be present and vote in person. Voting by proxy is prohibited.

Section 12. PRIVILEGE OF FLOOR

The privilege of the floor shall be restricted to FMA members who are seated delegates, officers, Presidents of the county medical societies, members of the Board of Governors, AMA delegates and alternate delegates, past Presidents, members of the Specialty Society Section, council and section chairs, and to AMA general officers except by permission of the presiding officer.

This privilege includes the right to make motions, provided they are seconded by a voting member of the House.

Section 13. REFERENCE COMMITTEES

1. DESIGNATION OF REFERENCE COMMITTEES.--There shall be at least four reference committees to consider and recommend on matters presented to the House of Delegates at its Annual Meeting. The Speaker of the House shall determine whether additional reference committees are required.

2. REFERENCE COMMITTEE COMPOSITION.--Reference committees shall be appointed by the Speaker, in consultation with the President, from the members of the House of Delegates. Each committee shall consist of at least five members, of which the majority shall constitute a quorum. These appointments shall be published in *The Handbook for Members of the House of Delegates* and shall be announced at the first session of the Annual Meeting of the House of Delegates. The Speaker shall designate one member of each reference committee as Chair. Officers and members of the Board of Governors shall not serve on reference committees, and the report of the Chair of a Committee or the Chair of a Council shall not be referred to a reference committee of which he is a member.

3. REFERENCE COMMITTEE REFERRALS.--Each reference committee shall meet in accordance with a schedule designated by the Speaker and as published in the official program to consider all matters referred to it. All meetings of reference committees shall be open to all members of the Association, who shall have the right and privilege to be heard on any issue under consideration. After all eligible persons have had an opportunity to be heard, the Chair may declare an executive session during which the decisions of the committee shall be reached. The Chair shall report the recommendations of the reference committee to the House of Delegates at a subsequent session as directed by the Speaker.

Section 14. DEFERRED ACTION.--All issues not resolved by the House of Delegates and on which further study is directed shall be referred to the Board of Governors for assignment to the appropriate councils and committees.

CHAPTER IV ELECTIONS

Section 1. ELECTION AND TERM OF OFFICE

All officers, except the public member of the Board of Governors, shall be elected annually by the House of Delegates, and shall serve until their successors are elected and installed. Except for the Treasurer, who may serve five (5) consecutive terms, no other officer may serve for more than three (3) consecutive terms.

Medical District representatives to the Board of Governors shall be elected by the House of Delegates for a term of three years. No Medical District representative may serve on the Board of Governors for more than two consecutive three-year terms.

Primary Care Specialty Societies, Medical Specialties and Subspecialties, and Surgical Specialties and Subspecialties representatives to the Board of Governors shall be elected by the Specialty Society delegates to the House of Delegates comprising each of the three specialties categories. A delegate from a Specialty Society may only vote for a candidate to the Board of Governors from the specialty category from which the delegate is a member. The Specialty Societies representatives to the Board shall be elected for a term of two years. No Specialty Societies representative to the Board may serve consecutive terms. In addition, no Specialty Society shall have a representative elected to the Board for consecutive terms.

A resident physician shall be elected by the House of Delegates to serve as a member of the Board of Governors for a term of two years, or until the end of their residency, whichever comes first. A young physician, who is a member of the Young Physicians Section, shall be elected by the House of Delegates to serve as a member of the Board of Governors for a term of two years. An individual shall be elected as a public member of the Board of Governors by the Board of Governors for a term of one year.

Section 2. ELIGIBILITY

Except as provided below, any active member in good standing is eligible for any office.

Only delegates to the House of Delegates representing the Primary Care Specialty Societies shall be eligible for the Primary Care Specialty Societies position to the Board of Governors. Only delegates to the House of Delegates representing the Medical Specialties and Subspecialties shall be eligible for the Medical Specialties and Subspecialties position to the Board of Governors. Only delegates to the House of Delegates representing the Surgical Specialties and Subspecialties shall be eligible for the Surgical Specialties and Subspecialties positions to the Board of Governors.

Only resident members in good standing shall be eligible for the resident position on the Board of Governors and further provided that anyone seeking an office otherwise meet the provisions set forth in the Bylaws.

The public member of the Board of Governors shall be an individual who does not possess the degree of Doctor of Medicine or its equivalent and who is not a medical student.

Beginning with the Annual Meeting of the House of Delegates in 2010, a recognized Specialty Society is eligible to elect a representative to the Board of Governors if at least fifty percent (50%) of its physician members are also members of the Association or if the recognized Specialty Society has at least 750 physician members who are also members of the FMA.

