FORM 4

UNITED STATES SECURITIES AND EXCHANGE COMMISSION

Washington, D.C. 20549

	OMB APPROVAL
- 13	
- 11	l .

OMB Number: 3235-0287 Estimated average burden hours per response: 0.5

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

STATEMENT OF CHANGES IN BENEFICIAL OWNERSHIP

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*					2. Issuer Name and Ticker or Trading Symbol PEDIATRIX MEDICAL GROUP INC							5. Relationship of Reporting Person(s) to Issuer (Check all applicable)				
FERNANDEZ MICHAEL					PDX]							X Directo	r	10% O	vner	
					,							Officer below)	(give title	Other (: below)	specify	
(Last) (First) (Middle)					3. Date of Earliest Transaction (Month/Day/Year)							Delow)		below)		
1301 CONCORD TERRACE					05/06/2005											
					4. If Amendment, Date of Original Filed (Month/Day/Year)							6. Individual or Joint/Group Filing (Check Applicable				
(Street)												Line) X Form filed by One Reporting Person				
SUNRISE FL 33323-2825			' l									filed by More than One Reporting				
												Person			ung	
(City)	(S	tate)	(Zip)													
		Tal	ole I - Non-	Derivat	tive S	ecurities	Ac	quired, Di	sposed o	f, or Ber	neficiall	y Owned				
Date				2. Transac Date (Month/Day		Execution if any			4. Securities Acquired (A) Disposed Of (D) (Instr. 3, 5)			5. Amour Securitie Beneficia Owned F	es Forn ally (D) o Following (I) (Ir	rm: Direct or Indirect (Instr. 4)	7. Nature of Indirect Beneficial Ownership	
						Code V	Amount	(A) or (D)	Price	Reported Transact (Instr. 3 a	ion(s)		(Instr. 4)			
			Table II - D	erivativ	ve Sec	curities A	Acai	uired. Disi	oosed of.	or Bene	ficially	Owned				
								, options,								
1. Title of Derivative Security (Instr. 3)	Conversion Date Execution or Exercise (Month/Day/Year) if any		3A. Deemed Execution Dat if any (Month/Day/Ye	Date, Transaction Code (Instr				6. Date Exercisable and Expiration Date (Month/Day/Year)		7. Title and Amount of Securities Underlying Derivative Security (Instr. 3 and 4)		8. Price of Derivative Security (Instr. 5)	9. Number of derivative Securities Beneficially Owned Following Reported Transaction(s)	10. Ownership Form: Direct (D) or Indirect (I) (Instr. 4)	Beneficial Ownership (Instr. 4)	
				Cod	ie V	(A)	(D)	Date Exercisable	Expiration Date	Title	Amount or Number of Shares		(Instr. 4)			
Stock Options (Right to	\$74.6	05/06/2005		A		4,000 ⁽¹⁾		05/06/2005	05/06/2015	Common Stock	4,000	\$0	4,000	D		

Explanation of Responses:

BY: THOMAS W. HAWKINS 05/10/2005

** 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.

^{1.} Options granted pursuant to the Company's Amended and Restated Stock Option Plan .