#### PEDIATRIX MEDICAL GROUP INC

Form 4 May 10, 2005

## FORM 4

# UNITED STATES SECURITIES AND EXCHANGE COMMISSION

Washington, D.C. 20549

Check this box if no longer STATEMENT OF CHANGES IN BENEFICIAL OWNERSHIP OF subject to **SECURITIES** Section 16. Form 4 or

Form 5 Filed pursuant to Section 16(a) of the Securities Exchange Act of 1934, obligations Section 17(a) of the Public Utility Holding Company Act of 1935 or Section may continue. 30(h) of the Investment Company Act of 1940 See Instruction

1(b).

(Last)

(City)

1. Title of

Security

(Instr. 3)

(Print or Type Responses)

1. Name and Address of Reporting Person \*

ALVAREZ CESAR L

(First) (Middle)

(Zip)

2. Transaction Date 2A. Deemed

1301 CONCORD TERRACE

(Street)

(State)

(Month/Day/Year)

SUNRISE, FL 33323-2825

2. Issuer Name and Ticker or Trading

Symbol

PEDIATRIX MEDICAL GROUP INC [PDX]

3. Date of Earliest Transaction

(Month/Day/Year) 05/06/2005

4. If Amendment, Date Original

Filed(Month/Day/Year)

Table I - Non-Derivative Securities Acquired, Disposed of, or Beneficially Owned 3. 4. Securities

Execution Date, if TransactionAcquired (A) or Code (Month/Day/Year) (Instr. 8)

Disposed of (D) (Instr. 3, 4 and 5)

(A)

Transaction(s) (Instr. 3 and 4) Code V Amount (D) Price

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

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 control number.

Table II - Derivative Securities Acquired, Disposed of, or Beneficially Owned (e.g., puts, calls, warrants, options, convertible securities)

1. Title of Derivative Conversion Security or Exercise

3. Transaction Date 3A. Deemed (Month/Day/Year)

Execution Date, if any

4. 5. Number Transaction of Derivative Expiration Date Securities Code

6. Date Exercisable and (Month/Day/Year)

7. Title and Amount of 8 Underlying Securities (Instr. 3 and 4)

1

**OMB APPROVAL** 

**OMB** 3235-0287 Number:

January 31,

Expires: 2005 Estimated average

burden hours per response...

0.5

5. Relationship of Reporting Person(s) to Issuer

(Check all applicable)

X Director 10% Owner Officer (give title \_\_X\_ Other (specify

below) below)

CHAIRMAN OF THE BOARD

6. Individual or Joint/Group Filing(Check Applicable Line)

\_X\_ Form filed by One Reporting Person Form filed by More than One Reporting

Person

Beneficially

Following

Reported

Owned

5. Amount of 6. Ownership Securities

Form: Direct Indirect (D) or Indirect Beneficial Ownership (I)

(Instr. 4)

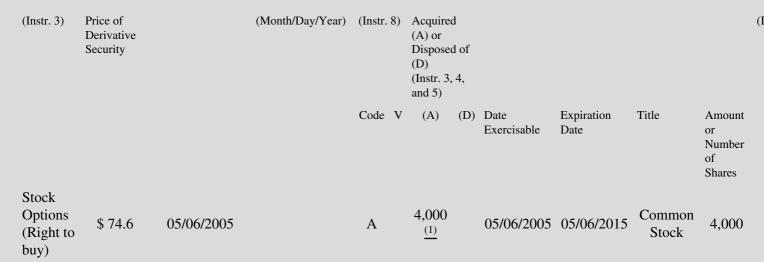
(Instr. 4)

SEC 1474

(9-02)

7. Nature of

### Edgar Filing: PEDIATRIX MEDICAL GROUP INC - Form 4



### **Reporting Owners**

Reporting Owner Name / Address Relationships

Director 10% Owner Officer Other

ALVAREZ CESAR L 1301 CONCORD TERRACE SUNRISE, FL 33323-2825

X

CHAIRMAN OF THE BOARD

### **Signatures**

BY: THOMAS W. HAWKINS 05/10/2005

\*\*Signature of Reporting Person Date

### **Explanation of Responses:**

- \* 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).
- (1) Options granted pursuant to the Company's Amended and Restated Stock Option Plan .

Note: File three copies of this Form, one of which must be manually signed. If space is insufficient, *see* Instruction 6 for procedure. Potential persons who are to respond to the collection of information contained in this form are not required to respond unless the form displays a currently valid OMB number.

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