In order to run for any office or any seat on the Board of Governors, the prospective candidate must: (1) have been an active member of the FMA for at least 3 years; and (2) have been a delegate to and attended the FMA Annual Meeting at least once previously. The resident physician and young physician seat on the Board of Governors are exempt from this provision.

Section 3. METHOD

All elections shall be by secret ballot, unless there is but one nominee for an office, in which instance the Secretary, upon a motion duly made, seconded and carried, shall cast the ballot of the House of Delegates for the nominee. A majority of the votes cast shall be necessary to elect. If no candidate receives a majority vote on the first ballot, a second ballot shall be taken. The names of the two candidates receiving the highest number of votes shall appear on the second ballot. If two or more candidates are tied for second place, their names shall appear on the second ballot. The balloting shall continue until one candidate has a majority.

Section 4. NOMINATIONS

Nominations for officers and members of the Board of Governors of the Association, except for the public member position on the Board of Governors, the Primary Care Specialty Societies, Medical Specialties and Subspecialties and Surgical Specialties and Subspecialties representatives to the Board of Governors, and delegates to the House of Delegates of the American Medical Association, shall be made from the floor of the House of Delegates by a member of the House. All active members of the Association are eligible for nomination.

Nominations for the Primary Care Specialty Societies, Medical Specialties and Subspecialties, and Surgical Specialties and Subspecialties representatives to the Board of Governors shall be made from the floor of the House of Delegates by a member of the House who is also a member of a Specialty Society of the respective category of specialty societies.

Section 5. TIME AND PLACE

The election of officers and members of the Board of Governors of the Association and delegates to the House of Delegates of the American Medical Association shall be held during the final session of any meeting of the House of Delegates. Only seated delegates shall be eligible to vote.

Section 6. LIMITATIONS

No member shall hold more than one office at any one time, except that the office of Secretary and Treasurer may be filled concurrently by the same person.

CHAPTER V OFFICERS AND DELEGATES TO THE HOUSE OF DELEGATES

Section 1. DEFINED

The officers of the Association are President, President-Elect, Vice President, Secretary, Treasurer, Immediate Past President, Speaker of the House of Delegates, and Vice Speaker of the House of Delegates.

The delegates to the House of Delegates of the American Medical Association are those elected by the House of Delegates as provided in Chapter III, Section 6, of these Bylaws.

Section 2. PRESIDENT

The President is the official head of organized medicine in the state. He shall preside at General Sessions of the Association, appoint all committees not otherwise provided for subject to approval of the Board of Governors, deliver an address at the Annual Meeting of the House of Delegates and perform such other duties as are normally required of his office except on the Board of Governors and the Executive Committee where he shall be a member with full rights and privileges. He shall serve as Chair of the Board of Governors and of the Executive Committee.

Section 3. PRESIDENT-ELECT

The President-Elect shall succeed to the Presidency for the unexpired term in the event the President is unable to complete his term, including in the event of the death or disability of the President, or his resignation or removal from office. The President-Elect shall act for the President in the case of his temporary absence. The President-Elect shall be, ex-officio, a member of all Standing Committees without the power to vote, except that he shall be a full member of the Board of Governors and the Executive Committee with all rights and privileges. He shall keep himself advised of all programs and activities of the Association and shall familiarize himself with its general policies and procedures. Upon termination of the term of the President's office, the President-Elect automatically shall succeed to such office.

Section 4. VICE PRESIDENT

The Vice President shall act for the President-Elect in case of his temporary absence. He shall be a full member of the Board of Governors and Executive Committee with the right to vote. The Vice President shall succeed to the office of President-Elect for the unexpired term in the event that both the President and President-Elect are unable to complete their term. In that event, a new President shall be elected at the next regularly scheduled meeting of the House of Delegates.

Section 5. SECRETARY

The Secretary shall attend all sessions of the Association and House of Delegates unless prevented, in which event he shall be represented by the Executive Vice President. He shall keep the minutes of their respective proceedings. He shall be a full member of the Board of Governors and the Executive Committee with the right to vote.

He shall be custodian of all records and papers of the Association, except such as properly belong to the Treasurer. He shall keep account and promptly turn over to the Treasurer all funds received by the Association.

He shall maintain a roster of all members of the Florida Medical Association, noting their status with respect to the relevant component society and the Association. He shall submit to the American Medical Association such reports as may be required regarding members of the Association. His

office and services shall be available to the officers of the Association, the members of the Board of Governors, committee and council Chairs, and county society officials.

He shall direct official correspondence, notify members of meetings, and disseminate other notices and announcements as required. All the facilities and personnel of the Executive Office shall be at his disposal.

