FORM 4

UNITED STATES SECURITIES AND EXCHANGE COMMISSION

Washington D.C. 20549

STATEMENT OF CHANGES IN BENEFICIAL OWNERSHIP

| ngton, D.C. 20549 | OMB APPROVAL |
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| | |

| OMB Number: | 3235-028 | | | | | | | | | |
|--------------------------|----------|--|--|--|--|--|--|--|--|--|
| Estimated average burden | | | | | | | | | | |
| hours per respense: | 0.1 | | | | | | | | | |

Check this box if no longer subject to Section 16. Form 4 or Form 5 obligations may continue. See Instruction 1(b).

Filed pursuant to Section 16(a) of the Securities Exchange Act of 1934 or Section 30(h) of the Investment Company Act of 1940

| 1. Name and Address of Reporting Person* MILLER FREDERICK V MD | | | | | | 2. Issuer Name and Ticker or Trading Symbol MEDNAX, INC. [MD] | | | | | | | | | ionship of Reporting all applicable) Director | | 10% Ov | | wner |
|---|---|--|---|-----------------|------------------------------|---|--|---------|---|---------|----------------------------|--|---|--------------|---|---|--|--|--|
| (Last) | (F ONCORD T | • | (Middle) | | | Date of Earliest Transaction (Month/Day/Year) 4/06/2011 | | | | | | | | X | Officer (give title below) President, Pediatr. | | | Other (s below) CDivision | · |
| (Street) SUNRIS | | | 33323 (Zip) | 2825 | 4. | If Ame | Amendment, Date of Original Filed (Month/Day/Year) | | | | | | | | Form fi | or Joint/Group Filing (Check Applicable orm filed by One Reporting Person orm filed by More than One Reporting erson | | | |
| | | Tal | ole I - N | Non-Der | ivativ | e Se | curi | ties Ac | quire | ed, D | isposed o | f, or B | eneficia | ally (| Owned | | | | |
| 1. Title of Security (Instr. 3) 2. Transact Date (Month/Day | | | | Execution Date, | | | 3. Transaction Code (Instr. 8) | | 4. Securities Acquired (A) or Disposed Of (D) (Instr. 3, 4 and | | | 6) | 5. Amount of Securities Beneficially Owned Following | | 6. Ownership Form: Direct (D) or Indirect (I) (Instr. 4) | | 7. Nature of Indirect Beneficial Ownership | | |
| | | | | | | | | Code | v | Amount | (A) or (D) | Price | | | nsaction(s) str. 3 and 4) | | | (Instr. 4) | |
| Common Stock 04/06/2 | | | | 2011 | 11 | | M | | 1,185 | A | \$55.4 | 13 | 22 | 22,866 | | D | | | |
| Common Stock 04/06/2 | | | | 2011 | 11 | | S ⁽¹⁾ | | 1,185 | D | \$70.43 | 76 ⁽²⁾ | 21,681 | | | D | | | |
| | | | Table I | | | | | | | | posed of, , convertib | | | | wned | | | | |
| 1. Title of Derivative Security (Instr. 3) | 2. Conversion or Exercise Price of Derivative Security | 3. Transaction Date (Month/Day/Year) | 3A. Deemed Execution Date, if any (Month/Day/Year) | | 4. Transa Code (8) | | | | 6. Date Exercisable and Expiration Date (Month/Day/Year) | | | 7. Title and Amount of Securities Underlying Derivative Securi (Instr. 3 and 4) | | D S (I | Price of erivative ecurity nstr. 5) | 9. Number derivative Securities Beneficiall Owned Following Reported Transactio | e s Illy | 10. Ownership Form: Direct (D) or Indirect (I) (Instr. 4) | 11. Nature of Indirect Beneficial Ownership (Instr. 4) |
| | | | | | Code | v | (A) | (D) | Date Exerc | cisable | Expiration Date | Title | Amour or Number of Shares | er | | (Instr. 4) | (3) | | |
| Stock Options | \$55.43 | 04/06/2011 | | | M | | 1,185 ⁽³⁾ | | 06/02 | 2/2009 | 06/02/2018 Common Stock 1, | | n 1,18 | 5 | \$0 | 16,315 | | D | |

Explanation of Responses:

- 1. Sales of shares were made pursuant to the Reporting Person's 10b5-1 trading plan.
- 2. Sales of shares were executed in four (4) separate transactions with prices ranging from \$70.43 to \$70.48 for a weighted average sales price of \$70.4376.
- 3. Stock Options granted pursuant to Issuer's 2008 Incentive Compensation Plan.

/s/ Thomas W. Hawkins Attorney-in-fact 04/08/2011

** Signature of Reporting Person Date

Reminder: Report on a separate line for each class of securities beneficially owned directly or indirectly.

- * If the form is filed by more than one reporting person, see Instruction 4 (b)(v).
- ** Intentional misstatements or omissions of facts constitute Federal Criminal Violations See 18 U.S.C. 1001 and 15 U.S.C. 78ff(a).

Note: File three copies of this Form, one of which must be manually signed. If space is insufficient, see Instruction 6 for procedure.

Persons who respond to the collection of information contained in this form are not required to respond unless the form displays a currently valid OMB Number.