Section 6. TREASURER

The Association shall provide bond for the Treasurer in an amount determined by the Board of Governors. He shall receive all funds due the Association, and shall have the supervision of and responsibility for the fiscal affairs of the Association. He shall submit his accounts to an annual audit by a certified public accountant. He shall submit an audited report annually to the Board of Governors, which shall publish an annual financial summary. The Treasurer shall be a member of the Board of Governors and Executive Committee with the right to vote.

The Treasurer shall maintain a record of all Association entrance fees, dues and assessments paid by members, and likewise shall receive, record and transmit dues and assessments due the American Medical Association. All funds belonging to the Association shall be deposited in a bank or banks approved by the Board of Governors. Investments of reserve funds shall be as directed by the Board of Governors.

Section 7. SPEAKER OF THE HOUSE OF DELEGATES

The Speaker of the House of Delegates shall be elected by the House of Delegates from its membership and shall preside over all meetings of the House and shall determine the number and times it shall convene during any one meeting. In consultation with the President, the Speaker shall appoint a credentials committee and all reference committees and shall designate the Chair of each. It is the responsibility of the President to provide a presiding officer for the House of Delegates in the event the Speaker is unable to serve and a Vice Speaker is unavailable. The Speaker shall be a member of the Board of Governors and Executive Committee with the right to vote.

Section 8. VICE SPEAKER OF THE HOUSE OF DELEGATES

When deemed advisable, a Vice Speaker may be elected by the House of Delegates from its membership. He shall assist the Speaker and serve in the event of his absence or disability. He shall be an ex-officio member of the House of Delegates. The Vice Speaker shall be a member of the Board of Governors and the Executive Committee with the right to vote.

Section 9. DELEGATES TO THE HOUSE OF DELEGATES OF AMERICAN MEDICAL ASSOCIATION

The Delegates to the House of Delegates of the American Medical Association shall officially represent the Florida Medical Association in that body and shall endeavor to learn the desires and wishes of their constituents and to convert them into action on the national level. They shall seek opinions and suggestions from members of the House of Delegates of the Florida Medical Association and other members of the Association on all matters known or anticipated to be pending before the House of Delegates of the American Medical Association.

Prior to and during a meeting of the House of Delegates of the American Medical Association they shall meet in caucus and confer on pending issues. Whenever possible, the delegates shall present their position as a unified delegation. All officers of the Association, if not an AMA delegate, may attend and participate in all meetings of the FMA delegates to the House of Delegates of the AMA, including executive sessions, without the power to vote.

Following each meeting of the House of Delegates of the American Medical Association, they shall make a report to the membership and the Board of Governors as soon as practicable. A condensed report of passed actions and a preview of anticipated issues shall be presented by one of the delegates to the House of Delegates of the American Medical Association at each Annual Meeting of the House of Delegates of the Florida Medical Association.

Section 10. REMOVAL FROM OFFICE AND APPOINTMENT TO FILL VACANCY

Any elected officer or delegate to the House of Delegates of the American Medical Association may be removed from office by a two-thirds vote of the members of the House of Delegates of the Florida Medical Association present and voting at any Annual or called meeting of the House.

In the event a vacancy occurs for any reason in an elective office, except that of President-Elect or delegate to the American Medical Association, such vacancy shall be filled by appointment by the President approved by the Board of Governors. Such appointment shall be effective only until the next meeting of the House of Delegates at which time the office shall be filled by election.

In the event that a vacancy occurs in the position of delegate to the House of Delegates of the American Medical Association, such vacancy shall be filled by promotion of the elected alternate delegate, who received the greatest number of votes in the most recent election, to the position of delegate for the rest of the unexpired term of said delegate, or until the delegate is able to resume his duties.

In the event that a vacancy occurs in the position of alternate delegate to the House of Delegates of the American Medical Association, such vacancy may be filled by appointment by the President approved by the Board of Governors for the rest of the unexpired term of said alternate delegate, or until the alternate delegate is able to resume his duties.

In the event of the necessity to reduce the number of delegates to the AMA due to the loss of a seat in the House of Delegates of the AMA, the seniority of the individual delegates in terms of length of service as an AMA delegate shall determine which of the AMA delegates shall be removed, and the most junior delegates according to seniority shall be removed. In the event there are delegates with identical lengths of service as delegates, the delegate who received the least number of votes at the most recent election shall be removed. The delegate removed shall become an alternate delegate, and the following criteria shall be used to determine which alternate delegates would forfeit their seats:

1. The alternate who received the least number of votes at the most recent election.
2. In the event there are alternate delegates with identical number of votes as alternate delegates, the alternate delegates with the least number of years as a member of the FMA would lose their seats.

CHAPTER VI BOARD OF GOVERNORS

Section 1. COMPOSITION

The Board of Governors shall consist of the following members who shall have been elected by the House of Delegates:

- FMA President
- FMA President-Elect
- FMA Vice President
- FMA Secretary
- FMA Treasurer
- FMA Immediate Past President
- FMA Speaker
- FMA Vice Speaker
- One representative from each medical district
- A resident physician
- A young physician who is a member of the Young Physician's Section
- A representative of the Primary Care Specialty Societies
- A representative of the Medical Specialties and Subspecialties
- A representative of the Surgical Specialties and Subspecialties

The Board of Governors shall also consist of the following:

- The Chair of the Florida Medical Association Delegation to the AMA, unless such person is already occupying a position on the Board of Governors, in which case the Vice Chair of the Florida Medical Association Delegation to the AMA shall be a member of the Board
- The Chair of the FMA Specialty Society Section, unless such person is already occupying a position on the Board of Governors, in which case the Vice Chair of the FMA Specialty Society Section shall be a member of the Board.
- The President of the FMA PAC, unless such person is already occupying a position on the Board of Governors, in which case the President-Elect of the FMA PAC shall be a member of the Board.
- The Chair of the FMA Council on Legislation, unless such person is already occupying a position on the Board of Governors, in which case the Vice-Chair of the FMA Council on Legislation shall be a member of the Board.
- A medical student, elected by the FMA Medical Student Section Executive Committee, for a term of one year.

The Board of Governors shall also consist of the following members who shall be appointed by the FMA President, for a term of one year, and approved by the Board of Governors:

- An at-large member;
- One representative of the Council of Florida Medical School Deans, provided that the representative must be from an institution with full active membership in the FMA;
- A public member who shall be an individual who does not possess the degree of Doctor of Medicine or its equivalent, and who is not a medical student;

- A Parliamentarian, who must be an FMA member; and
- One representative of the Council of Florida Medical Society Executives.

The Board of Governors may also consist of the following non-voting members, for a term of one year, as appointed by the FMA President, and approved by the Board of Governors at its discretion:

- One representative from the Florida Medical Group Management Association
- A representative of the Florida Department of Health
- A representative of the Florida Board of Medicine

Section 2. DUTIES AND FUNCTIONS

1. In the interim between meetings of the House of Delegates, the Board of Governors shall exercise the power conferred upon the House of Delegates and be responsible for the exercise of all corporate powers of the Association (unless specifically reserved to the House of Delegates in these Bylaws) and for the management of the business and affairs of the Association. The Board of Governors shall at all times be guided in its actions by the policies of the Association as articulated from time to time by the House of Delegates. Between meetings of the House of Delegates, the Board of Governors shall determine and appropriately announce the policies of the Association in all matters and shall consider recommendations of all committees and councils, which include proposed policy expressions on behalf of the Association.

2. The Board of Governors shall maintain an Executive Office adequate to administer efficiently and effectively the activities of the Association. It shall employ an Executive Vice President and other personnel as required to direct and supervise the Executive Office. The Executive Vice President shall be responsible to the Board of Governors, which shall define his duties and fix his compensation.

3. The Board of Governors shall approve an annual operational budget prepared and submitted by the Executive Vice President in consultation with the Secretary and the Treasurer. In addition, a financial statement shall be presented at each meeting of the Board.

4. The Board of Governors shall require the Treasurer of the Association to submit for analysis and approval an annual financial report audited by a certified public accountant.

5. The Board of Governors shall be the body responsible for all councils and standing committees and shall receive reports from the Chair of each council for inclusion in its annual report to the House of Delegates.

6. The Board of Governors shall select a site and time for each Annual Meeting of the House of Delegates. The Board shall set the dates and approve the program and schedule for all meetings of the Association.

7. The Board of Governors shall divide the state into not less than four medical districts based insofar as feasible on physician population, and define their boundaries.

8. The Board shall maintain such committees and councils as it deems necessary. Each committee and council shall be composed of no more than seven members. The Board of Governors may by a two-thirds vote authorize that a committee or council be composed of more than seven members. Unless otherwise determined by the Board of Governors, all committee and council members shall

be appointed by the President, subject to approval of the Board of Governors. The Board shall establish committees and councils to consider such issues as membership, finance, bylaws, ethical and judicial affairs, medical education, socioeconomic affairs, public health, public relations and legislation. Each committee and council, with the exception of the Council on Ethical and Judicial Affairs, shall meet in person a minimum of two times a year, unless otherwise approved by the Executive Committee.

9. The Board shall from time to time divide the Specialty Societies into the following three specialty categories: Primary Care Specialty Societies; Medical Specialties and Subspecialties; and Surgical Specialties and Subspecialties

Section 3. MEETINGS

The Board shall meet upon call by the President. There shall be a minimum of three meetings in each administrative year, in addition to a Board development retreat that shall take place between the Annual Meeting and the fall Board meeting. The President shall call a special meeting upon his determination that a special meeting is necessary or upon the written request of at least twenty-five percent of the voting members of the Board.

In addition to the Board meetings, the President shall hold a minimum of nine (9) advisory group meetings throughout the year. These meetings, when feasible, shall be conducted in conjunction with FMA Board of Governor meetings, AMA meetings, or other meetings or events in which the FMA Officers will be present. Advisory group meetings shall consist of FMA Officers, FMA CEO and key senior staff, and other individuals invited at the discretion of the President. Advisory group meetings are for the purpose of discussing operational and strategic issues, and no votes shall be taken.

Section 4. QUORUM

A majority of the Board shall constitute a quorum.

Section 5. Chair

The President of the Association shall be the Chair of the Board.

Section 6. EXECUTIVE COMMITTEE

1. COMPOSITION.-- The Executive Committee of the Board of Governors shall consist of the President, President-Elect, Vice President, Secretary, Treasurer, Immediate Past President, the Speaker, the Vice Speaker, the Chairman of the Council on Legislation, and a member-at-large who may be appointed by the President from the Board with the approval of the Board. The Executive Committee shall also consist of one member of the Young Physicians Section, Resident Physicians Section or Medical Student Section, who shall rotate annually on an alternating basis among the three sections.

2. DUTIES AND FUNCTIONS.--The Executive Committee shall provide oversight of all matters related to the Association's office and management, finances, and such other matters as are referred to it by the President or Board of Governors. The President, Secretary, Treasurer and Executive Vice President/Chief Executive Officer shall ensure that any issues which require review by the Executive Committee within its delegated areas of responsibility be submitted to the Executive Committee. All actions of the Executive Committee shall require the approval or ratification of the Board. This Committee shall be responsible for studying the needs and requirements of the Association.

The Executive Committee shall oversee the administration of the Association's offices and

management, review and shall approve conditions of employment for association employees, provide timely reports to the Board on management and employment issues as well as on votes taken by the Executive Committee. The Executive Committee shall be responsible for reviewing the Association's finances and for approving and submitting to the Board, for its approval, the Association's annual operating budget. The Executive Committee shall also review and approve all financial requests that are not contained in the Association's approved budget.

3. MEETINGS.--The Executive Committee shall meet upon call by the President, who shall serve as its Chair. The Executive Committee may meet on an emergency basis as needed to address urgent issues, upon call by the President, or upon the request of six members of the Executive Committee.

4. QUORUM.--A majority of the Executive Committee shall constitute a quorum.

Section 7. REMOVAL FROM THE BOARD AND APPOINTMENT TO FILL VACANCY

Any board member may be removed with or without cause by a vote of three-fourths of the board members then in office. Any member of the Board, who is also an officer as set forth in Chapter V, Section 1, who is removed from the Board as set forth above, shall also be removed from office.

In the event a vacancy occurs on the Board for any reason, such vacancy shall be filled by appointment by the FMA President and approved by the Board of Governors. If the Board vacancy is an elected position, such appointment shall be effective only until the next meeting of the House of Delegates at which time the office shall be filled by election.

Section 8. TELEPHONIC/ELECTRONIC MEETINGS AND VOTING

Board and committee meetings may be conducted through the use of any means of communication by which all directors participating may simultaneously hear each other during the meeting. At the discretion of Board and committee chairs, single noncontroversial issues may be discussed and voted upon via electronic (email, listserv, etc.) communications. Action taken under this section is effective when the Board Secretary or committee chair receives an electronic response from two-thirds of the Board/committee unambiguously indicating their consent to the proposal. Minutes of all issues discussed and/or votes taken electronically must be kept as the matter was discussed and/or voted on during an in-person meeting. If there is a single dissenting vote, the issue shall be considered tabled and must be brought up during a conference call or in-person meeting in order to move forward.

Section 9. APPOINTMENTS OUTSIDE OF THE FMA BYLAWS OR POLICIES

The FMA President shall make an appointment for any board, task force, commission, committee, council, etc., in which the FMA has appointment authority by virtue of legislation, judicial action, or other reason outside of the province of the FMA bylaws or policies, subject to approval by the FMA Board of Governors.

CHAPTER VII

SECTIONS

Section 1. CREATION, COMPOSITION AND MEMBERSHIP

The House of Delegates shall have the authority to create special sections for the purpose of organizing members with identifiable common and unique interests. The Board of Governors shall specify the composition, form, and function of each special section as created. Membership in a special section shall be limited to those holding a membership in the FMA and a component medical society.

Section 2. MEDICAL STUDENT SECTION

There shall be a special section for medical student members of the Florida Medical Association. The Medical Student Section shall be entitled to one voting delegate in the FMA House of Delegates from each of the FMA recognized chapters of the several Florida allopathic and osteopathic medical schools provided such delegates shall be members of the Medical Student Section and the FMA.

The Medical Student Section shall be organized pursuant to bylaws approved by the FMA Board of Governors. The Medical Student Section may adopt resolutions for submission and consideration to the House of Delegates of the FMA.

Section 3. RESIDENT AND FELLOW SECTION

There shall be a special section for resident and fellow members of the Florida Medical Association. The Resident and Fellow Section shall be entitled to four voting members in the FMA House of Delegates provided such delegates are members of the Resident and Fellow Section and the FMA.

The Resident and Fellow Section shall be organized pursuant to bylaws approved by the FMA Board of Governors. The Resident and Fellow Section may adopt resolutions for submission and consideration to the House of Delegates of the FMA.

Section 4. YOUNG PHYSICIANS SECTION

There shall be a special section for young physician members of the Florida Medical Association. The Young Physicians Section shall be entitled to one voting member of the FMA House of Delegates, provided such delegate shall be a member of the Young Physicians Section of the FMA.

The Young Physicians Section shall be organized pursuant to bylaws approved by the Board of Governors. The Young Physicians Section may adopt resolutions for submission and consideration to the House of Delegates of the FMA.

Section 5. SPECIALTY SOCIETY SECTION

There shall be a special section, which shall provide representation of all specialty organizations within the Florida Medical Association and shall maintain liaison with and serve in an advisory capacity to all recognized specialty groups, the Board of Governors, and the House of Delegates. The Specialty Society Section shall be comprised of one representative from each of the specialty societies recognized by the Florida Medical Association. Members of the Specialty Society Section shall be determined by each specialty society and shall be members of the Florida Medical Association. The specialty society may also designate an alternate representative who may represent the specialty society, and who shall be a member of the Florida Medical Association, in situations where the representative is unable to participate.

The Specialty Society Section shall elect a governing council from the members which shall be comprised of seven members. The Section shall elect a governing council from the membership and

shall further elect a Chair and Vice Chair for each Association year. The Specialty Society Section shall annually elect from the Section's membership a delegate and alternate delegate to the House of Delegates of the Florida Medical Association. The Specialty Society Section shall meet up to four times a year, one at the time and at the location of the FMA Annual Meeting, which meeting shall be in advance of the first House of Delegates, and three other meetings, whenever possible, at the time and location of the meetings of the FMA Board of Governors.

Section 6. INTERNATIONAL MEDICAL GRADUATE (IMG) SECTION

There shall be a special section for International Medical Graduates. The purpose of this Section is to provide representation of International Medical Graduate members of the Florida Medical Association. This section shall provide an opportunity for IMGs to meet and discuss issues of concern to the IMG segment of the physician population and discuss ways to enhance IMG membership and participation in the Florida Medical Association. Membership in the Section is open to all FMA members who are International Medical Graduates. All such members shall be automatically enrolled in the IMG Section.

The International Medical Graduate Section shall elect a Governing Council from the members at the annual business meeting for a term of one year to direct the programs and activities of the Section. The council shall be comprised of seven members, including the Chair and such other officers as they shall deem necessary.

The Delegate and Alternate Delegate shall represent the members of the Section in the FMA House of Delegates. The At-Large members shall assist other members of the Governing Council in their duties.

Any vacancy occurring on the Governing Council shall be filled by the Chair of the Governing Council. The individual so appointed will serve until the next annual business meeting of the Section, when a permanent successor will be elected by the general membership.

**CHAPTER VIII
INCOME AND EXPENDITURES**

Section 1. OPERATING FUNDS

Funds for operating the Association shall be provided by annual per capita dues on each member in an amount set by the House of Delegates, by advertising revenue from official publications and exhibits, by investment of reserve funds, by voluntary contributions, by special assessments voted by the House of Delegates, and by revenue from other sources as authorized by the House of Delegates or Board of Governors.

Section 2. EXPENDITURES

Funds shall be expended in accordance with an annual operating budget prepared by the Executive Vice President in consultation with the President and Treasurer and approved by the Board of Governors. Expenditures not covered in the budget shall require prior endorsement by the Board of Governors.

All motions and resolutions appropriating monies approved by the House of Delegates shall specify the amount and purpose for which such monies are to be expended. They shall become effective only when they are determined by the Board of Governors to be economically feasible and within the available financial resources of the Association.

Allocation of funds by the Board of Governors may be accomplished in closed session.

CHAPTER IX COMPONENT SOCIETIES

Section 1. COMPONENT SOCIETIES DEFINED

The component societies of the Association shall include all of the chartered county medical societies, the specialty societies recognized by the Association, and other representative societies as recognized by the Board of Governors.

Section 2. CHARTERED COUNTY MEDICAL SOCIETIES

The chartered county medical societies of the Association shall be all of the county medical societies now chartered by the Association and those that hereafter may be organized and chartered by the Association which have adopted Constitutions and Bylaws or have been incorporated with Bylaws not in conflict with the articles of Incorporation and the Bylaws of the Association.

Charters shall be issued by the House of Delegates upon recommendation of the Council on Ethical and Judicial Affairs. The House of Delegates shall have authority to remove the Charter issued to any chartered county medical society whose actions are in conflict with the letter or spirit of these Bylaws or of the Articles of Incorporation of the Association. Policies adopted by the Florida Medical Association's House of Delegates shall be binding upon the chartered county medical societies and their members.

A copy of the Constitution and Bylaws, or of the Corporate Charter and Bylaws, of each chartered county medical society shall be filed in the Executive Office of the Association, and the Association shall be notified promptly of any changes therein.

Only one chartered county medical society shall be chartered in any county. Physicians in counties having few physicians may, upon mutual agreement, join with physicians in adjacent counties in the formation of a combined society which shall have all the rights, privileges, duties, responsibilities and obligations of a society composed of physicians of only one county.

Section 3. SPECIALTY SOCIETIES

1. DEFINITION OF SPECIALTY SOCIETY. Specialty Societies shall include all currently recognized medical and surgical specialty societies with recognition in the House of Delegates and all specialty societies that shall hereafter be recognized by the Board of Governors.

2. RESPONSIBILITIES OF SPECIALTY SOCIETIES. To be eligible for recognition as a Specialty Society, a society shall: (a) indicate agreement with the core purposes and core values of the Association, (b) designate a contact person and maintain a mailing address for the receipt of communications from the Association, (c) adopt an identity and a governance structure for organization of the Society which shall be acceptable to the Board of Governors, (d) comply with other such requirements as shall be established by the Board of Governors, and (e) submit in even-numbered years to the Association a list of all of the Society's members to document the percentage of Association membership to determine the number of delegates in the FMA House of Delegates to which each specialty society is entitled, and to determine the eligibility of specialty societies to nominate candidates for the three specialty society positions on the FMA Board of Governors.

Section 4. REPRESENTATIVE SOCIETY

1. DEFINITION OF REPRESENTATIVE SOCIETY. A Representative Society shall mean any

group of member physicians which has been organized for purposes of representation in the House of Delegates and which has been recognized by the Board of Governors. Representative societies may include, by way of illustration, county medical societies not chartered by the Association, physician groups organized through a particular clinic or hospital, or any other group organized by physicians sharing and wishing to advance a common interest. The Board of Governors shall have the power to revoke its recognition of any representative society for cause deemed to it to be sufficient for such revocation.

2. RESPONSIBILITIES OF REPRESENTATIVE SOCIETIES. To be eligible for recognition as a Representative Society, a society shall: (a) indicate agreement with the core purposes and core values of the Association, (b) designate a contact person and maintain a mailing address for the receipt of communications from the Association, (c) adopt an identity and a governance structure for organization of the Society which shall be acceptable to the Board of Governors, and (d) comply with other such requirements as shall be established by the Board of Governors.

3. DELEGATES TO HOUSE OF DELEGATES. Upon determination by the Board of Governors that the group has complied with the foregoing requirements, the Board of Governors shall formally recognize the group as a representative society entitled to select delegates and alternate delegates to the House of Delegates.

Section 5. ROLE OF COMPONENT SOCIETY

Each component society shall assume general direction of the affairs of its members. It shall constantly strive for the scientific, moral and material advancement of all doctors of medicine and osteopathy and for the improvement of medical services and health facilities locally.

CHAPTER X RULES OF CONDUCT

The principles as set forth in the *Principles of Medical Ethics of the American Medical Association* shall be the Principles of Medical Ethics for the Florida Medical Association and shall govern the conduct of the members of the Association in their relations to each other and to the public. Opinions of the Council on Ethical and Judicial Affairs of the American Medical Association shall be used as a guide in the interpretation of these principles.

CHAPTER XI RULES OF ORDER

The deliberations of the Association shall be governed by parliamentary usage as contained in the most current edition of the *Standard Code of Parliamentary Procedure*, unless otherwise provided in the Charter and these Bylaws, or unless waived or modified by a two-thirds vote of members present at any session of the general membership or meeting of the House of Delegates.

CHAPTER XII AMENDMENTS

Section 1. BYLAWS AMENDED

These Bylaws may be amended in accordance with the provisions of this section using one of the following two methods:

- a. Amendment to the Bylaws shall be made by submitting said Amendment to the Board of Governors. The submission of an Amendment may be made by the Board of Governors, House of Delegates, or an individual component county medical society. The Bylaws Committee shall study the proposed amendment, and upon approval by a majority vote of the Board of Governors shall issue a report to the House of Delegates and the appropriate reference committee. The reference committee shall not modify or substantially alter the proposed amendment, except for minor changes in grammar or phraseology and the intent or purpose to the amendment shall not be altered. After the reference committee issues its report to the House of Delegates, the House of Delegates shall vote. A majority vote will be required to adopt the amendment. The amendment will become effective upon adjournment of the House of Delegates.
- b. These Bylaws may also be amended by an expedited process. In order to qualify for this expedited approval process, the resolution containing the proposed amendments and the reasoning behind the request must be submitted to the bylaws committee not less than 90 days prior to the annual meeting for drafting of the necessary language. The proposed amendment shall be included in the Delegates Handbook at the time of mailing. At the first session of the House of Delegates, the House shall approve by a majority vote the use of this expedited process for the proposed amendment. The amendment as submitted to the House shall not be

modified or substantially altered by the reference committee or by the House. Minor changes in grammar or phraseology may be made provided they do not alter the intent or purpose of the amendment. The proposed amendment must be approved by two-thirds of the votes cast by the House of Delegates.

Bylaws amendments adopted by the House of Delegates will become effective upon adjournment of the House of Delegates at which the amendment is adopted.

Section 2. ARTICLES OF INCORPORATION AMENDED

The Articles of Incorporation may be amended by resolution adopted in the same manner as an amendment to the Bylaws.

**CHAPTER XIII
SEAL**

The Association shall have a common seal, with power to change, renew or break it at pleasure.

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Principles of Medical Ethics

Preamble:

The medical profession has long subscribed to a body of ethical statements developed primarily for the benefit of the patient. As a member of this profession, a physician must recognize responsibility not only to patients, but also to society, to other health professionals, and to self. The following Principles adopted by the American Medical Association are not laws, but standards of conduct which define the essentials of honorable behavior for the physician.

I. A physician shall be dedicated to providing competent medical service with compassion and respect for human dignity.

II. A physician shall deal honestly with patients and colleagues, and strive to expose those physicians deficient in character or competence, or who engage in fraud or deception.

III. A physician shall respect the law and also recognize a responsibility to seek changes in those requirements which are contrary to the best interests of the patient.

IV. A physician shall respect the rights of patients, of colleagues, and of other health professionals, and shall safeguard patient confidences within the constraints of the law.

V. A physician shall continue to study, apply and advance scientific knowledge, make relevant information available to patients, colleagues, and the public, obtain consultation, and use the talents of other health professionals when indicated.

VI. A physician shall, in the provision of appropriate patient care, except in emergencies, be free to choose whom to serve, with whom to associate, and the environment in which to provide medical services.

VII. A physician shall recognize a responsibility to participate in activities contributing to an improved community.

Guidelines For Expert Witness Testimony

It is essential to the legal justice system that qualified physicians are available and willing to serve as medical expert witnesses. In order for the legal system to function fairly, it is crucial that this expert testimony be accurate, unbiased and available to all litigants. To this end, the Florida Medical Association adopts the following guidelines for FMA members who render any type of expert witness testimony:

1. The physician must be honest and trustworthy when writing reports, completing or signing forms, or providing evidence in litigation or other formal inquiries. The physician must take reasonable steps to verify any statement before signing a document.
2. The physician's review of medical facts must be thorough, fair, and impartial and must not exclude any relevant information. It must not be biased to create a view favoring the plaintiff, the government, or the defendant. The goal of a physician testifying in any judicial proceeding should be to provide testimony that is complete, objective, and helpful to a just resolution of the proceeding.
3. The physician must have experience and knowledge in the areas of clinical medicine that enable him or her to testify about the standards of care that applied at the time of the occurrence that is the subject of the legal action.
4. The physician's testimony must reflect an evaluation of performance in light of generally accepted standards, neither condemning performance that falls within generally accepted practice standards nor endorsing or condoning performance that falls below these standards.
5. The physician must make every effort to assess the relationship of the alleged substandard practice to the outcome, because deviation from a practice standard is not always substandard care or causally related to a bad outcome.
6. The physician shall identify as such any personal opinions that vary significantly from generally accepted medical practice.
7. The physician must be prepared to have testimony given in any judicial proceeding subjected to peer review by the Expert Witness Committee or by any other institution or professional organization to which the physician belongs.
8. The physician shall not accept a contingency fee for providing expert medical opinion services.
9. Charges for medical expert opinion services shall be reasonable and commensurate with the time and effort given to preparing and providing those services.